

COVID RESPONSE BOARD

1 April 2020

Present:

Elected Members	Councillors Warrington (In the Chair) Cooney, Fairfoull, Feeley, Gwynne, Kitchen, Ryan
Chief Executive	Steven Pleasant
Borough Solicitor	Sandra Stewart
Section 151 Officer	Kathy Roe

Also in attendance **Dr Asad Ali, Steph Butterworth, Gill Gibson, Jeanelle De Gruchy, Richard Hancock, Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Jayne Traverse, Tom Wilkinson and Jess Williams.**

Apologies **Councillors Bray and Wills**

99. MINUTES

The minutes of the meeting on 4 March 2020 were accepted as a correct record.

100. RESPONSE TO COVID 19 PANDEMIC

Consideration was given to a report of the Executive Leader /CCG Chair /Chief Executive, which provided an update on the Covid-19 pandemic and the work being undertaken with partners to address the challenges faced. In addition, the report provided a steer as to how ordinary business of the Council would be undertaken over the coming weeks and months ahead.

The report set out the international, national and local context within which the Council and CCG were operating. With regard to the Tameside response it was explained that the Strategic Commissioning function was developing its emergency response to the COVID 19 pandemic by:

- Putting in place in and out hospital health and care response to the pandemic;
- Development of a humanitarian offer to our most vulnerable;
- Sustaining our critical life and limb services through a programme of prioritization;
- supporting local businesses
- Promoting critical CMO / PHE messages around isolation and distances and supporting them through outlets; and
- Maintaining our duty of care to our staff.

These objectives formed the cornerstone of planning and business impact assessments and all directorates had been assessing these risks against the Business continuity requirements for continued service delivery. In particular, the actions taken corporately have been to put achieving protecting the most vulnerable and protecting the NHS through reduced infection control by supporting social distancing which has included reducing faces to face contact and making working from home the default position.

The report provided a detailed update of actions already taken and actions being planned, the actions were with the overall objectives of:

- (a) Saving and protecting life by implementing the multiagency plan;
- (b) Containing the emergency and preventing escalation;
- (c) Providing warning, advice and information to the public;

- (d) Protecting the health and safety of personnel who are involved in the incident'
- (e) Ensure business continuity plans are in place to enable partners to continue to deliver a service to the public;
- (f) Maintaining and restoring critical service and infrastructure;
- (g) Promote/facilitate self-help in the community;
- (h) Facilitate strategic multiagency coordination of plans and resources;
- (i) Facilitate investigation and enquiry;
- (j) Facilitating social and economic recovery;
- (k) Evaluating our response and identifying lessons learned;
- (l) Maintaining an effective audit of our response.

Members were informed that in response to Covid-19 and the need to make decisions more quickly revised arrangement had been put in place for dealing with the continued legal requirement to have proper governance for executive and key decisions. There would continue to be monthly meetings of Executive Cabinet and Strategic Commissioning Board where formal decision making would take place and these meetings would be publicly webcast. There would also continue to be monthly Board meetings for consideration of items in private (Board cannot make decisions). In addition a 'Covid-19 Response Board' (made up of Leader and Executive Members, CCG Co-Chairs and SLT) had been established, which would act like Board and provide clinical and political leadership and determine if matters should go on for formal decision. Decisions may be taken by an individual Executive Member or a number of Executive Members together, these would then be reported to the following Executive Cabinet and/or Strategic Commissioning Board.

AGREED:

- (i) That the contents of the report be noted and the proposed approached agreed;**
- (ii) That a separate report on implications of changes to financial support for care sector be submitted to the Covid Response Board on 8 April 2020;**
- (iii) That a separate be submitted to a future meeting about Children's Services financial position;**
- (iv) That a separate report on the operational arrangements for Council buildings be submitted to the next Board meeting; and**
- (v) That a separate report on implications for Council Tax and Business Rates collection.**

101. INITIAL ASSESSMENT OF THE FINANCIAL RISKS AND IMPACT OF THE COVID 19 PANDEMIC

Consideration was given to a report of the Director of Finance which provide an update to on the currently known financial risks of the COVID-19 pandemic and the actions the Strategic Commission was taking and needed to take to manage its way through the crisis.

