

EXECUTIVE BOARD

20 May 2020

Present	Elected Members	Councillors Warrington (In the Chair) Bray, Cooney, Fairfoull, Feeley, Gwynne, Kitchen, Ryan and Wills
	Chief Executive	Steven Pleasant
	Borough Solicitor	Sandra Stewart
	Section 151 Officer	Kathy Roe
Also in Attendance	Dr Asad Ali, Ilys Cookson, Jeanelle De Gruchy, Richard Hancock, Tim Rainey Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Jayne Traverse, Debbie Watson, Tom Wilkinson and Jessica Williams	

152 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 13 May 2020 were accepted as a correct record.

153 ECONOMIC RECOVERY ANALYSIS

Consideration was given to a report of the Executive Member for Finance and Growth / Director Growth, which set out the data, analysis and risks to support the understanding of economic resilience and recovery in Tameside as part of the GM and UK economy.

Members were informed that the Office for Budget Responsibility (OBR) had reported that the economy would shrink by 35% this spring with unemployment to rise by 2 million due to the COVID Pandemic. The OBR also forecasted that UK GDP would fall by 13% for 2020 as a whole. It was explained that Tameside's COVID socio-economic impact exposure could be considered as at a high level due to pre-existing deprivation and health inequalities.

It was explained that Britain had seen 1.5m new benefit claims since 16 March 2020 and that unemployment may have risen further without the Governments furlough scheme. A survey conducted by the British Chamber of Commerce (BCC) had shown that a fifth of all firms were intending to furlough their entire workforce and a further 17% furloughing for more than three quarters of their staff, representing more than nine million workers who might have moved into unemployment.

It was stated that the Growth Company Covid-19 impact survey showed that 97% of 1,296 GM business respondents had been affected by the Pandemic. 26% of GM firms had stated that they could sustain their organisation on reserves for only 1-3 months. Tameside level analysis showed that surveyed companies had experienced cash flow issues slightly above the GM average, but had experienced decreased sales slightly below the GM average.

Tameside respondents had lower ability to survive on cash reserves beyond 6 months. It had become clear that the hospitality industry would be significantly impacted by COVID-19 as Government guidance put the reversal of lockdown of this sector much later in 2020. Tameside had 570 hospitality tourism and leisure business, 9% of Tameside's business base and 8% of Tameside's employment base, this would represent a significant impact on Tameside's economy in the medium term.

Local research showed that from 260 Tameside companies spoken to 66% were still trading, 13% had applied for Business Interruption Loan Scheme and 51% had used the Job Retention Scheme.

It was reported that GMCA had produced scenarios for discussion on economic recovery set against a series of assumptions. The scenarios would be updated as the global economic picture and further understanding about the disease was understood. The following scenarios were outlined to Members: 'Bounce-Back' (V-Shaped Recovery), 'Delayed Return' (U-Shaped Recovery), Long-term economic downturn (L-Shaped Recovery); and a W- Shaped Recovery.

Members were informed that Tameside's response to the emergency and economic recovery was to put in place the Economic Impact Assessment, Economic Recovery Proposed Actions, Establishment of a Tameside Economic and Business Impacts Group and a future / exit strategy to guide the transition from formal recovery structures to more sustainable business approaches.

It was explained that the Governments 'Our Plan to Rebuild' had been released on the 11 May 2020 as a guide to how lockdown would be reversed. There would be short, medium and long term impacts and as national policy and timeline could not be definitive due to variable factors. Tameside response would need to be based on evidence and data where possible.

The Council had an emerging Inclusive Growth Strategy and economic baseline for the Borough which had been produced by Hatch Regeneris. Members heard how the service could procure a COVID-19 impact assessment to supplement the pre-COVID-19 economic baseline. There would be significant opportunities to look at the core assets included in the Land & Property portfolio and current and future pipeline of work which would provide economic benefits. Tameside's Growth and Investment Programme would look at accelerating the next phase of major development programmes and, subject to procurement, would look to use local supply chains to deliver key schemes.

