| Report to: | STRATEGIC COMMISSIONING BOARD | | | |
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| Date: | 26 August 2020 | | | |
| Executive Member: | Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health) | | | |
| Clinical Lead: | Dr Ashwin Ramachandra – Co-Chair Tameside & Glossop CCG Dr Asad Ali – Co-Chair Tameside & Glossop CCG | | | |
| Reporting Officer: | Dr Jeanelle de Gruchy, Director of Population Health James Mallion, Consultant in Public Health | | | |
| Subject: | DELIVERING TAMESIDE'S OUTBREAK CONTROL PLAN | | | |
| Report Summary: | The Local Authority is directly involved in the response to contain Covid-19. In order to support and reflect this, central government has allocated ring-fenced funding to each local authority to contribute to this work via Local Authority Test and Trace Service Support Grant. The total amount allocated nationally is £300million. From this national funding, Tameside has been allocated £1.4million. This is non recurrent funding over two years. The report outlines initial proposals (Phase 1) of spend against the grant, with a further paper presented to Strategic Commissioning Board in September outlining final commissioning proposals (Phase 2). | | | |
| Recommendations: | Strategic Commissioning Board is asked to: (a) note the allocation of £1.4M to support Tameside Council to tackle the direct impacts of Covid-19 and the delivery of the Outbreak Control Plan. (b) approve the initial allocation of the funding over the next two years as outlined below: GM Contact Tracing Hub - £216,056 2 X Infection Control Nurses - £150,000 Targeted Communications - £40,000 | | | |
| | Outbreak Management - £580,000 (c) agree to receive an update and proposed outline of the final programme at SCB in Sept. | | | |
| Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer) | Budget Allocation (if £ 1,419,817 Investment Decision) | | | |
| | CCG or TMBC Budget TMBC- Population Health Allocation | | | |
| | Integrated Commissioning Section 75 Fund Section – s75, Aligned, In-Collaboration | | | |
| | Decision Body – SCB Strategic Commissioning Executive Cabinet, CCG Board Governing Body | | | |

Additional Comments

The report sets out the proposed application of the £1,419,817 Test and Trace Service Support Grant, which was received in full by the Council from the Department of Health and Social Care (DHSC) in June 2020. Section 2 provides details of the allocations of funding between the Contact Tracing Hub operated by the GM Health & Social Care Partnership, the recruitment of Infection Prevention nurses, targeted communication and community engagement initiatives, and a contingency fund to allow a response to an emerging outbreak.

The Health Protection Board will oversee the application of the grant funds, and further funded proposals will presented to the Strategic Commissioning Board in September.

The Council's Chief Executive and Chief Internal Auditor will be required to certify to the DHSC that the grant has been expended in accordance with its conditions, and it is essential that appropriate monitoring arrangements are implemented to ensure compliance with the terms set out in Local Authority Test and Trace Service Support Grant Determination (2020/21) [No 31/5075].

This funded is provided via the Local Authority Test and Trace Service Support Grant.

The purpose of the grant is to provide funding to assist with expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of Covid-19 and to provide some financial assistance to the Council in undertaking its role in the pandemic as set out by the Minister of State for Patient Safety on 23 May 2020.

The main conditionality to the grant is set out above. In addition The Chief Executive and Chief Internal Auditor are required to sign and return a declaration to the team leader of the Public Health Policy and Strategy at the Department of Health and Social Care confirming that :

To the best of our knowledge and belief, and having carried out appropriate investigations and checks, in our opinion, in all significant respects, the conditions attached to the Local Authority Test And Trace Service Support Grant Determination 2020/21: No 31/5075 have been complied with.

If the Council fails to comply with any of the conditions and requirements, the Minister of State may reduce, suspend or withhold grant and even require the repayment of the whole or any part of the grant

When utilising the funding the council's usual procedures and Standing Orders need to be complied with especially in relation to the commissioning of any services.

In addition advice should be sought from STAR such as in relation to the GM wide Tracing Hub, and the provision of the infection control nurses to ensure that all relevant procurement issues are considered.

This report provides Members with details on how a proportion of the funding will be utilised to address urgent actions which have

Legal Implications:

(Authorised by the Borough Solicitor)

already been identified. It is understood that further work is being undertaken in relation to more focused actions which may be required and these will be subject to a further report in due course.

How do proposals align with Health & Wellbeing Strategy?

How do proposals align with Locality Plan?