It was explained that there was likely to be a significant financial shock to the Council's current revenue budget, on-going financial sustainability and balance sheet. Whilst Government had stepped in and provided additional funding, this was already insufficient to support the financial impact of the crisis on the Council's finances. The Government had suggested that there could be more funding so it was important that officers worked with the Finance team to ensure that all costs were understood and captured to ensure that all costs could be reclaimed from central government.

There were also significant risks facing the CCG as NHS England and Improvement endeavoured to manage the impact of COVID-19 on the NHS. CCGs were being told what values to pay providers which was based on a month 9 position and included considerable non recurrent funding which the CCG no longer had included within budgets. This was being stringently monitored and the risks highlighted to GM Health and Social Care Partnership.

Members were informed that there were a number of specific risks that had arisen caused by COVID-19, these were summarised individually together with the 2020/21 financial impact and the on-going impact if known or relevant. CCGs were being asked to submit a separate return to NHS England & Improvement detailing the costs incurred as at the 15 March 2020 and the forecast costs anticipated by the 31 March 2020. Health care Providers were also being asked to complete a

similar return. There was a lack of clarity regarding the process for managing, collecting and reporting the different costs in the health system and urgent guidance and clarity was being sought.

It was explained that the largest risk to the Council was around loss of income that was used to fund services. Core grant funding had been significantly reduced in the years of austerity with the Council becoming increasingly reliant on its own resources. The COVID-19 crisis, would result in some additional costs as demands increased within the system, but the largest long term risk to the Council is around its income base. The report stated that the financial pressures and risks fell into four main areas:

- (i) New Costs as a direct result of the COVID 19 pandemic – such as purchase of PPE, IT upgrades, etc
- (ii) Additional demand into our existing systems and the pressure on prices we have to pay
- (iii) Loss of income due to the lockdown and social isolation measures
- (iv) The delay to the delivery of savings plans – thus impacting on our longer term financial position

The report set out the specific risks identified to date. Particular reference was made to a request from Manchester Airport Group for the deferment of the bond interest due to be paid on 31 March 2020 to conserve cash.

AGREED:

- (i) To note the report and agree the approach for approving additional spending and reporting on the financial impacts of business as usual services on the in-year and on-going financial position of the Council and CCG.**
- (ii) Members accept the request by Manchester Airport to defer the payment of the bond coupon interest of £1.084m.**
- (iii) That a further report on financial implications of Covid-19 be submitted to the next Board meeting.**

103. COVID 19 RESPONSE: SUPPORT TO END OF LIFE PATIENTS

Consideration was given to a report of CCG Chair/Director of Commissioning which explained that the risk of End of Life patients being transferred to hospital when care would more appropriately be delivered at home or in a hospice has increased with Covid 19 as services were under increased pressure. The report stated that key to mitigating the risk was the use of video consultations. This reduced the need for a physical visit which was more difficult to arrange under Covid 19 conditions.

The report proposed the use of video consultation by General Practice to assess and agree the appropriate documentation that would support patients and their families at the End of Life. The report also proposed the use of Triadic consultation via video link between the patient and carers, Digital Health clinicians and the GP. The availability of Microsoft Teams to the NHS and the experience of Digital Health provided the strategic commission with the opportunity to deliver a local service in the immediate future.

AGREED

That Strategic Commissioning Board be recommended to:

- (i) Approve the use of video consultations for assessing patients and completing End of Life documents including a Statement of Intent.**
- (ii) Approve the use of the enhanced Digital Health Offer to support Triadic Consultations;**
- (iii) Review the use of video consultations at an appropriate time.**

104. DEFERRED ITEMS

AGREED:

That the following items be deferred to a future meeting:

- **Month 11 Finance Report;**
- **Events Panel 2020;**
- **Waste Services;**
- **Hartshead Pike Update (Executive Cabinet);**
- **2020/21 Integrated Commissioning Fund And Risk Share;**
- **Corporate Plan Scorecard;**
- **Children And Young Peoples Emotional Wellbeing And Mental Health Local Transformation Plan Refresh And Business Case; and**
- **IRO Annual Report**