The impact of COVID19 and the activity to combat would be measured by a set of indicators. The indicator set was being prepared as part of the full Tameside Council and CCG Recovery Strategy and would be included within that work. The short term measurement indicators were set out in the report.

AGREED

That the economic analysis and risks as part of the wider COVID19 Recovery work at Tameside and GM levels be noted.

154 ECONOMIC RECOVERY PROPOSED ACTIONS

Consideration was given to a report of the Executive Member for Finance and Growth / Director for Growth, which sought to outline proposed actions in response to COVID-19.

Members were informed about how Tameside's immediate response had focused on providing support to businesses and individuals that had been affected by the impact of COVID-19. A full list of the support offered was outlined.

It was explained that the national plan for release of lockdown included five key conditions which were outlined in the report. Tameside's local work was aligned to the emerging high level economic areas for action at GM level as part of Tameside's interdependency on the GM and National economy.

It was stated that GM identified overarching actions required to make the recession smaller: Flexible/gradual arrangements for returning to work; gradual phasing out of government support; consideration of caring responsibilities; availability of testing and PPE; national intervention to address unemployment; and support for people leaving education this year.

The actions relating to Businesses were outlined: coordinated approach to re-starting/exiting lock-down; public health advice and risk management; on-going large scale financial support; need to adopt new ways of working and technology and increase resilience; massive increase in learning

and innovation; interventions that address the loss of labour force and capital; and sectors would require rapid access to new labour, technology and capital networks.

AGREED

That the report be noted.

155 BUSINESS RESILIENCE CLINIC

Consideration was given to a report of the Executive Member for Finance and Growth/Director of Growth, which sought Members agreement to the establishment of a Business Resilience Clinic (BRC).

It was explained that the creation of a Business Resilience Clinic would aid the recovery of businesses and provide much needed local support whilst linking into GM and National officers. It was proposed that the Business Resilience Clinic be targeted primarily on smaller companies as 88.8% of Tameside's business base was micro and newer businesses were frequently smaller at the start-up stage. It was reported that Tameside's business failures were lower than the GM average but the number of births were lower. The BRC would aim to prevent the business 'death' rate as small as possible with the impact of COVID-19 pushing the rate above normal levels.

Members were informed that the target market were Micro (0-9 employees) and Small (10-49 employees) businesses including self-employed. The test and learn model would be accessed by smaller companies that would benefit from experienced business professionals. It was explained that the Clinic was needed for a number of reasons including: providing a knowledge hub looking at business continuity advice and planning; providing advice through May to July critical to Tameside's business community; support to help businesses navigate the COVID-19 support measures set out by Government.

It was stated that the Council was involved in a range of programmes linking employment with health, including GM Working Well programmes and the Tameside Living Well programme. These and other relevant initiatives would be a key part of the BRC both for the benefit of existing employees and to continue to support unemployed residents into employment. The BRC would enhance the Council's message on mental health services by providing a supportive mentoring approach to those trading or planning to trade in difficult conditions.

The Clinic would be delivered in a number of ways including: Telephone for one to one discussions; Webinars; Blogs; and Face to face discussions once the national plans for lockdown reversal have been released.

It was explained that the Clinic would comprise organisations that could provide free 1-2-1 support or one to many support. The Council would be facilitating an interaction where those in need of support could be put into contact with specialist providing pro-bono support. A list of contributors were already identified and outlined to Members of the Board, it was reported that contributors would be engaged on a regular basis to review their capacity and experience of providing support through the BRC.

AGREED

That Members agree to the establishment of a Business Resilience Clinic.

156 SUPPORT FOR BUSINESSES – GOVERNMENT GRANT – NEW GUIDANCE

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Assistant Director of Exchequer, which updated Members on the progress to date on payment of business grants to eligible businesses.

It was reported that total reliefs awarded in Tameside to 4,739 premises was an estimated £34.9m which meant that businesses in receipt of a relief did not have any business rates to pay in the current financial year. The total initial estimated number of potentially eligible businesses that could receive a grant in accordance with the criteria set was 4,359, however, this reduced to 4,175 after allowing for empty premises. The statistics evidenced the success to reach and pay businesses across GM at 85% of the number of business rates properties that the government believed could apply, which was 7% above the national average at 78%.

