

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 22 April 2020

Lead Member / Reporting Officer: Cllr Brenda Warrington - Executive Leader
Dr Ash Ramachandra – Lead Clinical GP
Steven Pleasant – Chief Executive

Subject: **RESPONSE TO COVID 19 PANDEMIC**

Report Summary: To provide executive with an update on the Covid-19 pandemic and the work that is being undertaken with partners to address the challenges faced. In addition, the report provides a steer as to how ordinary business of the Council will be undertaken over the coming weeks and months ahead.

The contents of the report is based on circumstances that are changing frequently and therefore submission immediately prior to publication is appropriate, and many areas are likely to become superseded by new information on an ongoing basis.

Recommendations: That the executive note the contents of this report and approves the way forward set out in the report.

Corporate Plan: ‘Our People Our Place Our Plan’ outlines our aims and aspirations for the area, its people and how we commit to work for everyone, every day. The matters set out in this report are intended to protect lives, the NHS and support our communities and business.

Policy Implications: No Equalities Impact Assessments have been undertaken in relation to this update report. However, appropriate equalities documentation will be completed in relation to policy decisions taken as a result of the above and presented to Members in due course and such matters will be kept under review particularly if COVID 19 results in extended suspension of some services.

Financial Implications: There is likely to be a significant financial shock to the Council’s current revenue budget, on-going financial sustainability and balance sheet

(Authorised by the statutory Section 151 Officer & Chief Finance Officer) There are also significant risks facing the CCG as NHS England & Improvement endeavour to manage the impact of COVID-19 on the NHS. CCGs are being told what values to pay providers, which are based on a month 9 position and included considerable non recurrent funding which the CCG no longer has included within budgets. This is being stringently monitored and the risks highlighted to GM Health and Social Care Partnership.

Legal Implications: This is a fast-moving situation and the Government is regularly updating its guidance to UK residents on measures

(Authorised by the Borough Solicitor)

to limit the spread of the COVID-19 outbreak. The www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response website provides the most up-to-date guidance on current measures. Additionally, the NHS111 website www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/nhs-111 gives the most up-to-date health guidance while the LGA has also developed an information hub⁴ on its website www.local.gov.uk/coronavirus-information-councils providing information specifically targeted at councils.

The Coronavirus Act 2020 provides for the local elections, mayoral elections and police and crime commissioner elections to be postponed until 2021. No other elections, by-elections or referenda should be held. Along with the rest of the population, all councillors should be following the Government guidance in place at any given time, ie in relation to staying at home, isolating, and shielding. The Coronavirus Act allows the Secretary of State to make regulations to change the way local authority meetings are held, which should open the way for councils to postpone meetings and undertake decision-making meetings remotely. We await these regulations. Councils are category one responders under the Civil Contingencies Act 2004, which sets out the legislative framework for responding to emergencies such as the COVID-19 outbreak. As part of the local resilience forum (LRF), councils work with local partner organisations to plan and activate their emergency responses, and there are established officer-led processes for leading the strategic (gold), tactical (silver) and operational (bronze) responses to emergencies under the 2004 Act. It is important that the authority's political leadership is appropriately linked into this structure and this report and the processes outlined are intended to achieve that. Given the nature of this emergency there will be a greater focus on the work of council and health partners than on the blue light services that typically lead the immediate response to an emergency. Councillors' role within this context is to provide vital local leadership, rather than to become involved in the operational response led by officers. Ward councillors will be among the people who know their areas best, and have an important role to play by:

- acting as a bridge between councils and communities
- amplifying consistent messaging through disseminating council and government information
- identifying local vulnerabilities, particularly local residents, but also businesses, and feeding this intelligence back into councils
- working with local voluntary sector groups to provide support and advice for local communities
- providing reassurance and facilitating support for local residents.

In order to fulfil this role, we have put in mechanisms with the Leader for keeping councillors informed about developments and national and corporate messages.

Risk Management:

Subject of the report.

Access to information

Background papers relating to this report can be inspected by contacting Sandra Stewart Director of Governance & Pensions by:



Telephone:0161 342 3028



e-mail: sandra.stewart@tameside.gov.uk

1. BACKGROUND

International & National Position

- 1.1 On 31 December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, China. The cause is now identified as a Coronavirus, one of the family of viruses, which caused the SARS (Serious Acute Respiratory Syndrome) outbreak in 2002-2003 across the world. These viruses are fairly common and can range from mild to very severe in effect. Coronaviruses are a family of viruses that infect a wide range of different species including humans.
- 1.2 Before this new coronavirus, there were six different coronaviruses known to infect humans. Four of these cause a mild common cold-type illness. Since 2002 there has been the emergence of two new coronaviruses that can infect humans and result in more severe disease (Severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) coronaviruses). Both SARS and MERS coronaviruses are thought to have originated in animals. They are transmitted via droplets in coughs and sneezes.
- 1.3 On Tuesday 10 February, the WHO named the disease caused by the novel coronavirus COVID-19. The virus itself has been named SARS-CoV-2, as the International Committee on Taxonomy of Viruses (ICTV) have determined that it is the same species as SARS but a different and milder strain of the species.

Spread

- 1.4 Because this is a new illness, we are still learning exactly how coronavirus spreads from person to person. The virus is thought to spread mainly from person-to-person:
 - Between people who are in close contact with one another (within about 6 feet).
 - Through respiratory droplets produced when an infected person coughs or sneezes.
- 1.5 It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
- 1.6 Droplets containing the virus can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. People are thought to be most contagious when they are most symptomatic (the sickest). Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

Testing

- 1.7 The test for the novel coronavirus is done in specialised laboratories. This is led and co-ordinated by the NHS in the United Kingdom. The NHS is currently updating its current strategy on testing.

Symptoms

- 1.8 Most people who get the virus will have symptoms similar to winter flu, but a small proportion will develop more serious illness including pneumonia – an infection that inflames the air sacs in one or both of their lungs. The symptoms of the virus can include dry cough, fever, fatigue and breathing difficulty. In very severe cases with pneumonia, organ failure can also occur.

Level of severity

- 1.9 The mortality rate is not yet accurately known but based on the available data it is estimated to be around 1-2%. This varies by country, but that is at least partly due to the fact the populations in different countries vary in their age structures (e.g. Italy has a much older population on the whole than China) and the approach to testing. However, this number is based only on the number of individuals who have been tested and confirmed to

have the virus. It is highly likely that more people have been infected but have not been diagnosed because their illnesses were milder, and thus have not been counted in the number of those infected. Current estimates (though these vary) are that 81% of people infected will have the milder form of illness, with 14% more severe and needing greater care, up to 5% critically ill and needing very specialist care and 1-2% fatality rates.

- 1.10 Although the virus can infect anybody, those with more severe illness, those over 70 and those with weakened immune systems are more vulnerable to serious disease. A key priority for any national and local strategy must therefore be protecting those most vulnerable from infection and ensuring that resources are there for treating and caring for them. At the time of writing Central Government, working with the NHS and Local Authorities, have identified the 1.4million people in the English population most at risk of serious illness, and have announced a plan to seek to protect them from infection. More is written about this below.
- 1.11 As this is a viral illness, antibiotics are of no use. The antiviral drugs that work against flu do not work. Several possible treatments are being evaluated in clinical trials in China, and a range of treatment options are being explored. Most cases will need little treatment and people will recover by themselves. Paracetamol will help reduce fever and muscle pains. In very severe disease treatment will be mainly supportive and is intended to keep people alive until they start to recover by themselves. In the most severe illness patients may be given oxygen or even artificial ventilation.
- 1.12 Since we do not currently have a vaccine or effective anti-viral drugs, the priority must be preventing and slowing spread of infection.

