

## COVID RESPONSE BOARD

6 May 2020

<b><u>Present:</u></b>	<b>Elected Members</b>	<b>Councillors Warrington (In the Chair)</b> <b>Bray, Cooney, Fairfoull, Feeley, Gwynne,</b> <b>Kitchen, Ryan and Wills</b>
	<b>Chief Executive</b>	<b>Steven Pleasant</b>
	<b>Borough Solicitor</b>	<b>Sandra Stewart</b>
	<b>Section 151 Officer</b>	<b>Kathy Roe</b>
<b><u>Also in attendance</u></b>	<b>Steph Butterworth, Jeanelle De Gruchy, Richard Hancock, Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Jayne Traverse and Jess Williams.</b>	
<b><u>Apologies for Absence</u></b>	<b>Dr Asad Ali</b>	

### 138. MINUTES

The minutes of the meeting on 29 April 2020 were accepted as a correct record.

### 139. COVID RECOVERY

Consideration was given to a report of the Executive Leader / Chief Executive, which outlined the current thinking around how Tameside would approach the Covid-19 recovery and rebuilding process. The report set out a proposed system architecture for undertaking the work to deliver the recovery locally, along with a proposed set of principles to underpin recovery. It also set out a series of considerations for lifting the lock down (an immediate priority) and an impact and opportunity assessment to guide longer term planning and rebuilding.

It was anticipated that the recovery and rebuilding from the Covid-19 pandemic will be in three phases:

- (a) Lifting the lock down (0-2 Months)
- (b) Living with Covid (0-12 Months)
- (c) Building back better (12 months and beyond)

It was proposed that the recovery work is led by the Council's Board and the Public Service Reform Board, supported by the work of a Recovery Co-ordination Group. This group would be individuals with direct experience of the impact of Covid-19 on the ground, specifically the ongoing challenges and the opportunities presented by pandemic.

The report stated that the Corporate Plan provided a clear focus and framework for understanding and planning recovery, however the current performance / position and the route to delivery may look very different to the pre-covid position.

It was explained that the first step in planning recovery would be a risk and opportunity assessment against each of the eight priorities of the Corporate Plan supported by a risk assessment of enabling services. It was proposed that the Tameside Recovery Co-ordination Group undertake a more detailed risk and opportunities assessment, based on the initial assessment set out at section 8 of the report. The collated impacts would be used to start to populate an outline for a recovery plan, including some initial areas for action over three phases.

The Recovery Plan would set out a series of objectives in order to achieve the aims above. These would be broad principles and approaches which had shaped the work to date, and would continue to be the framing for the further development of the recovery.

The immediate priority for Tameside was to put a plan in place around the lifting of the lockdown (phase one). The government had indicated their intention to set out a series of options and tests for the lifting of the lockdown. Part of the release of the local down would be developing and refining our Humanitarian Response, recognising that this would need to move away from a large scale, standalone, emergency response and into a more sustainable offer which was part of mainstreamed response to the Pandemic and Recovery and the way in which this is likely to evolve.

It was anticipated that recovery from the pandemic will be a part of life for all residents and communities of Tameside, either in terms of dealing with direct consequences of loss and impact on livelihood, or through indirect consequences of socio-economic disruption and reform. It was also anticipated that recovery from COVID-19 will at some point become part of core business for many, if not all organisations. A common theme would be re-building confidence and managing uncertainty. The report set out a variety of approaches following approaches that would help support individuals and businesses manage the coming period of transition and to rebuild confidence in our society and economy:

The economic impact on the Borough was likely to be significant and far reaching. The report set the measures taken by the government to support individuals and businesses through lockdown, an analysis of the impact of each of these measures locally and the likely impact of these ending or not being repeated needed to be clearly understood to enable lobbying and for the Council to properly support businesses over the coming weeks and months.

It was stated that whilst loss and adverse impacts would be most evident, there would also be opportunities to build back better and learn from the current crisis. The positive responses seen to this crisis, for example an increase in walking, and improvement in our air quality as well as the huge community response need to be captured to ensure that in 'building back better' tackling inequalities runs through the whole of our recovery work. It must be fairer, leading to better jobs and greater prosperity for all, and avoiding creating new types of inequality or increasing existing disadvantages. The crisis has also shown that some roles which are crucial to functioning of the economy and society are being significantly undervalued (e.g. in social care, food retail) and that this needs to be addressed in the recovery. Finally, it must be greener. The recovery from the 2008 financial crisis included some of the fastest growth in carbon emissions recorded

#### **AGREED:**

- (a) That the proposed system architecture is approved**
- (b) That the principles to underpin recovery be approached**
- (c) That a more detailed piece of work to develop a detailed recovery plan be commissioned to report back to the special Covid Recovery Board on 20 May 2020.**

#### **140.. ADDITIONAL SUPPORT FOR FOSTER CARERS**

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which set out a proposal for support for Tameside Foster Carers with children and young people in their care. The report recognised that Foster Carers due to the outbreak of the coronavirus, were being asked to care for children for significantly extended period of time due to the government's guidance of social distancing and staying at home. For many foster carers they were also providing education to children whilst the schools were closed as they had made a decision in collaboration with the children's social worker, that it was safer for children to be looked after within their family units within their foster placement. They continued to access the support of virtual school.