On 10 May 2020 a total of £39.2m had been awarded to 3,568 eligible business accounts which were 98% of all applications received. The small number of applications accounting for the 2% not yet processed were those where further information was required or there is a further query.

It was expected that similar to other local authorities Tameside expected to pay approximately 75% of funding received as a number of potentially eligible businesses were not eligible due to ceasing trading or no longer occupying the premises. Every business that was eligible had been contacted by post and those who did not initially apply were then contacted by phone, email or postal application, in addition to continual promotion via social media, the Councils website and local radio to ensure take up of the grant to those businesses that qualified for grant support. Those business premises that were awaiting revaluation by the Valuation Office would have their payment prioritised when rateable values were known.

On 6 May 2020 the Secretaries of State of Energy and Industrial Strategy, and Housing, Communities and Local Government, announced further discretionary funding for local authorities to administer; to target small businesses with high fixed property-related costs and which were not eligible for the current grant schemes. The Growth Directorate were dealing with the discretionary grants in terms of policy development, application forms and administration. This was consistent with the approach across Greater Manchester and supported knowledge of business sectors gained by Growth and via other business connections. .

In considering the item Members discussed the approach to the further discretionary funding and agreed that it was necessary to have the scheme in place before making any commitments, this would need to be done as quickly as possible with a report on the proposed scheme submitted to the next meeting of Board

AGREED

That progress to date be noted, and that further discretionary funding has been made available by central government which will be subject to a report to the next meeting of Board.

157 SPORT AND LEISURE FACILITIES - FINANCIAL SUSTAINABILITY DURING CORONAVIRUS PANDEMIC

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Director of Population Health, which confirmed that the Council's stock of sports and leisure facilities would remain closed until restrictions controlling social contact were lifted.

It was reported that Regular weekly updates continued to be held between Active Tameside's management team and the Council in order to react to changing circumstances. These regular updates were used to plan for recovery together whilst supporting the timely and efficient reopening of the facilities and associated services. Members were advised that during COVID-19 facility closure period, Active Tameside were providing alternative leisure, health and wellbeing services to keep the general public active, healthy and entertained from home.

Members were provided with a detailed outline of the leisure, health and wellbeing services that continued to be provided by Active Tameside during the closure period.

Active Medlock continued to operate, providing essential health and social care services to vulnerable groups and individuals identified in consultation with Children's and Adult services. Active Tameside continued to provide sports coaches to primary schools in order to support activity provision for the children of key workers. Further Active Tameside were committed to working in partnership with the Council and provided essential support to services where additional capacity was required due to the impact of COVID-19 across the borough.

Members were informed of how in order to reduce the financial impact of the temporary closure Active Tameside had taken up the offer of financial support from central government and furloughed all staff not required to maintain/sustain the company during the period of facility closure. Active Tameside had business resilience insurance that could be used to fund the remaining 20% of employee costs over and above direct government financial support.

Members were advised that the Council had supported Active Tameside's cash-flow position through this difficult period and paid the total value of the 2020/21 management fee of £1.077million on 1 April 2020. This sum along with commissioned provision delivered within Adult Services and Children's Services directorates would only support Active Tameside's cash flow until June / July 2020. Further Active Tameside would be recompensed for any related costs of existing furloughed employees who volunteer.

The repayment of the 2019/20 prudential borrowing sum of £0.799 million had been deferred until 2020/21 at the earliest. Outstanding historical prudential borrowing debt balance that was due for repayment to the Council by the end of 2023/24 lease term would be re-profiled. The value of the annual management fee payable for the period 2021/22 to 2023/24 would include a repayment plan for the outstanding debt balance of £3.8 million at 31 March 2020. The outstanding debt related to borrowing from the Council by Active Tameside for investment in the infrastructure and equipment across the leisure estate in prior years.