The Government Strategy

- 1.13 The Government's Strategy on COVID 19 has four phases:
 - *Contain*: detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible;
 - *Delay*: slow the spread in this country, when the virus does take hold, lower the peak impact and push it away from the winter season either by a moderate delay strategy or a harder strategy to suppress the transmission; (We are now in that suppression phase.)
 - *Research*: better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care;
 - *Mitigate*: provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

Social Distancing, Delay and Isolation Messages

- 1.14 We have now entered the Delay phase and the Prime Minister announced significant changes to the social distancing and other measures asked of people, especially those with symptoms or who are more vulnerable.
- 1.15 The changes announced on 16 March were due to developments in the pace of spread of the epidemic, but also in changed understanding of the epidemic as scientists learn more about spread and transmission. The Medical Research Council's Centre for Global Infectious Disease Analysis at Imperial College, London, has produced new modelling for the government. This national modelling is being regularly contextualised to ensure that our plans reflect the best evidence available on interventions and numbers of cases.
- 1.16 The national modelling indicates that the epidemic is moving faster than was thought and incorporates new data from Italy and the UK alongside information from China to model the

potential scenarios applicable to the spread and impact of the virus. The study compares scenarios where no action is taken with a measured delay policy, or the more aggressive “suppression” approach. The difference between these strategies is that the moderate strategy seeks to slow down the rate of incidence for the epidemic such that health infrastructure is better able to cope, whereas suppression seeks to go beyond this and actively reduce the levels and rates of infection. Logically, the first approach requires less impactful socio-economic strategies. Suppression uses more impactful strategies seeks to flatten and slow down the epidemic, bringing it to hopefully die out. The government has incorporated this latest scientific modelling into its advice to people. Measures announced in the last week are designed to suppress the epidemic.

Key Public Messages

1.17 The key public messages remain as follows:

- Frequent thorough hand washing;
- Not touching your face (especially nose, mouth or eyes) unless you have just washed your hands;
- Frequent cleaning of surfaces, handles and objects people touch often with good detergent;
- Self-isolation of people with BOTH a new continuous cough AND a fever of more than 37.8 degrees (you feel hot to the touch front and back) following new guidance (7 days if you live alone, 14 days for households);
- Social distancing by reducing unnecessary travel and social contact); staying at least six feet away from other people and avoiding people who have symptoms
- Self-isolation or “shielding” for protection from infection of the most vulnerable 1.4million people most likely to become seriously ill
- STAY AT HOME, PROTECT THE NHS, SAVE LIVES

2. TAMESIDE POSITION

2.1 Tameside had its first confirmed case of Covid-19 identified by the NHS on 8 March 2020. A formal establishment of a Covid-19 Strategic Coordination Group (SCG) was set up chaired by the Chief Executive & Accountable Officer of the CCG and has subsequently continued to meet, via teleconference to maintain social distancing, every day.

2.2 Cases have continued to rise. The strategy has been aimed at supporting the overall strategy laid out by the UK Government; this initially focussed on containment but is now focussed on delaying the spread of the virus. The role of the SCG is to support the on-going response by the health services, as well as the maintenance of essential public services and to support the GM Pandemic response and to provide mutual support where the emerging pandemic threatens to overwhelm the day-to-day capacity.

3. TAMESIDE COUNCIL RESPONSE

Strategic Position

3.1 The SCG arrangements have been implemented to identify risks to the delivery of priority services to our communities. All directorates have representation at the SCG management team meeting providing the structure to share a common understanding of the current situation and to allow directorates to identify areas of concern and issues. In particular to address the following organisational risks:

- Shortages of staff due to illness and carers responsibilities;
- Pressures on technology and infrastructure;
- Potential issues with third party service providers.

- 3.2 Most importantly, as a Strategic Commissioning function, we are developing our 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 (set out at **Appendix A**)
 - supporting local businesses
 - Promoting critical CMO / PHE messages around isolation and distances and supporting them through outlets
 - Maintaining our duty of care to our staff
- 3.2 These objectives form the corner stone of our planning and business impact assessments and all directorates have been assessing these risks against the Business continuity requirements for continued service delivery. In particular, the actions we have 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.
- 3.3 The following sections provide an update on actions already undertaken by directorates and actions currently being planned. It should be noted due to the fast-moving nature of this event, the report will be out of date when considered and will require verbal updates.
- 3.4 Actions being taken corporately:
- Business Continuity Plans for staff shortages including remote working and splitting shifts in order to keep critical services operational;
 - Business continuity undertaken across all services and learning and action points captured and shared;
 - Review of current business continuity plans to ensure they are up to date and effective;
 - Ensuring staff have the technology they need to be able to work from home if needed;
 - Taken steps across our IT estate to ensure staff can continue to work effectively from home where their role allows for it.
 - Strategically look at what we need to do to strengthen the resilience of the Borough
- 3.5 The SCG Response to Corona Virus COVID 19 will operate in conjunction with that set by the Public Health England (North West) and the GM Response to Corona Virus Covid 19, given the collaborative nature of the overall multiagency response. We will aim develop and support plans to bring this pandemic incident facing our Borough and GM to a safe conclusion. We will seek to protect our communities and responders involved in this incident, whilst maintaining public confidence in the overall emergency response. Specifically the strategy has the following objectives:
- (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.

4. COMMISSIONING (JESSICA WILLIAMS)

4.1 What we have done so far

- Reviewed Business Continuity Plans with all internal teams and 3rd party providers to establish priorities and plan for scaling down if required;
- Developed process for emergency decision making in health and care through the implementation of an Out of Hospital SILVER command incorporating key Directors across the system;
- Beneath this and specific to continuing to work at place based neighbourhood level, operationalised 5 x Pandemic Resilience Groups (PRGs), one for each neighbourhood with clear clinical and managerial ensuring as far as possible, a resilient, cohesive, consistent and effective primary care and wider neighbourhood offer;
- Created and operationalised 5 x Pandemic Resilience Groups (PRGs), one for each neighbourhood with clear clinical and managerial leadership and a T&G wide reporting structure to ensure as far as possible, a cohesive, transparent, consistent and effective primary care and wider neighbourhood offer;
- Developed mechanisms for assessing PPE and staffing requirements across Primary Care and to redistribute equipment or staff where necessary on a PRG level
- Designed T&G standard operating guidance and implemented across General Practice to support management of all patients including suspected Covid 19 patients;
- Reviewed Primary Care caseload to identify those residents most in needs of support;
- Developed Operating Guidance for General Practice to support people who are shielding or self-isolating to remain well in their own homes;
- Monitored changes in elective service provision and encouraged providers to offer mutual aid where possible;
- Convened End of Life (EoL) system group with provider and commissioners stakeholder to ensure robust proposals for EoL Care planning and delivery;
- In conjunction with the ICFT, supporting an Enhanced Digital Health Service to support people living in Residential and Nursing homes;
- Developed with Nursing and Quality and Adult Social Care a system for discharge planning tracking to enable packages of care to be tracked and accounted for in line with expected national guidance;
- Developed neighbourhood based Medicines Hub, aligned to PRGs, to receive, triage and action queries regarding access to medicines (particularly repeat prescriptions) and delivery of prescriptions;
- Working with all partners to set up a Mental Health Support Line to provide advice and guidance for adults and older people and looking at options to offer the same for children and young people;
- Developed mental health advice for Call Handlers and training and advice for VCSE staff and volunteers offering telephone support to people isolated in the community;
- Conducted a skills audit across the team and identified staff to re-deploy as required;
- Working with GM on commissioning and rolling out online therapy for all ages, integrating this locally;
- Maintaining up to date details of all mental health support and services and how to access them on the CCG website;
<https://www.tamesideandglossopccg.org/mentalhealthsupport>
- Developing mental health guidance for staff affected by the pandemic.

4.2 What we are planning for

- Conduct a skills audit to identify staff with clinical skills who could be redeployed to support critical service delivery if required;
- Working with ICFT, Pennine Care and other partners to implement a mobile venepuncture service to support people who require blood monitoring for a suite of drugs and other therapeutic need during the Covid 19 pandemic;

- Increased demand on End of Life (EoL) support in people's own homes with regular support on medication and EOL documentation as well as Clinical advice and guidance to GPs;
- Increased need to manage admissions and discharges to hospital through remote support by general practice regarding decision making;
- Working with GM to establish a GP Bank system;
- Developing T&G Bank for General Practice staff that support management of applications and training.

5. ADULT SOCIAL CARE SERVICES (STEPHANIE BUTTERWORTH)

5.1 What we have done so far

- Reviewed Business Continuity Plans with all internal teams and 3rd party providers to establish priorities and plan for scaling down if required;
- A "hot hub" model to support primary care and prevent inappropriate admissions to hospital;
- Developed a re-prioritisation approach to key frontline services, to ensure that 'life or death' services are maintained;
- Reassuring and providing information to people, residents and their families about the risks and how to prevent the virus spreading;
- Updated relevant webpages – directing services users and their families to the Government / PH website and information circulating daily;
- Held meetings and shared updates with local care providers;
- Priority areas for supplies and equipment have been identified, and work is underway to try and source as much supplies as possible and direct it to those areas;
- Increased levels of cleaning in our settings, including day services and supported living;
- Approach to operational fulfilment of statutory duties, contingency arrangements, communications to service users reviewed. This has included work to identify our service-users who need the most support during the crisis (for example who are alone and not befriended) , and reviewing service-users' and their carers' contingency plans;
- Redeployment of staff based on clear prioritisation of our services, so that staff can be re-directed quickly where necessary;
- Work is underway to secure dedicated resource to support staff as they work in what will undoubtedly be a set of traumatic experiences.