It was stated that Tameside Foster Carers were working under extraordinary circumstances to provide stable, secure and nurturing home for Looked After Children, whilst also looking after their own and immediate families' health needs. It should be acknowledged that with children and young people at home for longer periods of time, this would impact on expenditure within the homes with things such as utility bills, food shopping, equipment and activities for the children and household members. It's proposed that an additional one off "good will" payment be made to Tameside Foster Carers with children and young people in their care. It should be recognised that Foster Carers due to the

outbreak of the coronavirus, are being asked to care for children for significantly extended period of time due to the government's guidance on social distancing and staying at home. For many of our foster carers they were also providing education to children whilst the schools were closed as they had made a decision in collaboration with the children's social worker, that it was safer for children to be looked after within their family units within their foster placement. They continued to access the support of the virtual school.

**AGREED:**

**That the Deputy Executive Leader be recommended to agree that for the period that the government guidance has restrictive requirements about social distancing, to pay foster care households who are approved by the Council and have had a child placed with them at any point between 19 March 2020 and 30 June 2020 a single non recurrent "good will" sum of three hundred pounds (£300).**

**141. WELFARE FUNERAL UPDATE**

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment / Director of Operations and Neighbourhoods, which explained that a Welfare or Community Funeral, (also known as a Public Health Funeral) was a funeral arranged under the Public Health (Control of Diseases) Act 1984 section 46. This act placed a statutory obligation on local authorities to make arrangements for the funeral or cremation of those who die where it appears to the authority that no suitable arrangements for the disposal of the body had been or were being made otherwise than by the authority. The usual position was that a cremation was arranged and the legislation provided that an authority shall not cause a body to be cremated where they had reason to believe that cremation would be contrary to the wishes of the deceased.

Prior to the pandemic Tameside would have on average ten Welfare Funerals per year. The increase of mortality due to COVID-19 and the consequential financial impact of lockdown would inevitably see a rise in the number of Public Health Funerals within the Borough.

Although this was a statutory duty, local authorities must ensure that the funeral service was appropriate. Effectively, the Local Authority must make arrangements for the funerals of people who had died or were found dead in their area where no other arrangements were being made and that a Local Authority could recover their expenses from the estate of the deceased. The law is relatively simple and gives scope for how the service should be carried out. Whilst it is not practicable to have a single policy nationally, it is intended that across Greater Manchester councils should adopt a common approach across the Coronavirus pandemic period.

It was explained that referrals may come from a variety of sources including (but not limited to) the Coroner's Court Officer, Police Coroner's Liaison Team, parts of some Hospitals which are included as they are considered community-based, Nursing and Residential Homes, family or friends and occasionally Funeral Directors. During the Coronavirus pandemic, referrals are more likely to come from Funeral Directors, Nursing and Residential homes and family and friends instead of the Coroners Officer. The referral would be made if: there was no family, the family was unable to pay for a funeral, the family was unwilling to pay for a funeral, or the family was unable to get help from the Department of Work and Pensions.

The Council was legally entitled to recover their expenses from the deceased. It was expected that a reasonable cost of a funeral by cremation to be around £2000 and that of a burial around £4000. Local authorities were under an obligation to provide value for money and are not permitted to spend public money on private concerns therefore 'expenses incurred' should be interpreted as relating to all costs involved in making the arrangements.

On average the Council undertook ten Public Health Funerals a year. The consequence of this decision was that the cremation will initially need to be funded by the Council costing in total approximately £15,000. However, as with all such funeral every effort would be made to recover the permitted costs wherever possible.

**AGREED:**

**That the Executive Member (Neighbourhoods, Community Safety and Environment) be recommended to agree that:**

- (i) The Guidance and procedures for Welfare and Community Funerals during the COVID-19 outbreak be approved.**
- (ii) That the arrangements be reviewed in 3 months time.**

**142 TEMPORARY CHANGES TO THE LAND CHARGES SERVICES IN RESPONSE TO COVID-19**

Consideration was given to a report of the Executive Member (Housing, Planning and Employment) / Director of Growth, which explained that when buying a property or land, a solicitor would submit a local land charges search which would show whether there were any legal restrictions affecting the land or property. This search could either be submitted to the Local Authority Land Charges Section (Official Search/LLC1) or directly to a Private Search Agent.

For those submitted to the local authority, any restrictions were investigated and all the information brought together in the form of an Official Local Authority Search (LLC1). The Council had a charging policy in place for coordinating this information. The Council was required by law to indemnify the information and was insured for any errors arising. This cost was taken into account in the fee.