Early modelling suggested that the combination of capacity reductions via social distancing measured and customer anxiety could reduce the revenue streams by 50% for the foreseeable future. As a consequence of the pandemic, the imbalance between demand and capacity would likely increase. Current estimates suggested that the impact of falling commercial revenues during the course of the financial year 2020/21 would be a funding shortfall of between £1.6 million and £2.9 million on top of the agreed management fee and it was highly likely that the trading position of Active Tameside would be adversely affected during the remainder of the existing contract to 2023/24. It would be expected that any sum payable to Active Tameside as an interim measure to support business sustainability would be wholly reclaimed via their insurance policy for business interruption and repaid to the Council at a future date.

The relationship between the Council and Active Tameside was necessary in order to ensure that the health and social outcomes prescribed by the Council were not only deliverable but sustainable in revenue terms and realistic in terms of capital investment.

It was explained that Active Tameside would submit a claim for business interruption under a special "resilience clause" via their business insurance policy. Most insurance policies state a disease had to have been on a specified list before the policy was taken. The resilience clause allows a new disease to be backdated to the point it became notified. It was further explained that this might go to litigation as a "class action" because all the policies were worded the same and the cause is common. If it did go down this route, it could take years.

Insurance acceptance would be the best outcome and this option was being pursued, insurance acceptance would ensure that any temporary financial support provided by the Council would be repaid.

AGREED

- (i) The Council's stock of sports and leisure facilities will continue to remain closed until such time as government restrictions are lifted.**

- (ii) **A further report is received on 10 June 2020 with an update on the additional repayable financial investment required by Active Tameside during 2020/21 to ensure sustainability during the coronavirus pandemic**

158 LOOKED AFTER CHILDREN' S 7 SUSTAINABILITY PROJECTS

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which detailed the financial impact, potential slippage of timescales for the delivery of projects and impact of COVID-19.

Members were advised that each of the project leads had identified their anticipate delays and planned mitigation and revised timescales and associated risks as a result of the implementation of their project in response to the current COVID-19.

The new timeline for the Looked After Children's Sustainability 7 projects were detailed in the report.

- (a) The Early Help project start date for implementation would move from October 2020 to a start date for implementation of February 2021.
- (b) The Family Support Service project would move the start date for implementation from March 2020 to a start date of June 2020.
- (c) The Team around the School project started implementation in January 2020 this had partially been achieved however the date for full implementation date would now be July 2020 instead of March 2020.
- (d) The Duty/Locality project started implementation as scheduled this had partially been achieved however the date for full implementation would move from July 2020 to August 2020.
- (e) The Positive Futures project start date for implementation would move from June 2020 to January 2021.
- (f) The Fostering project start date for implementation was October 2020 whilst the project had started and some areas were due to be implemented the overall start date for implementation would move to February 2021.
- (g) The Placements project had an implementation start date of December 2019 and whilst implementation had started in a limited way the start date for full implementation would move to May 2020.

It was reported that there had been a reduction in the numbers of children referred into the service via the MASH arrangements. It was expected that there would be an increase in referrals as hidden harm that had occurred during lockdown was reported by children on their return to School. Further if the predicted increases happened then the target of a reduction of Children Looked After to 650 by April 2021 may not be achieved and the cost avoidance and savings attached to the 7 sustainability project would not be fully realised.

It was explained that there could be a blockage in the court system due to the need to undertake hearings virtually. Manchester courts had taken a cautious approach to final contested hearings and in some cases were adjourning hearings, in the medium to long term this could lead to a blockage in the court system. This would inevitably impact on the timescales for cases to be concluded the effect of this would be to delay children achieving permanence via adoption, Special Guardianship Orders and by the discharge of care orders.

Each School and Early years setting had a named key worker at the Local Authority who are operating as a team across Early Help and Education. Daily communication was being made by the key worker to all schools and settings to ensure that they were open and able to offer places to all children and young people identified as vulnerable and children of key workers. The new Tameside MBC Early Help website had been launched which provided information advice and support for professionals. Over 100 families from across the borough had been supported to access a 'Communication virtual pathway' to support communication development and a further 70 families whose access to groups was cut short by on-going support/assessment and access into virtual support where needed.