4.2 What we are planning for

- Conduct a skills audit to identify staff with clinical skills who could be redeployed to support critical service delivery if required;
- All providers to be written to with a clear offer of financial support during the coming months to protect their cash flow and to allow them to respond as flexibly as possible to the crisis;
- New Coronavirus Act has been approved by Parliament, which proposes powers to reduce many of the Care Act's 'duties' to 'powers'. However, those powers have not been enacted yet and may never be so currently the council is still bound by the full remit of all of its duties under the Care Act and to move from those duties without the Sec of State having issued the Notice to enact the power to reduce the demand on councils would currently be contrary to legislation and therefore will risk legal challenge. This needs careful managing and the extent to which councils change their approach to care assessments, care plans and carer's assessments will need to be done in this context and contingency plans need to be drawn up should a significant number of social care professionals be absent from work at the same time. Further guidance is expected from the government but it is likely that the council will have to make its own decisions in relation to prioritising services if our work force falls below a critical level;

- An ethical framework has been published by the Government to enable difficult decisions about temporarily reducing care packages in a managed and risk assessed way. The work to review care plans and contingency plans on file will inform this work.
- A working group is advancing plans to create a volunteering and local humanitarian response hub to co-ordinate offers from local people, groups and companies with the needs of older and vulnerable people who are self-isolating. A public campaign, brand, central call number and voluntary and community sector grant fund will be at the centre of this work;
- A proposal is to pay in borough care home providers a monthly gross sum at the start of the month at 2020/21 care home bed fee rates based on 90% occupancy levels. Fee rates for occupancy levels above 90% will be enhanced by a premium of 20% per bed. These arrangements will be backdated to 19 March 2020 and are in recognition of the accelerated hospital discharge arrangements in place from this date and the additional costs arising in care homes due to covid 19. Payments for the period 19 March 2020 to 31 March 2020 will be paid at 2019/20 care home bed fee rates. It should be recognised that the 20% premium payment for occupancy levels above 90% will only be paid for beds occupied and does not secure any vacant beds within the home. If agreed this will proceed to be an EXECUTIVE DECISION.

Enhanced Clinical Support to Care Homes

As you will be aware we have for the last three years supported local nursing and residential care homes through Digital Health. Over the coming weeks we plan to upgrade this offer to ensure we can support personalised care and enhance the quality of clinical decision making. We plan to do this by supplementing the existing Digital Health team with additional senior clinicians including:

- Dr Martin Vernon (Consultant Geriatrician and Clinical Director for Integration)
- Dr.Saif Ahmed (GP and Clinical Director ICFT)
- Dr.Alison Lea (GP and Associate Medical Director ICFT)
- Dr.Nav Riyaz (GP and Clinical Director ICFT)

The service will be available as it is currently between 8am and 10pm and we are exploring the possibility of extending this service across the 24 hour period over the forthcoming weeks.

The development of the Enhanced Digital Hub will underpin care pathways, which will ensure wherever possible residents will receive optimal care in their home based on their assessed clinical needs. It will also facilitate a planned pathway in which the resident may require a diagnostic test without admission to guide their subsequent care back in the care home (eg X-ray following a fall). Additionally plans are developing to support direct admissions to the hospital or Stamford Unit, which avoid the need for assessment in the Emergency Department.

In order to support the first stage of the Enhanced Digital Hub, we will be using the information we have been collecting about all residents and we are working with Health Innovation Manchester to develop a systematic and consistent way of continuing to collect this data. The minimum data will include a RAG rating of clinical status, presence of an anticipatory care plan completion of a DNACPR order, presence of anticipatory medicines prescription, and COVID-19 status.

5. CHILDREN'S SERVICES (RICHARD HANCOCK)

5.1 What we have done so far

- Reviewed Business Continuity Plans with all internal teams and 3rd party providers to establish priorities and plan for scaling down if required;
- Developed a re-prioritisation approach to key frontline services, to ensure that 'life or death' services are maintained;

- Contacted all our providers of residential and foster care to ensure that they have plans in place to keep the children in their care safe and are following Public Health guidelines to minimize the spread of the virus;
- Reviewed all of our Children Looked After and the wider “vulnerable group” to identify those who may be particularly vulnerable;
- Identified and started to implement models of working arrangements to provide for staff cover;
- With our legal team working with courts regarding virtual hearings now courts have in effect closed to face to face hearings – Tameside undertook the first such hearing in the Manchester Courts;
- Revised contact arrangement – see separate executive decision **Appendix B**;
- Revised home visiting guidance and moved arrangements for Child Protection and Looked After meetings to a virtual arrangement;
- Moved our Children’s Centre offer online and through other deliver routes.

Education & Schools

- DfE have issued a definitive listing of key Workers who will be eligible for continued school provision and we have supported schools to facilitate;
- Planning has been initiated to establish options for delivering continuing education over the Easter holiday period;
- Written to all schools with specific advice, FAQs;
- We have supported our Special Schools through direct contact with all of the schools as there are considerable challenges for these schools in remaining open given pressures on staffing;
- Planning work for the provision of on Free School meals;
- Information is being brought together which we hold centrally on numbers of other/vulnerable children in schools who are entitled to provision – CIN, children with a social worker, Children Looked After, children with an EHCP;
- Established, through daily calls with schools and through the early help team a methodology for appropriately supporting and safeguarding vulnerable children.

5.2 What we are planning for

- Reviewing skills and safeguarding checks of all our staff so we are able to undertake our core statutory work if we have a reduced workforce;
- Contacting all of our Care Leavers to make sure that they are aware of Public Health England guidance and to offer support as necessary;
- Continue to work closely with our colleagues in police and in health services regarding vulnerable families;
- Continuing to support schools and family centres, providing up to date information;
- Making arrangements for virtual panel allocation meetings.

7. QUALITY & SAFEGUARDING (GILL GIBSON)

7.1 What we have done so far

- Maintained overall Emergency preparedness for CCG;
- Reviewed Business Continuity Plans with all internal teams and 3rd party providers to establish priorities and plan for scaling down if required;
- Developed a re-prioritisation approach to key frontline services, to ensure that ‘life or death’ services are maintained;
- Maintained a duty system for all existing NHS Continuing Care clients to respond to changes in clinical need;
- Developed a refresher training package for all Registered Nurses in the Directorate ;
- Ordered appropriate uniform for all Registered Nurses;

- Arranged a central point for all discharge information to be collated from across the economy;
- Conducted a skills audit to identify staff with clinical skills who could be redeployed to support critical service delivery if required;
- Re deployed quality officers to assist in Adult social care commissioning;
- Re deployed a Registered Nurse to assist in Digital Health;
- Re deployed a Registered Mental Health nurse to work on discharge planning within Pennine Care;
- Deploying nurses to support with discharges at the trust and within palliative care in the community;
- Issued letters to all clients in receipt of NHS continuing care and funded care informing them of the duty system put in place;
- Maintaining quality / safety oversight of commissioned providers via a shielded member of staff including managing NHS Serious incident functions;
- Coordinate an all system health and care operational response group to ensure continuity of service across the system and provide mutual aid.

7.2 What we are planning for

- Daily discussion with Health, social and independent sector providers to ensure we prioritise Registered nurse support to the whole system;
- Regular contact with all the current case within NHS Continuing Care;
- Conduct a skills audit to identify staff with clinical skills who could be redeployed to support critical service delivery if required;

8. PUBLIC HEALTH (JEANELLE DE GRUCHY)

8.1 What we have done so far

- Led local support and advice for council services, including schools, children's and adult social care as well as partners across the county;
- Developed a re-prioritisation approach to key frontline services such as sexual health clinics, to ensure that 'life or death' services such as drug and alcohol provision are maintained for the most vulnerable of service users and if needs be nursing and other staff can be diverted to care for those most in need;
- Continuing to provide key PH services such as drug and alcohol support and sexual health services, and the Healthy Child Programme (Health Visiting and School Nursing)
- Supported Tameside Active in closing leisure and sports facilities as per the Government's social distancing measures whilst prioritising services for vulnerable adults and children;
- Monitored the science and changing guidance around the virus;
- Provided mutual aid to Public Health England;
- Given detailed public health advice and updated this as national guidance or advice has changed;
- Reviewed Business Continuity Plans with all internal teams and commissioned providers to establish priorities and plan for scaling down if required;
- Conducted a skills audit to identify staff with clinical skills who could be redeployed to support service delivery if required;
- Provided guidance and input to the Government's national expert guidelines;
- Worked with communications to ensure public messages are frequently updated and remain accurate.