The Outbreak Control Plan contributes to all priorities in the Health and Wellbeing Strategy

The plan supports the locality plan objectives to -

- Improve health and wellbeing for all residents
- Address health inequalities
- Protect the most vulnerable
- Promote community development
- Provide locality based services

How do proposals align with the Commissioning Strategy? The plan supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health.

Recommendations / views of the Health and Care Advisory Group:

Public and Patient Implications:

Quality Implications:

How do the proposals T help to reduce health E inequalities? ir

What are the Equality and Diversity implications?

What are the safeguarding implications?

What are the Information Governance implications? Has a privacy impact assessment been conducted?

Risk Management:

Risks will be continued to be identified and managed.

N/A

The Outbreak plan is supported by a programme of engagement and insight which has guided the communications plan.

Impact of quality measures has been considered when developing the outbreak control plan. Programmes commissioned via the grant will be subject to ongoing quality monitoring.

osalsThe Outbreak plan focuses on reducing the inequalities within the
Borough, which targeted engagement and support to access
information and testing.

uality and
ations?An EIA is underway developed by the Contain Covid-19 working
group.

There are no safeguarding implications associated with this report.

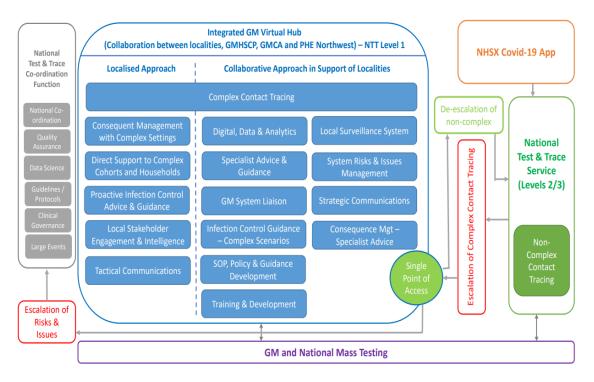
rmation Information Governance has been considered and a data sharing agreement developed. The public health privacy notice has been updated.

| Access to Information: | Further questions relating to the content of this report can be directed to James Mallion, Consultant in Public Health: | |
|------------------------|-------------------------------------------------------------------------------------------------------------------------|--|
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1. CONTEXT

- 1.1 The ongoing Covid-19 pandemic continues to present substantial challenges to our communities and there are ongoing risks of transmission of Covid-19 across Tameside. It is important that we continue to put in place systems and capacity to identify and mitigate the risks that this situation poses to our communities.
- 1.2 In June 2020 the local authority published the Local Outbreak Control Plan for Tameside which outlines the approach being taken to contain and control Covid-19 across the borough. This involves proactive work to prevent the spread of infection with several key areas of work around this including:
 - a. Communicating simple and clear preventative messaging across a range of stakeholders, including staff, local employers and residents.
 - b. Engaging with local communities to understand barriers to adhering to social distancing and isolation. This will also improve our insight and understanding of how to enable people to have appropriate understanding of risks and make informed decisions.
 - c. Local Testing Capacity developing sufficient capacity and access to testing to reduce onward transmission.
 - d. Contact Tracing supporting the delivery of the national Test & Trace programme as well as taking forward our robust local response across Tameside and GM
 - e. Infection control ensuring that organisations have the appropriate guidance, training and supplies to maintain basic infection control processes.
 - f. PPE Ensuring key organisations have access to appropriate PPE and the guidance, education and support to use it properly.
 - g. Consequence Management supporting residents to self-isolate and prevent onward transmission through the humanitarian hub.
 - h. Data Integration closely monitoring case rates in local areas to ensure increases are identified and action taken.
 - i. High Risk Settings & Groups identifying and developing specific outbreak plans and preventative approaches for high risk settings. This extends to supporting high risk demographic groups as appropriate such as those who are shielded or BAME groups.
- 1.3 The Local Authority is responsible for delivering and implementing the Local Outbreak Control Plan to contain Covid-19. In order to support and reflect this, central government has allocated ring-fenced funding to each local authority to contribute to this work.
- 1.4 The Local Authority test and trace service support grant conditions were published on the 11 June 2020. This is non recurrent funding to cover two years. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of Covid-19. The total amount allocated nationally is £300million. The amount of grant to be paid to each Local Authority was decided upon using the 2020/21 Public Health Grant allocations as a basis for proportionately distributing the funding. Tameside has been allocated £1,419,817 and the Grant was payable as one instalment in June 2020.
- 1.5 The Chief Executive and Chief Internal Auditor of each of the recipient authorities are required to sign and return a declaration to the team leader of the Public Health Policy and Strategy at the Department of Health and Social Care
- 1.6 As part of the wider regional response and support in place to contain Covid, a Contact Tracing Hub has been established across Greater Manchester, delivered by the GM Health & Social Care Partnership alongside Public Health England. The GM Integrated Contact Tracing Hub has been operational since Monday 8 June, working collaboratively alongside the 10 districts to implement the requirements of Level 1 of the national Test and Trace service.