The implementation of the Family Intervention Service had started and there had been an increase in the number of families receiving support from the Family Intervention workers from 120 allocated cases pre Covid-19 to 300 plus cases allocated to family intervention workers to date with plans for that to increase further. The CCG had been able to commit to funding the psychological therapy components of the Family Intervention Service. The service manager and commissioners are working with Healthy Young Minds to finalise expectations regarding how the service would operate and were developing a Service Specification with clear outcome and performance measures.

Members were advised that between 1 January 2020 and 31 March the Edge of Care Service worked with 152 children/ Young People and we ended involvement with 72 children / Young People within this period.

The implementation of the restructure of Duty/Locality was underway with the teams moving towards virtual teams alongside this development of a virtual training offer to up skill some staff.

It was reported that progress had been made on Positive Futures with the purchase of a property which would be the assessment unit. A planning application would be submitted to change the function from private dwelling to children's home. Recruitment had started for units. Further the refurbishment of St Lawrence road so that it could be used as a respite unit would start soon.

Recruitment for the Fostering Service Improvement had started and was on track for completion. The review of the offer to foster carers had commenced. A Positive Foster Carer recruitment campaign and successful opening evening at village Hotel had been held, a number of expressions of interest had been made.

Weekly meetings were taking place to urgently progress the expansion of the Transition Support Service under the existing agreement for a further 10 dispersed supported bedsits. Local availability of suitable one bed tenancies has led to delay, however, Social landlord Mosscore St Vincent have delivered two tenancies to a very high standard on Pottinger Street. Members were advised of properties that had been identified for development. Work had continued in partnership with the 10 GM local Authorities under the banner of the recently established GMCA Care Leavers Trust.

On project 7, Placements Review/Sufficiency Strategy, the revised Commissioning and Brokerage service had been establishing the foundations of proper commissioning, contacting and quality assurance processes. A multi-agency placement panel has been established since January a finance representative attended this meeting. A data dashboard had been drafted to bring together to align key finance, performance and commissioning indicators to increase scrutiny. A successful rapid pilot of the 'Deep Dive' Approach from No Wrong Door adapted for Tameside had been completed.

Members heard that there was significant work being undertaken in support of and alongside the Looked After Children's 7 Sustainability Projects within the Looked After Children's Team. This included the creation of a Discharge from Care team, the development of a permanence panel and the development of an integrated Looked After Children's Health and Wellbeing Team and establishment of a task and finish group. It was explained that once all key elements were functioning outcomes for Looked After Children would be significantly improved and overall numbers of Children In care would be reduced and the cost to Local Authority would also be reduced.

AGREED

That Executive Cabinet receive this report and:

- (i) note the financial impact as a result of the potential slippage in terms of the timescales for delivery of the projects as a result of the COVID 19 pandemic;**
- (ii) agree the new provisional time table for the delivery of the projects as set out in paragraph 1.7 together with the outcome of the estimated financial modelling on placements as detailed in section 3 and Appendix 2; and**
- (iii) receive a further report in September 2020 given the ongoing uncertainty caused by the Covid 19 pandemic a further report will be presented to Members in September 2020.**

159 STARTING WELL REPORT: COVID 19 IMPACT

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Starting Well Clinical Lead / Director of Commissioning that provided a summary on the response to the COVID-19 pandemic for children and young peoples' health services across Tameside.

It was reported that the children, young people and families' community services in Tameside had responded to the national guidance in relation to COVID-19. To align to the Government's response to reduce the risk of COVID-19 and NHS England's guidance on 'COVID-19 Prioritisation with Community Health Services', the following changes to the Healthy child programme delivered by the Tameside and Glossop Integrated Care NHS Foundation Trust and commissioned by the Local Authority was proposed. The National Child Measurement Programme would stop until further notice, Pre-Birth and 0-5 Service, School Nursing, Looked After Child Teams would be partially stopped with exemptions, while the Safeguarding service would continue.

Delivery of care had been prioritised to the most vulnerable, and delivering this care remotely if possible, and by risk assessed home visiting if required. Some staff had been redeployed to Adult Services within the Trust and sickness rates had increased. Where possible staff were remote working and an action card was in place for this.