8.2 What we are planning for

- Further support for council services and partners;
- Further information for the public;

- Prioritising work programmes to support our own business continuity and be able to offer support to partners such as Public Health England;
- Ensuring we can keep critically important services running (e.g. drug and alcohol services where people may die if they do not get care; critically important nursing services for young children) while diverting nursing, medical and other clinicians to coronavirus patient care during the epidemic;
- Ensuring updated national planning assumptions are shared across services and with partners.

9. NEIGHBOURHOOD & OPERATIONAL SERVICES (IAN SAXON)

9.1 What we have done so far

- Reviewed Business Continuity Plans with all internal teams and 3rd party providers to establish priorities and plan for scaling down if required;
- Developed a re-prioritisation approach to key frontline services, to ensure that 'life or death' services are maintained;

Customer Services and Call Centre

- The Customer Services walk in facility is currently suspended to public access. During this period we will still provide the following services will be delivered either by telephone or via the dedicated email addresses: Council Tax, Housing Benefits, general Council services, Foodbank Vouchers and Vulnerable Resident help and advice. Information on how to access these services will be publicised on the Council's website.

Libraries

- Public access to our libraries is suspended. In addition no face to face events or activities run by library staff will take place until further notice.
- During this period we will still provide a full suite of digital services, which includes e-books, e-audio books, digital magazines and newspapers, and other online resources.
- Residents will be able to manage their library account online, including renewing any items, managing reservations, and changing personal details.
- There will be a telephone enquiry service and residents can also renew library items over the phone.
- During this period library customers will not incur any fines if their items become overdue.

Home Library Service

- The Home Library Service will temporarily cease in order to comply with guidance on social distancing. We will liaise with customers to ensure no contact takes place when delivering or collecting materials abiding with social-distancing advice.

Local Studies Archives

- The Tameside Local Studies and Archive Centre has closed to the public until further notice.
- All scheduled events have been cancelled until at least the end of May in response to the latest government advice to combat the coronavirus pandemic. Online resources will be made available and updated during the closure. Email research enquiries will be responded to during the closure period.

Museums and Galleries

- Portland Basin Museum and Astley Cheetham Art Gallery has closed to the public. All of the scheduled events and activities will be cancelled during this period.

- During the closure period the public can access online resources via the website. Email research enquiries will be responded to during the closure period.

Tameside Welfare Rights & Debt Advice

- This service will remain operational; however we will be delivering our services differently. For cases which are currently open, we will continue to provide help and advice by telephone, email and letter and cease any face to face service provision.
- We will continue to support residents in challenging benefit decisions but this will not include representation in person at appeal tribunal. We will still be able to provide support with appeals by written representation or by telephone hearing.
- We will continue to provide support with hearings in the County Court for rent/mortgage arrears and evictions and this will be undertaken virtually now the courts are closed. We will provide advice to residents by telephone or email and will help complete court applications to suspend warrant of evictions.

Homelessness Services

- The Customer Services walk in facility is currently suspended to public access. Working with the Council's commissioned service provider, Jigsaw Homes, Housing Advice will still be delivered either by telephone, the website or via the dedicated email address.. Information on how to access these services will be publicised on the Council's website.
- Providing safe and appropriate support for our most vulnerable residents is a priority. The Community Safety and Homelessness Team are working alongside the Greater Manchester Combined Authority and other city region partners to acquire emergency hostel accommodation for the homeless and those sleeping rough in Greater Manchester. This is to provide effective self-isolation areas for these vulnerable service users.

Waste and Transport Services

- Waste Services provide an essential service to Tameside Residents, performing an essential public health function. As one of the Council's key priorities in this health emergency, every effort will be made to ensure that the functions of disposing of refuse and recycling. To this end staff in less critical priority services will be redeployed to fulfil functions in Waste, both as loaders and drivers. Fleet Mechanics also provide an essential service, repairing and maintaining waste trucks and response vehicles.
- If necessary, agency staff will be procured to provide added staff resilience both within the Waste Service and the Fleet Garage.

Youth Service

- Youth Service Clubs are suspended until further notice. In addition no face to face events or activities run by Youth Service will take place.
- The Youth Service will be redeployed to respond to any youth anti-social behaviour in the borough.

Engineers

- The Engineering Service will respond and make safe any highways, lighting, flooding or structural asset emergency.
- The winter risk management and gritting service will remain a priority; staff will continue to deliver this service.
- There will be a review of the current engineering capital programme and temporary delays will be put in place planned infrastructure works.
- Agreed with taxi contractors used for school journeys to use their resource for critical services and in particular humanitarian aid.

Operations and Greenspaces

- All scheduled events within public parks and playgrounds will cease until further notice.
- Ashton Indoor Market will introduce priority access times for vulnerable residents and designated key works.

Public Protection and Regulatory Services

- In order to build resilience and maintain public order, the CCTV staff shift pattern will increase to a 12 hour shift whilst complying with working times regulations. Licenced staff will be redeployed to support the service.
- The public access Licencing Counter at Tame Street will be closed. All applications for licences will be received by email or through the post.
- Pro-active Food Hygiene inspections will cease.

Bereavement Services

- This service will remain operational; however we are currently delivering our services differently.
- The number of mourners within our Crematorium and Chapels are restricted to 10
- There is no access to the reception or waiting areas.
- No mourner will be permitted within the crematory to witness the cremation.
- Other measures will be enforced in order to protect our community and staff. Hymn and remembrance books are removed from all our venues. We are no longer providing sand boxes at the graveside for families. The scattering of cremated remains with families present, or the placing of cremated remains in memorial sanctums etc. with families present, are temporarily suspended. The electronic touch screen Book of Remembrance has been removed for the foreseeable future.

9.2 What we are planning for

- Conduct a skills audit to identify staff with operational skills who could be redeployed to support critical service delivery if required
- Staff resource BCP plan for staff sickness or split shifts working from home;
- Following school closures, School Crossing Patrols will be stood down as will cycle training staff.
- Some enforcement functions will be ceased in order to maintain priority staffing capacity – we will however concentrate our efforts on enforcing social distancing, the closure of premises and public safety.
- **Funerals** are becoming a “flashpoint” in the fight against coronavirus, with councils taking different approaches to limiting numbers of mourners. Funerals were exempt from the banning of public gatherings. Government advice currently limits attending a funeral to "close family" but this is a vague term that has led to different interpretations at a local level. While some councils allow 10 mourners to attend, Sheffield decided to limit the number to five after much debate. Colleagues are having distressing conversations with the bereaved about who can attend a funeral and it is a terribly difficult time for families. It's impossible to maintain social distancing at funerals, whatever staff try to do. It's often elderly people coming together from different parts of the country, which is exactly what you don't want at this time. Any move to ban funerals would have to come from government and could not be done by individual councils. There is a mixture of views on the need for government guidance. Some say it would provide clarity and make the situation less stressful but take a slightly different line favouring flexibility. This is based on the premise that it's unfair to expect government to manage the minutiae of these circumstances and the people best placed to come up with solutions are local councils, they know their crematoria and churches. There is also the issue of cultural sensitivity around the number of mourners who can attend because of faith requirements, generally there are a lot more burials involving larger numbers of people. It is understood that guidance from government is

to be published very shortly and will address issues such as maintaining respect and ensuring the safety of crematorium staff.

- **Coronavirus and Business Closures**

The Health Protection (Coronavirus Restrictions) Regulations of 26 March set out, which businesses must close completely, which must stop selling food and drink and which must close but can continue to operate on line. If a business is not listed in the Regulations then it may stay open. Government Guidance issued on 27 March states that:

Employers who have people in their offices or onsite should ensure that employees are able to follow [Public Health England guidelines](#) including, where possible, maintaining a 2 metre distance from others, and washing their hands with soap and water often, for at least 20 seconds (or using hand sanitiser gel if soap and water is not available).