Separately, Private Search Agents undertook a search themselves by accessing records online and at Heginbottom Mill. The Environmental Information Regulations 2004 (SI 2004/3391), required public authorities to provide the public with access to environmental information that they held, hence there was no charge for Private Search Agents undertaking the search of council records themselves. Private Search agents also indemnified the information they provided through a fee that they charge the solicitor acting for the house buyer.

**AGREED:**

**That the Executive Member (Housing, Planning and Employment) be recommended to agree that:**

- (i) face-to-face service for Private Search Agents be suspended until further notice.**
- (ii) Land Charges Service provide the information held at Heginbottom Mill to the Private Search Agents free of charge, until further notice.**
- (iii) The Official Search/fee paying service for solicitors or intermediaries remains in place as per normal arrangements.**
- (iv) Note there may be some delays in service delivery due to increased workload.**
- (v) The approach is kept under review with the intention of lifting as soon as practically possible.**

**143 GREATER MANCHESTER PUBLIC HEALTH NETWORK - GRANT EXTENSION, GREATER MANCHESTER SEXUAL HEALTH NETWORK**

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / Director of Population Health, which explained that there was an agreement between the Greater Manchester Public Health Network and the University of Manchester, requiring the University of Manchester to provide support in the form of staff (including relevant office accommodation) to the Greater Manchester Sexual Health Network. Tameside hosted the budget for the Greater Manchester Public Health Network on behalf of all ten Greater Manchester Local Authorities. This budget sat outside of the Strategic Commission pooled budget arrangement. Governance and decisions around the commissioning of this budget was through the Greater Manchester Directors of Public Health Group. The contract had commenced on 8 May 2017 and was for a period of 3 years expiring 30 April 2020. There was provision within the current contract to extend this contract in the "Grant Period" section where it confirmed that "*the period for which the Grant was awarded starting on the Commencement Date and ending on 31 March 2020 unless extended by written agreement of the parties*".

Greater Manchester Directors of Public Health (GMDPH) wished to take up this option to extend because the current provider was engaging well with GMDPH group via performance monitoring of the contract and outcomes were being achieved. The decision to extend the current grant was taken at the GM DPH meeting on 6 December. The extension would allow Directors of Public Health and the Public Health Network time to look at the current model of delivery to see if this was the model they would like to continue with going forward.

The arrangement with the University was substantially cheaper than the other options when the expressions of interest were collected in 2017. It also included substantial levels of indirect benefits. In particular, it includes access to senior academics in the university and (on a more practical level) access to free room hire at the university. Given the number of meetings held by the network, this had led to a substantial saving in both administrative time in finding rooms, and in the direct costs of room hire. The contract value had not increased since 2017.

**AGREED:**

**That the Executive Member (Adult Social Care and Health)/Director of Population Health be recommended to agree that the grant agreement for the delivery of the Greater Manchester Sexual Health Network Project be extended until 3 March 2021 (£57,951).**

**144 SERVICE CHANGES FOR THE HEALTHY CHILD PROGRAMME IN RESPONSE TO COVID-19 (CORONAVIRUS)**

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / Director of Population Health, which explained that the Community Health Services (Healthy Child Programme) for children, young people and their families in Tameside was commissioned by the Local Authority and was delivered by the Tameside and Glossop Integrated Care NHS Foundation Trust. In line with the national guidance released by NHS England in response to COVID-19 for community health services, the Healthy Child Programme was required to make significant changes to its usual arrangements to ensure the health and safety of residents and staff. To ensure safeguarding measures were still fulfilled, certain elements of the Healthy Child Programme will continue or partially continue to operate in a safe manner. These are detailed further with the report. The measures would be applied to the 31 July 2020, in the first instance, but would be reviewed on an ongoing basis.

Other commissioned public health services for children and families such as the Midwife-led Tobacco Addiction Service, Breastfeeding Peer Support Service, the Core Befriending Peer Support Service and the Young People's Emotional Wellbeing and Counselling Service would continue to operate differently and will continue to follow safeguarding processes. These are detailed further with the report.

**AGREED:**

**That the Executive Member (Adult Social Care and Health) be recommended to agree that:**

- (i) having reflected on the government and NHS guidance in relation to the delivery of these services to temporarily change the arrangements for the delivery of these services in response to the COVID pandemic until 31 July 2020**
- (ii) the Assistant Director of Population Health, will be in regular contact with the Children's Commissioned Population Health Services to review arrangements ongoing and to advise interested parties accordingly and that in addition to the weekly monitoring of the service there will also be a monthly review of the arrangements but the Assistant Director.**

**145 FORWARD PLAN FOR COVID-19 BOARD**

Members considered the forward plan of items for future meetings of the Covid Response Board.

**AGREED:**  
That the forward plan be noted.

**CHAIR**