Members heard the risks of not continuing normal service and ways in which risk was being mitigated, it was explained that this was a dynamic situation and was being regularly reviewed. The following concerns were highlighted; health visitors not doing face to face visits routinely for both new-born assessments and routine developmental checks; how to cope with the backlog of work when the situation settles down; in relation to safeguarding, most children and families were not being visually assessed; and difficulty in catching up with the backlog of school based immunisation programme and risk of having a large cohort of children at risk of contracting disease due to not being immunised.

It was stated that there had been a significant fall in the number of children accessing primary care in the first 4 months of this year compared to the same time last year. This could be due to children not being in school and therefore, there is a fall in the usual viral illnesses that would be circulated. Primary Care had been using a RAG rated system in order to prioritise work during the pandemic. Primary Care had remained open for unwell children and young people.

Members considered the Urgent Care and Paediatric Referrals data, which showed that children and young people accessing primary care and 111 had fallen, so too had the number of paediatric Emergency Department attendances. Dr David Levy and Dr Jackie Birch, local Paediatricians, had been linking into the Greater Manchester Paediatrics network. They had provided assurance that data was being collected which was part of the wider piece of work by the Royal College of Paediatrics and Child Health (RCPCH) highlighting any cases where it was felt that delayed presentation could have caused harm. There was a concern that families may stay at home with an unwell child longer than they would ordinarily do. Paediatric outpatient clinics had been reduced and routine work has been cancelled. Referrals were being triaged and patients were being

contacted over the phone where clinically appropriate. Clinically urgent referrals were being seen as needed.

Members were advised that diabetes and epilepsy specialist nurses continued to be in regular contact with children and Community Children's Nursing Team had continued to operate. It was reported that all health services relating to Special Educational Needs and Disabilities were operational and are maintaining regular contact with the families they were supporting.

It was stated that the COVID-19 pandemic would have a significance impact on the mental health of residents, both with pre-existing mental health conditions but also those not previously known to services. The impact of social isolation, lack of contact with friends and family, unemployment resulting in financial insecurity and health anxiety were all likely to continue well beyond the acute phase of this viral pandemic. Of particular concern was the impact on babies and their families in the 1001 Critical Days, from pregnancy to the age of two. Parents were essential in a baby's life. Some parents would be struggling and when parents were affected, babies would be affected. Therefore it would be critical that maternity, health visiting and GP services ensured that all the standard appointments continued and would be extra vigilant to connect with parents and identify where additional support would be required.

It was stated that Maternity services had continued to work well. Antenatal appointments moved from the community to hospital to allow the services to continue to run during times where staffing levels may have fallen. The Acorn Unit opened at the beginning of March and had seen 16 babies delivered by the end of April. The Smoking in Pregnancy programme had been delivered as 'business as usual' with programme modifications to mitigate COVID-19 risks. The GM & EC Maternity Voices Partnership and the LMS had worked together to develop some information for women and families around COVID-19 and maternity services. The Early Attachment Service was running a digital drop in service offering new weekly telephone consultation service.

Members were advised that there was close communication across all agencies regarding children's safeguarding ensuring a coherent, effective approach to safeguarding and domestic abuse. Feedback suggested that currently there was a mixed picture with national narrative around increase in helpline calls but local services across the board had not seen those increases.

Work had been taking place within children's services in terms of reviewing business continuity plans and re-prioritising to key frontline services, to ensure that critical services were maintained. Two Children's health and Care groups had been established to monitor and review the local response to national guidance and to ensure that there was effective communication between agencies during this time and create escalation routes of any issues both groups reported to the TSCP weekly meeting.

Local concerns and working assumptions were that there was a risk of an increase in domestic abuse incidents, as well as increased difficulty for people to access support services in the current climate. The local partnership was taking a number of steps to ensure appropriate support was available including; Increased communications of the issue of domestic abuse and promotion of local support services; risk register being compiled with local services to determine wider impacts of lockdown; capacity assessment with support services to plan; enhanced working between GM Police and Probation to target repeat offenders and known high risk perpetrators; exploring further staff engagement / training around domestic abuse issues; and Local safeguarding partnerships continue to be updated with progress.