Therefore it is not automatically an offence if employers do not follow the Public Health Guidance if that is not possible. However, an alternative approach under existing Health and Safety legislation. It is potentially an offence under the general duty of employers to ensure so far as is reasonably practicable, the health, safety and welfare at work of his employees. That will include an expectation that an employer has considered the risks and implemented appropriate measures and ways of working to take into account the guidance and to minimise the risk. It would also include instructing or training staff about the new processes. It will be a matter of fact and degree in each case but if an employer has made no real effort to change the way business operates to take into account the guidelines on social distancing and it is putting employees at risk then an offence under s 2 of the HSAWA 1974 can be made out. Visits will be made where complaints are received.

- **Waste and Transport Services**

Waste Services provide an essential service to Tameside Residents, performing an essential public health function. As one of the Council's key priorities in this health emergency, every effort will be made to ensure that the functions of disposing of refuse and recycling. However, it maybe that we have to change our service delivery in order to ensure the most effective waste collection within resources.

10. GROWTH (JAYNE TRAVERSE)

10.1 What we have done so far

- Reviewed Business Continuity Plans with all internal teams and 3rd party providers to establish priorities and plan for scaling down if required;
- Developed a re-prioritisation approach to key frontline services, to ensure that 'life or death' services are maintained;

Estates

- Prioritising urgent NHS estates requirements over day-to-day council estates work, to ensure timely responses to health requirements, e.g. identify location for NHS drive through Covid-19 testing station and additional property requirements needed by clinicians.
- Procured hand sanitiser across council buildings at key entrances and exits
- Across the Council's operational buildings, where the risk of coronavirus cases are suspected or confirmed, new procedures have been put in place and the affected staff member's line manager will make a request for 'enhanced' cleaning for the area concerned through the Facilities Management. Enhanced cleaning guidelines have been produced by Robertson in line with Government guidance including more regular

cleansing of key contact points such as door handles, electronic touch buttons and security access points.

- As part of council business continuity plans all but essential services have been collapsed, suspended and/or staff are working from home where possible. This has resulted in a significant reduction in use of many of the council's operational buildings. The estate is currently being reviewed and a report will be presented separately setting out proposed temporary building closures and a regular review process.
- All lettings have been cancelled until further notice.

Business and Economy

- A working group is helping mitigate local economic impacts resulting from the pandemic, by ensuring a co-ordinated approach to business support, regular communications to businesses on how they can access government support and is also exploring other ways the council can help businesses, contractors and the construction industry to remain solvent.

Adult Community Education (ACE)

- Tutoring is currently suspended, Contact with students will be maintained by telephone to reduce the risk of disengagement from future learning
- ACE staff to be redeployed to Business Engagement Team to ensure sufficient capacity to support businesses.
- Ace staff redeployed to Corporate Landlord Team to deal with increased operational property demands.

Employment & Skills

- Delivering Working Well Programmes (apprenticeships, careers advice) differently which has released some capacity to redeploy into Business Engagement Team.
- Cease any new grants for Tameside Employment Fund until further notice. Any existing grants will continue to be processed.
- Unable to commence In Work Progression pilot with DWP. We will maintain contact to identify a future potential start date

Routes to Work

- Ceased face to face appointments and now delivering the service differently to provide ongoing light-touch support to over 100 clients .
- Working with mental health colleagues to review how the service can be delivered differently.

Planning, Building Control & Transportation

- Prioritising planning applications, pre application advice, discharge of planning conditions and appeals, over GMSF and local plan work.
- Home visits and face-to-face planning enquiries suspended and alternative ways of delivering the service in place. There will be some impact on performance.
- Suspend non-urgent planning enforcement work, other than enforcement matters involving dangerous buildings or structures.
- Potential unsafe buildings and structures will continue to be inspected, with slight modifications to the service
- Will continue to respond to Highways England enquiries regarding Mottram Bypass and Glossop Spur however current programme may suffer delays as community consultation will not be able to take place.

Land Searches

- Face-to-face service suspended, alternative ways of delivering the service and risks associated with this being reviewed.

Investment, Development & Housing

- Town centre projects and major programmes scaled back to desk work only.
- Some staff redeployed to Business Engagement Team to include business support and food supplies for Food Hub. Redeployment also provided to Corporate Landlord, eg continuation of business support and FM services for Ashton Old Baths.

Housing Adaptations

- Service being adapted to allow staff to continue urgent home visits.
- Demand temporarily reduced by around 50% due to residents cancelling visits.
- Service will continue for urgent cases, particularly those needing adaptations prior to discharge from hospital. Demand for this will likely increase as hospital beds are made available for critical cases.
- Continuing to review staff capacity based on changing service demand and redeployment opportunities.
- Some contractors continuing to provide the service, however this could be depleted if demand from hospital discharges across GM increases significantly.

Capital Programme

- Contractors and sub-contractors ceased work, impacting on Ashton former Town Hall, former Denton baths site, Ashton Old Baths Phase 3.
- Hyde Pool extension groundworks continuing as all risks contract in place however delays are likely with the next phase of construction.
- Officers' continue to undertake capital programme desk work and any site visits required to ensure schools remain open.
- Education capital programme being reviewed to assess revised programming to meet placements demands Summer 2020.
- Based on increased risk within the construction sector, it is likely that normal contractual terms and conditions will need to be amended and the associated risk profile eg supply chain risk.
- Staff may need to be redeployed to oversee capital works, resulting from NHS property needs, where council property is involved. This will need realignment of priorities and increased capacity.

10.2 What we are planning for

- Conduct a skills audit to identify staff with key skills who could be redeployed to support critical service delivery if required;
- Review the cleaning and other FM needs across the Estate so that the LEP can reuse the staff to deliver other critical services;
- Increase business engagement as follows:
 - Communications Plan – co-ordinated messaging to businesses, traders and residents
 - Advice to businesses on support issued by central government – grants, loans, business rates relief etc
 - Explore additional support to businesses, traders contractor and tenants.
 - Proactive approach to gathering business intelligence, lobbying government and accessing support for businesses
 - Identify businesses and traders opportunities to support response to pandemic including food and medical suppliers.
 - Help promote council and CCG temporary job opportunities resulting from pandemic, e.g. virtual job's fair and to support our partners' employment programmes eg DWP and Working Well.
 - Support local contractors and supply chain to mitigate risks to development and construction sites
 - Increased partner engagement, e.g Growth Hub & Tameside Prosperous Network Business Leaders

- Continuing to support development, investment and construction projects across the borough:
 - Maintaining confidence with the construction and development industry that Tameside Council continues to be committed to growth;
 - Maintaining relationships with developers and the construction industry to understand their capacity to deliver during the pandemic;
 - Review of the major programmes to identify critical development work and desktop work which can be progressed at the current time or re-sequenced;
 - Continue to work with partners, to identify solutions to continue project delivery;
 - Relay to the construction industry that our overarching priority is the health and safety and wellbeing of our staff and supply chain;
 - Review external funding milestones and conditions and liaise with the funders regarding potential delays to delivery of the programmes.

11. CORPORATE SERVICES (KATHY ROE & SANDRA STEWART)

11.1 What we have done so far

- Reviewed Business Continuity Plans with all internal teams and 3rd party providers to establish priorities and plan for scaling down if required;
- Developed a re-prioritisation approach to key frontline services, to ensure that 'life or death' services are maintained;

Finance

- Developed plans to ensure key financial processes, such as closing the accounts, can continue.

Technology

- We have accelerated the roll out of mobile working across the Council;
- Undertaken upgrades to increase network bandwidth to keep performance at a good level.
- A series of communications are in progress with tips to help staff work effectively at home including video conferencing, phone conferencing and a number of other tools available;

Legal / Democratic & Registration Services

- Options for formal meetings of the Cabinet and Strategic Commissioning Board and alternative decision-making processes developed;
- Registration & Citizenship Services have continued to provide all statutory services from all delivery points including registration of Covid 19 deaths. All non-statutory functions were changed to telephone or online only. Cash is no longer accepted for the payment of services. There are significant elements of the Emergency Coronavirus Act just passed, which will change service delivery.
- We are asking legal colleagues and colleagues to identify and prioritise their legal matters so as to focus efforts on time critical and high impact matters.
- Liaison with the local courts is ongoing to ensure that child protection matters and other urgent matters can be dealt with.
- The team are reviewing BCP and identifying a 'Core Group' of colleagues who will rotate in the office to ensure that the office based activities will continue.
- Work is being undertaken to provide resilience to death registration service from democratic services that are no longer supporting as many meetings.

Human Resources

- Developed a HR staff and manager Q & A to provide clarity on the most commonly raised questions and pre-empting the next stage of the response and this is being regularly updated;

- Produced Key worker guidance and advice
- Gained reassurance that the key functions of Payroll and the HR support can function remotely.
- Allocated link HR colleagues for each directorate.
- Set up a team to lead on the deployment/redeployment of staff into key priority areas.
- Set up weekly trade union engagement and discussions to address workforce issues.
- Established a fast track recruitment campaign to attract health and care workers.
- Established an accommodation team to handle requests and approval for accommodation for key workers that are unable to sleep at home.

Exchequer Services

- All processing staff working from home and continuing to take calls from customers.

Council Tax

- Taken almost 900 calls taken in 2 week period from self-employed, newly unemployed or sick stating cannot pay Council Tax.
- Suspended recovery action. Magistrates Court hearings cancelled until further notice. Enforcement Action suspended until further notice.
- Received guidance on the Council Tax Hardship Fund totalling £2.15m for Tameside having to pay each Council Tax Support claimant £150.00

Business Rates

- Taken 200 calls from business owners stating cannot afford to pay and querying the reliefs and grants that may be applicable.
- Received guidance on Business Rates Reliefs and grant funding of £10k or £25k per business subject to eligibility.
- Written to all eligible businesses for grant funding.
- Suspended recovery action. Magistrates Court hearings cancelled until further notice.
- Enforcement Action suspended until further notice.

Adults Social Care Finance

- Worked with Adults Services on new Government guidance on not charging for home care / residential care services after hospital discharge for a period.
- Suspended recovery action.

Income Service

- Suspended recovery action on invoices raised for all goods and services provided by the Council.

Distribution Function

- Moved part of corporate mailing operation to Dukinfield Town Hall. All incoming mail will be scanned to individual service areas

11.2 What we are planning for

- Conduct a skills audit to identify staff with key skills who could be redeployed to support critical service delivery if required

Finance

- Working with Adult Social care colleagues to develop the financial package to support providers and help ensure continuity of Care;
- Undertaken a review of all current procurement activity to assess risk of potential delays to the process;

Technology

- Significant activity in progress around IT provision to ensure staff can effectively work remotely.

Legal / Democratic & Registration Services

- Implementing our approach for upcoming democratic and public meetings once regulations approved and published.
- Responding to the new legislation for birth and deaths

Human Resources

- Undertaking a skills audit and assisting Adults, Children and Neighbourhood operations with their work in this area
- In order to best support our citizens at this time and to make best use of our staff, with immediate effect the HR recruitment team have been re-prioritised in order to create a redeployment hub. The hub will focus on redeploying any available resource towards our critical front-line services and/or where it is needed most;
- The redeployment hub will fulfil the following function:

Provide an overview of the staff displaced by service closures, as well as where the gaps in our critical front-line services are emerging;

- a. Offer a matching service where staff displaced due to services ceasing, or where people are at home self-isolating (but are well enough to work) but can't work from home because of their job, will be asked to undertake other duties that are appropriate to their skills and experience;
 - b. Match displaced resources to critical front-line service needs;
 - c. Re-skill staff if needed to enable maximisation of redeployment opportunities;
 - d. Act as the 'central hub' for redeployment so that we can make the right calls and prioritise resources in the coming weeks;
 - e. Recruitment will continue as appropriate to maintain resilience, however it will be delivered differently;
- In response to social distancing, interviews will be conducted over the telephone;
 - Responding to Government instruction that DBS ID checking can be permitted via a video link;
 - Reprioritising HR staff to strengthen the HR support for staff updates/reporting self-isolation and handling staff queries;
 - Responding to the Government's announcement 20 March 2020 on which roles are key workers for the purposes of school closures;
 - Reviewing our response to staff wellbeing to determine if it is still fit for purpose in view of the demands and potential demands that will be made upon it;
 - Working with Adult Care Services to respond to the NHS Mandate that Adult Care Social Workers must run 8.00 a.m. to 8.00 p.m. from Monday, 23 March 2020.
 - Development of additional recruitment campaigns as necessary to address key workforce gaps
 - Responding to the Government's announcement on the carry over of statutory annual leave for 2 years

Exchequer Services

- Significant reduction in income to the Council by way of reduced collection of Council Tax, Business Rates and Income including Adults Social care charges which has the potential to impact on Councils overall budget position.
- Significant increase in work in terms of payment of Business Rates grant monies, payment of Council Tax hardship monies.
- Significant increase in Council Tax Support claims received which is directly funded from Councils budget.
- Planning to significantly reduce physical mail delivery and collection function and move to scanned incoming mail and remote printing and postal service via email.

12. PUBLIC RE-ASSURANCE & VOLUNTEERING CO-ORDINATION

12.1 The Corporate Communications Team have been at the heart of the Council's and CCG's response to COVID-19.

Objectives and Strategy

12.2 The Corporate Communications Team have primarily focussed on three key aims:

- (a) Disseminate government and Public Health England advice;
- (b) Deliver Public Reassurance ;
- (c) Provide specific communications about Council & CCG service resilience and preparedness.

12.3 Overall, the team have tried to maintain a proactive approach, anticipating the next phase of development and putting in place measures, prior to the Government updates.

Key audiences and channels

12.4 The Corporate Communications Team have been primarily focussed on providing key updates to all residents; key stakeholders (including Councillors, Members of Parliament and partner organisations); as well as internal staff and managers.

12.5 A variety of different approaches have been used, based on our understanding and evidence of what the existing key channels are across the above audiences.

Co-ordinating and focussing on the Volunteering Response

12.6 Over the last week the Council has been inundated with offers of support and assistance from our residents, community groups, voluntary organisations, businesses, local councillors and many more. This response is reflective of the national mood, and the Assistant Director Policy, Performance and Communication is leading the respond to this unprecedented reaction. The focus of the work will be as follows:

- **Making it easy to give and get help**
 - a. A point of contact for those who wish to volunteer
 - b. A point of contact for people needing help
 - c. A system for matching volunteers to need delivered by the voluntary and community sector
- **Supporting and empowering local groups**
 - d. Mobilising existing infrastructure
 - e. Providing additional capacity to existing infrastructure (e.g. voluntary sector grants, extra personnel)
 - f. Offering central guidance on how to help 'safely'
- **Commission different levels of volunteering**
 - g. **Support for 'Higher Need'** (e.g. those with care needs, 'shielded' population). Provided mainly by staff in commissioned services, but with some volunteers.
 - h. **Support for 'Lower Need'** (e.g. those self-isolating).
- **Co-ordinating the strategic response**
 - i. Understanding what voluntary support is on offer and where
 - j. Understanding where there are volunteering gaps and stimulating activity where required
 - k. Central advice on boundary between professional response and volunteer response
 - l. Co-ordination of management capacity to support volunteer groups
 - m. Grant funding and queries on spending
 - n. Communications with stakeholders

13. HUMANITARIAN ASSISTANCE

- 13.1 Approach being co-ordinated by Tameside Council, NHS Tameside & Glossop CCG, NHS Tameside & Glossop ICFT, Action Together (Tameside), The Bureau (Glossop) and other partners.
- 13.2 New / additional response being developed to address three key areas of new / additional practical needs due to COVID-19 (coronavirus) impact:
- Food (growth in Food Bank use and self-isolators unable to access food supplies)
 - Medicine (self-isolators unable to visit pharmacist)
 - Wellbeing – mental health etc. (impact of self-isolation on physical and mental health)
- 13.3 Issues of hardship of individuals being addressed through existing Welfare Rights / JC+ route plus the new arrangements from the Government (CT support etc.). Gas / electric top up card issues being signposted to Government agreement with energy companies and advised to speak to their own provider (likewise inability to pay due to loss of income).
- 13.4 All other – usual / pre-existing – pathways remain open (albeit not face to face) and will be used as required and appropriate. E.g. MASH, adult social care, welfare rights, housing advice.
- 13.5 Identification of need through four main channels:
- Local Helpline 8355
 - National helpline 0800 and web portal (list of 190 people in need of essential supplies received on 29 March 2020)
 - Via services, GPs, hospital discharge etc. (enabled through the Neighbourhood Pandemic Resilience Hubs)
 - Data matching, list checking and calls – national shielding list (when available) and local datasets
- Plus the Neighbourhood Pandemic Resilience Hubs will identify need through their co-ordinating activities in the PCNs etc.
- 13.6 Call centre receiving in calls for help; following up on people who have received help to see if any further needs and/or if can move to community support or self-service; a undertaking intelligence led 'cold calls' to check up on people. The latter will be supported by door-knocking by volunteers who'll then sign-posted to helpline.
- 13.7 Provision models for each of the three strands develop:
- Medicine – Community Pharmacy (practice and pharmacy level)
 - Wellbeing – Action Together / The Bureau and public sector partners coordinated through the Neighbourhood Pandemic Resilience Hubs (neighbourhood level) – e.g. welfare calls, advice on physical wellbeing, support with accessing statutory services, help with access to medicine and healthcare (i.e. supporting people with help to get help)
 - Food – Tameside Emergency Food Hub – Tameside Council, Action Together, wider VCFSE and Food Banks (Hub and spook – central food supply in, distributed out to households). Rapid central stand up now to meet initial needs. Expect to review and refine as the Government's direct food deliveries to households come on stream.
- 13.8 Volunteers are directed to Action Together and The Bureau. Volunteers will be deployed to support existing community groups, the Neighbourhood Pandemic Resilience Hubs, the Food Banks or the Tameside Emergency Food Hub. Both organisations provide advice on mutual aid and forming community COVID volunteer support groups for those who want to self-deploy.