AGREED

That Board recognise the efforts of all children and young people's services to maintain service provision throughout this difficult time

160 ACCESS TO END OF LIFE MEDICINES

Consideration was given to a report of the Director of Commissioning, which sought to update Members on the proposed delivery model to improve access and resilience for End of Life medicines and approval for the proposed mechanism and additional financial investment required.

It was stated that the existing CCG arrangements for Out of Hours (OoH) End of Life (EoL) medicines were via six extended hours community pharmacies across Tameside and Glossop. This allowed access to a traditional sub-cutaneous route list of EoL medicines. As sub-cutaneous was an injectable route it needed a suitable skilled health care professional to administer. There was no contract with the pharmacies and no payment was made to the pharmacies for holding the stock, pharmacies were reimbursed for any EoL medicines that were unused and go out of date. Non-controlled drug EoL medicines were held in stock at Willow Wood Hospice for 24 hour access

Members were advised that in the current situation with demand overstressing GP planning activity, increased pressure on pharmacies including partial closures and the more rapid deterioration of COVID-19 EoL patients three responses were needed:

- Incorporation of non- sub-cutaneous route EoL medicines into the formulary (NICE/NCA guidance). This would be oral route medicines some controlled drugs but some non-controlled drugs.
- Increased in the number of pharmacies holding EoL medicines formulary to give greater systemic resilience.
- Extension of hours of pharmacy access to EoL medicines so that via an on-call system 24 hour, 7 day a week coverage is provided across T&G.

It was explained that with the expected increase in demand on services and the pressures community pharmacies were under as COVID-19 emerged the CCG increased the number of sites holding EoL from 6 to 14. This was an informal non-contracted agreement. For on-going resilience and robustness and regional requirements for regular stock audits a formal arrangement would need to be put in place. The GM Local Pharmaceutical Committee produced a service specification for EoL medicines which was in line with local and regional requirements. This had been implemented by neighbouring CCG's, all other GM localities were signed up to or were in the process of signing up to the retainer fee service element.

The NW Medicines Cell 'What Good Looks Like' documents' documents recommended that patients have access to medicines within 1-2 hours. Given the disruption levels there was a need for a protected communication route to EoL stock holding pharmacies to check stock is accessible and prompt dispensation occurs. NHS England North West proposed that a bespoke mobile phone is provided for all EoL holding sites. This line would be reserved solely for EoL communications

Arrangements had been put in place for extended access to ensure 7 day, 24 hour access to EoL medicines within the CCG, this would require an additional 12 hours Saturday / Sunday and on call coverage 4 nights per week.

Members heard that an initial commitment of 6 months would be made with a review at the end of this period to continue for a potential further 6 months. One year's total costs would be £7,000. The protected EoL medicines hotline per stock holding pharmacy would be £700 for 6 months with a review at end of period to continue for a further 6 months. The fee structure would be £20 per on call, £350 per call out. Taxi services would be utilised to carry out the date time medicine deliveries as a first line option, when not available in a timely enough manner the pharmacy would deliver and charge £50. The on call fee for 6 months would be £2080, based on an average of one call out per week in locality delivery there could be a cost of £10,400 per 6 months. Additional costs would be funded by the COVID-19 central funding source.

AGREED

That Strategic Commissioning Board be recommended to:

- (i) **Note the proposed delivery model to improve access and resilience for End of Life medicines**
- (ii) **Support the proposed mechanisms and additional financial investment required.**

161 HUMANITARIAN HUB

Consideration was given to a report of the Executive Leader / Director of Governance and Pensions, which outlined proposals for the four phases of continued activity of the Humanitarian Hub and approval for the introduction of payment for food packages for those who were able to pay.

It was stated that the Humanitarian response to the COVID-19 pandemic was a rapidly evolving and critical function in the response to COVID-19 pandemic. Since the humanitarian hub began operating it had received over 3,000 calls and made over 1,500 deliveries. Running costs for the humanitarian hub to the end of May 2020 were summarised in the report.

The current model operated by the hub was outlined to Members. Referrals were received through COVID-19 Call Centre or through proactive outreach from Neighbourhood Cells using datasets which may indicate vulnerability. Following the referral there would be an initial triage of need and required response (provision of food or medicine). After the deployment of initial package of support follow up triage calls were made to discuss more detailed requirements and agree a more sustainable solution. Where appropriate a referral may be made to Action Together the local VCSF infrastructure organisation to arrange a general wellbeing check, and organise wellbeing support (for example linking in with a befriending service). A small number of people for whom no alternative provision existed would be provided with subsequent packages of support. Enhanced support to specific cohorts was provided by key services including, rough sleepers and refugees and Families with additional food parcels including nappies, formula.

Members were advised that the Government were increasingly looking to Local Authorities to supplement and/ or replace the support being given by them to shielding cohort. This activity was increasingly coming to dominate the work of the Humanitarian hub, with a requirement in place to call all of those on the shielding list who the government have been unable to make contact with and a request that the Council explore the possibility of contacting those the government made contact with but were unable to establish a definitive resolution with.

Further the Government and Greater Manchester Combined Authority have also requested that the Humanitarian Hub support the 300 plus asylum seekers in the Borough with basic essentials and support needs.

It was explained that through the operation on the Hub and an analysis of need it had become clear that large portions of the shielded population did not need new or additional help, nor required the involvement of the Local Authority or the government. However the sub-shielding population had been identified as having significant needs. The need was twofold; people were self-selecting to shield out of fear, and the knock on impacts around access to basic services plus their mental wellbeing; and the economic impact of lockdown and how this is creating financial not physical barriers to food, fuel and housing.

An analysis of the contact indicated that the Hub were dealing with three broad cohorts, Older people (45%), not on the shielding list but with health conditions; working age people (40%) these individuals were not on the shielding list but with health conditions and other (15%) the two main groups being single mothers and chaotic individuals / households.

Members were informed that now the initial emergency response phase was over and solutions were being developed to the COVID-19 challenge of the medium to long term it was appropriate to review the operation of the Humanitarian response.

It was proposed that from mid-May to Early June the price for a basic food package be set at £20 per household and those unable to pay were asked to provide evidence, this could be assessed with Welfare Rights support. Those working in the Humanitarian Hub teams would continue to work with cases that came through the call centre. Many of those calling would now receive a face to face visit with Action Together. Further it was proposed that general and targeted communication would take place in phase two as a pre-cursor to moving into phase three.

From early June onwards as the numbers of people requiring support identified through self-referral or outreach reduced further it was proposed to shift the focus in terms of provision of support to those experiencing financial hardship as a result of COVID-19 or those struggling with the long term impact of the pandemic and associated control measures. Phase 3 would look to provide increasing support to food banks, a focus would be placed on providing additional resources to mainstream services providing support to those vulnerable as a result of COVID-19. Work would be done to join the Neighbourhood cells with Neighbourhood co-ordinators in each of the four neighbourhood areas and shift the response to one led by volunteers and the third sector.

It was proposed that in the Phase 4, there would be a move into normalising and building back services. As the proposed model for testing tracing and quarantining became clearer and moved to a relaxation of the lockdown it may transpire that different cohort of individual required to self-isolate/ quarantine for a period of time. The humanitarian hub may also need to provide support to this cohort in coming weeks and months. Intelligence from government suggested that shielding was likely to continue for a significant period potentially beyond six months and that the number of peoples required to shield may increase. Further in coming weeks as the track, test and quarantine system became operational there would be humanitarian support required for those who were expected to quarantine due to contact with those infected.

AGREED

- (i) That the COVID-19 Board supports the outlined proposals for the four phases of continued activity of the Humanitarian Hub.**
- (ii) That the COVID-19 Board supports the introduction of payment for food packages for those who are able to pay.**

162 FORWARD PLAN OF ITEMS FOR COVID RESPONSE BOARD

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