- 13.9 Staff redeployment being reviewed now to step up capacity to deliver the model, plus support from volunteers:
- Call centre.
 - Triage and tracking.
 - List check and contact calls.
 - Welfare calls.
 - Food parcel packing and production.
 - Food parcel distribution.
- 13.10 This is the initial model which will be kept under review to ensure it evolves and remains for purpose with a view to decentralisation as situation stabilises a little and immediate and urgent needs around food are up and running. Similarly, review will look at sustainability for next few months.
- 13.11 By way of update 150 people provided with emergency food parcels on 27 and 28 March provided through the LEP from Robertson's. List from Government of 190 received on 29 March to be provided with food parcel on 30 March. On the 30 March 2020 all 200 people on the shielding list received food even though we only received food from government for 40 people.

14. INTERIM DECISION-MAKING PROCESSES

- 14.1 The developing outbreak raises a number of risks in respect of Local Authorities' ability to make decisions rapidly in response to emerging developments of particular relevance are the following:
- Possibility that there will be insufficient Cllrs to form a quorum at a meeting due to reasons of incapacity or personal safety.
 - Potential for a directive to be issued banning the holding of council meetings.
 - Need for expedient decisions to be taken involving significant expenditure outside of that provide for in the budget.
- 14.2 The following explains the existing mechanisms which may be used to take Executive and Non-Executive decisions in times of urgency and/or in circumstances where the normal meeting structure isn't functioning or would be too slow.
- 14.3 The legal framework underlying Local Authority committees including the Cabinet and Full Council imposes requirements as to their quorum and only councillors physically present may count towards the quorum and exercise their voting rights.
- 14.4 In the longer term, should the risks of meetings continue, the temporary measures outlined below will not be sufficient and other options such as changes to the legal provisions that prevent virtual meetings and changes to the reservation of decisions to Full Council, are being explored by MHCLG and we are expecting regulation shortly.

Detail of Potential Decision-Making Mechanisms

- 14.5 The following provides a more detailed explanation of the potential for decisions to be taken by the Council outside of the normal meetings framework. The legislation categorises LA decisions into two categories Executive and Non-Executive decisions and slightly different rules apply in each case. The vast majority of decisions made by councils are Executive and the relevant provisions are set out below followed by those relating to Non-Executive Decisions.

(a) Executive Decisions

The Leader's powers - The legislation, (LGA 2000 S.9E), provides that all 'Executive' decisions may be taken solely by the Leader. Such decisions are subject to the publicity requirements relating to inclusion in the forward plan and a record of the decision will also be required.

Service Directors Decision Making Powers - Directors have wide general delegations to make Executive decisions in relation to their functional areas.

The CEX and Directors powers are subject to the following specific limits:

- a. Cannot be used to make new 'policy' or amend an existing 'policy';
- b. Cannot exceed budgetary provision;

There are a number of conditions which apply to Officer Decisions as follows:

- a. Requirement to consult specified Cllrs before taking the decision;
- b. Officers are required to produce an Officer Decision Record;
- c. Key Decisions taken whether by officers or members are subject to the publication requirements on the Forward Plan. There are exceptions to the notice requirements in cases of urgency.

(nb. Key decisions are those which are expenditure over £30,000 not in the budget expenditure or have a financial impact of £500k or more or have a significant effect on communities across two or more electoral divisions).

(b) Non-Executive Decisions

Non-Executive Decisions are those which relate to matters of planning or licencing and decisions relating to the Budget and Policy Framework.

The normal position is that Non-Executive Decisions are reserved to Full Council, a committee or to an Officer.

Decisions which change the Budget and Policy Framework are reserved to Full Council. However, in cases of lack of quoracy or of urgency, the Executive may take a decision which is not in accordance with the budget and policy framework, e.g. a decision to spend money which had not been allocated within the budget. The consent of the Chair of the OSC or the chairman of Council is required. (Annex 5 Para 3)

(c) Involving Councillors in Decisions Via Teleconference or Video Link.

As explained above, councillors must be physically present together in the meeting room in order to exercise their voting rights or be counted in the quorum. However, it would possible to involve councillors in meetings remotely albeit in advisory capacity only.

By way of example, members of the Cabinet could join the Leader by video or teleconference and input where the Leader is exercising her individual decision-making power.

14.6 Section 78 of the Coronavirus Act 2020 provides that:

Local authority meetings

(1) *The relevant national authority may by regulations make provision relating to—*

- (a) *requirements to hold local authority meetings;*
- (b) *the times at or by which, periods within which, or frequency with which, local authority meetings are to be held;*
- (c) *the places at which local authority meetings are to be held;*
- (d) *the manner in which persons may attend, speak at, vote in, or otherwise participate in, local authority meetings;*

- (e) *public admission and access to local authority meetings;*
- (f) *the places at which, and manner in which, documents relating to local authority meetings are to be open to inspection by, or otherwise available to, members of the public.*
- (2) *The provision which may be made by virtue of subsection (1)(d) includes in particular provision for persons to attend, speak at, vote in, or otherwise participate in, local authority meetings without all of the persons, or without any of the persons, being together in the same place.*
- (3) *The regulations may make provision only in relation to local authority meetings required to be held, or held, before 7 May 2021.*

14.7 We are awaiting draft regulations from the Secretary of State in order to put in place virtual meetings to facilitate transparent and effective governance during challenging times which are likely to last 6 months or so and the Act provides for them to be effective until the end of the 2020/21 Municipal Year.

Decision Making Governance

14.8 In response to Covid-19 and the need to make decisions more quickly we have put in place revised arrangements for dealing with the continued legal requirement to have proper governance for executive and key decisions. We will continue to have monthly meetings of Executive Cabinet and Strategic Commissioning Board where formal decision making will take place and these meetings will be publicly webcast. We will also continue to have monthly Board meetings for consideration of items in private (Board cannot make decisions). In addition we have established a 'Covid-19 Response Board' (made up of Leader and Executive Members, CCG Co-Chairs and SLT), which will 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 will then be reported to the following Executive Cabinet and/or Strategic Commissioning Board.

14.9 To help manage these arrangement all reports for Strategic Commissioning Board, Executive Cabinet and other Executive and Key Decisions should be submitted to the Covid-19 Response Board. Agenda will then be prepared for Covid-19 Response Board where it will then be determined what governance arrangements are required. All reports submitted to the Covid-19 Response Board must use the [Executive/Key Decision template](#). On ModGov the only options now available are to submit to the Covid-19 Response Board or to one of the Speakers Panels (at present there are no items for Speakers Panel and these will only be held if essential). Once submitted they can be managed in the usual way for getting finance and legal comments (this is still a legal requirement as whilst the meetings may be virtual the legal obligations for lawful, financially affordable and transparent decisions remain) and for preparation of agendas, ensuring governance is completed.

14.10 Timetable for governance meetings is intended to be as follows:

Meeting	Date of Meeting	Agenda Publication
Board	Wednesday 1 April 2020 1.00pm	Friday 27 March
Covid-19 Response Board	Wednesday 8 April 2020 11.00am	Friday 3 April
Covid-19 Response Board	Wednesday 15 April 2020 11.00am	Friday 10 April
Executive Cabinet/SCB	Wednesday 22 April 1.00pm	Wednesday 15 April
Covid-19 Response Board	Wednesday 29 April 11.00am	Friday 24 April
Board	Wednesday 6 May 10.00am	Friday 1 May
Covid-19 Response Board	Wednesday 13 May 11.00am	Friday 8 May
Covid-19 Response Board	Wednesday 20 May 11.00am	Friday 15 May
Executive Cabinet/SCB	Wednesday 27 May 1.00pm	Wednesday 20 May
Board	Wednesday 3 June at 10.00am	Friday 29 May

Covid-19 Response Board	Wednesday 10 June at 11.00am	Friday 5 June
Covid-19 Response Board	Wednesday 17 June at 11.00am	Friday 12 June
Executive Cabinet/SCB	Wednesday 24 June at 1.00pm	Wednesday 17 June
Board	Wednesday 1 July at 10.00am	Friday 26 June
Covid-19 Response Board	Wednesday 8 July at 11.00am	Friday 3 July
Covid-19 Response Board	Wednesday 15 July at 10.00am	Friday 10 July
Covid-19 Response Board	Wednesday 22 July at 11.00am	Friday 17 July
Executive Cabinet/SCB	Wednesday 29 July at 1.00pm	Friday 24 July

- 14.11 All of the above meetings will be conducted via skype and revised diary invites will be sent out in due course. Those which are in bold will be public and should be undertaken in compliance with the new regulations once received. These regulations should also deal with other such meetings as Planning and Annual Council together with Schools Appeals. Licensing Panels fall outside the Local Government Act 1972 and there is a prevailing legal view that they can be heard virtually unlike the other matters whilst awaiting the new regulations. Members will be kept advised of developments.

15. ASSOCIATED FINANCIAL IMPLICATIONS

- 15.1 The impact of dealing with coronavirus is likely to have four main financial impacts for the Council:
- Where immediate additional expenditure is required to ensure that critical services can be maintained, and the impacts can be dealt with;
 - Where the knock-on effects of disruption could lead to increased costs of providing services;
 - Where the government have promised funding to be allocated by the Council but we do not recover all costs incurred;
 - The impact on the level of income from fees and charges, our investment income as well as the collection rates for Council Tax and Business Rates, this is likely to be felt over the longer term and is likely to be substantial.
- 15.2 An example of advance funding is appended herewith at **Appendix C**. Some of the risk areas for the second area are outlined below and in the report produced by the Director of Finance. It is only in the coming weeks and months that we will see if these risks materialise, and the Council will need to pick these up through the regular financial monitoring process.
- 15.3 In the budget on 11 March, the Chancellor announced £5bn nationally to support:
- The NHS to treat Coronavirus patients, including maintaining staffing levels
 - Local Authority actions to support social care services and vulnerable people
 - Ensuring funding is available so other public services are prepared and protected
- 15.4 On 19 March Government confirmed that £1.6 billion will go to local authorities to help them respond to other coronavirus (COVID-19) pressures across all the services they deliver. This includes increasing support for the adult social care workforce and for services helping the most vulnerable, including homeless people, this is worth £7.7m for Tameside.
- 15.5 As such it is expected that an allocation of this fund will support costs outlined in this report. However, the allocation methodology for this fund, exactly what services and costs it will cover and how much Tameside (Council, hospital and CCG) will receive and when has not been confirmed.
- 15.6 A critical area where the Council needs to respond is in the provision of adult social care. It will be vitally important during the period of the Covid-19 response to sustain providers of social care to make sure that they are able to continue in business, and to provide essential

care. It is well understood within the Council that the care market is fragile, and the Covid-19 situation will test arrangements to the maximum. The Council is taking firm and swift action to protect the provider market, including arrangements on meeting exceptional costs arising from maintaining delivery.

- 15.7 Equally, it is likely that adult social care will come under sustained pressure from the NHS to ensure that wherever possible people with social care related needs are able to be cared for out of hospital, freeing capacity for people with Covid-19 related complications. The council is taking steps to ensure maximum flexibility to support this drive.
- 15.8 It will be necessary for us to consider an initial estimate of the potential cost of these interventions for the next three months given the urgent need to provide assurance to the care market.
- 15.9 It should also be noted that agreeing the funding is not in itself a guarantee of success, sourcing high levels of agency cover will be a challenge for providers, and alternative measures may need to be considered in these circumstances.
- 15.10 Other areas where there is emerging costs include the following:
- Potential agency staff to maintain continuity of care in children's services;
 - Potential additional ICT support, including additional laptops to support home working, additional licences for those staff who use their own devices, developing Network resilience and expanding telephone conferencing facilities (with some elements of this continuing in future).
- 15.11 The Council will also look at what further support key providers require. This may include cashflow support through faster payment, including in some cases payment in advance for services. This will in turn have cashflow costs for the Council and is not without risk if those services ultimately are not provided.
- 15.12 As outlined above, the Council is expecting some funding from the Government announcement outlined above. However, the Council's allocation, and exactly what it can be spent on is not yet clear (although it is clear that this will be targeted towards Adult Social Care). Given the urgency of the need to support social care providers, the Council cannot wait for that confirmation. In the interim, it will be necessary to consider allocating funds from the Council's contingency fund.

Business rates

- 15.13 The government has announced a series of support measures for businesses and working age claimants of Council Tax Support. This means in Tameside:
- 4,638 businesses will not have to pay any business rates in 2020/21. Total estimated relief cost £xx
 - 4,014 businesses may be eligible to receive £10k grant funding subject to eligibility. Total estimated grant funding cost £40.14m
 - 345 businesses may be eligible to receive grant funding of £25k subject to eligibility. Total estimated grant funding cost £8.6m.
 - Applications for grants are triaged on day of receipt and payments will start to be made this week.
 - 10,217 (estimate) Council Tax Support claimants of working age will receive £150 off their Council Tax bill for 2020/21. Total estimated cost (excluding new claims received) £1.53m.
 - New Council Tax Support claims for working age claimants estimated to increase by 20% to 12,260 so total estimated cost rises to £1.84m.
 - Grants do not need to be repaid by businesses.
 - Central government will fully fund all reliefs and grants paid.

- 15.14 Much of this cost will fall in the 2020/21 financial year. The contingency for that year is £4m. However, it should be noted that the sum is to cover all issues arising during that year (for example the contingency was used in the current financial year to support pressures in children's services). There could be significant demands on contingency owing to:
- Costs of interventions being higher than the assumption in those original estimates for the 3-month period;
 - Those interventions being needed for longer than 3 months;
 - Further areas where the council needs to intervene to maintain services;
 - Cost pressures as outlined in the paragraphs below.
- 15.15 If the interventions required cost more, or the period they were needed for extended, the potential costs could easily exceed our current contingency. This is even before the other cost implications outlined below.
- 15.16 The approach to covering these costs will include the following:
- Use of financial support from the Government;
 - Identification of areas where there are some savings if some activity is halted, there may be some small savings;
 - Use of the contingency;
 - Use of reserves.
- 15.17 In line with the Council's financial regulations, a request would be brought back to Cabinet to approve any reserve use.
- 15.18 There are also areas where the council may face cost pressures for moving forward. Some examples of this are outlined below, but this initial analysis is unlikely to be exhaustive.
- 15.19 In Children's Services, should existing carers /providers be unable to staff the provision there may be a number of short-term placement moves. Given lack of capacity in the market it is likely these would be high cost and difficult to source. The main additional risk is around a sudden need to source emergency accommodation for a high proportion of Children Looked After. There may also be a cash flow impact, should providers require paying ahead of usual 30-day terms to ensure they have sufficient cash if they are incurring additional costs.
- 15.20 The Council is likely to see reductions in the income in its income activities, especially car parks, registration services planning fees, rent from income-generating estate.
- 15.21 The Council may see an increase in construction costs in respect of its capital programme as a result of delays on site and availability of supply chain.
- 15.22 At any one time, there are a number of large capital schemes underway, including schools and infrastructure works. If these have to be delayed because contractors' staff are unable to work, then there may be increased costs for the Council. This includes both the cost of delivery itself, but also if interim arrangements need to be put in place due to delays in completing the scheme (for example, with mobile classrooms).
- 15.23 Lastly, there may be areas where the Council continues to incur the cost of some services, even though those services are not being delivered. This may be because there are contractual commitments to do so, or because it is sensible to do so to ensure that those services are ready and can continue when the need resumes or to avoid pension costs that may arise from redundancies. Examples in this area include:
- Continuing to pay the wages of who need to isolate themselves in line with Government guidance;

- School transport providers where journeys are not required. In these cases, providers are being asked to be available to support other requirements that the council may have to respond to the coronavirus issues.

15.24 These issues will be picked up in the council's regular financial monitoring process.

16. RECOMMENDATIONS

16.1 As set out on the front of the report.