Figure1: GM Contact Tracing Model



- 1.7 To support the delivery of this local approach, Tameside Council has also stood up a single point of contact (covid-19@tameside.gov.uk) and capacity and expertise which may be required to undertake activity in relation to contact tracing, infection control, outbreak management, consequence management, communications and other wider support such as humanitarian assistance. Further capacity to support some of this activity is needed, as set out further in the report.
- 1.8 The current performance of the GM Contact Tracing Hub should be noted, compared to the national Test and Trace service. To date we have seen that approximately 65% of all the Covid-19 close contacts identified in Tameside have been at the local GM hub level, with the remaining 35% identified by the national call handlers at the Test and Trace service. Adding to that, in terms of performance, of those contacts identified by the GM hub, all of them (100%) have been followed up and contacted to pass the relevant isolation advice, compared to just 53% of the contacts identified by the national Test and Trace call handlers being successfully followed up. This is a concern in terms of the national model but provides confidence in the approach that is being taken by the GM Contact Tracing Hub and other local partners.
- 1.9 A large amount of work is underway both at a local and GM-level to ensure that robust approaches and standard operating procedures are in place, and appropriate support is provided for relevant high risk settings such as Care Homes, schools, primary care, and local businesses.

2. FUNDING PROPOSALS

- 2.1. This report proposes a two stage approach to allocate a proportion of the £1.4 million funding provided to Tameside MBC to ensure the medium-term delivery of the GM Contact Tracing Hub and build local capacity around infection prevention, in particular in high risk settings.
- 2.2. The required allocation from Tameside towards the GM Contact Tracing Hub is £108,028 per year. Table 1 below outlines the total financial requirements from all GM local authorities to support this. These allocations are apportioned based on Public Health Grant allocations. We

are anticipating that this will be required for a period of approximately 2 years therefore we are proposing to allocate a total of **£216,056** transferred to Manchester Health and Social Care Commissioning (Manchester City Council) to adequately resource the GM Contact Tracing Hub for this period. Advice from STAR procurement was that there were no procurement implications here on behalf of Tameside or any GM Authorities for this piece of work, and an inter authority payment can be made.

| Fair Share Contributions (12 months) | | | | |
|--------------------------------------|---------------|--------------------------|------------|--|
| | OM Allocation | % of total GM allocation | Fair Share | |
| Bolton | £1,997,675 | 10.3 | £152,424 | |
| Bury | £1,080,413 | 5.5 | £81,391 | |
| Manchester | £4,836,535 | 24.8 | £367,001 | |
| Oldham | £1,560,230 | 8.0 | £118,387 | |
| Rochdale | £1,591,757 | 8.2 | £121,347 | |
| Salford | £1,975,758 | 10.1 | £149,464 | |
| Stockport | £1,473,704 | 7.6 | £112,468 | |
| Tameside | £1,419,817 | 7.3 | £108,028 | |
| Trafford | £1,156,759 | 5.9 | £87,311 | |
| Wigan | £2,392,101 | 12.3 | £182,020 | |
| TOTAL | £19,484,749 | 100 | £1,479,841 | |

Table 1: GM Contact Tracing Hub Fair Share Funding Requests (12 months)

- 2.3. This approach will delivery efficiencies due to the systems that have already been put in place, compared to the approach of seeking alternative individual arrangements. Also doing this across ten local authorities will encourage shared learning and benefit from economies of scale with some of the processes involved, particularly having a core staff group who are dealing with reactive surge demands. Commissioning and delivering this on a smaller scale would increase the risk that staffing capacity would be either overrun during busy periods, or remain dormant and less effective during quieter periods.
- 2.4. Infection prevention and control are essential to stopping the spread of coronavirus. Key to the recovery from Covid-19 and to contain the spread of the virus is robust infection prevention and control compliance with increased monitoring and surveillance. Throughout the Covid-19 pandemic there has been a large increase in the workload and expectations on the Infection Control system. In particular this relates to the support they provide to community settings, as well as the wider healthcare economy. There is therefore a need to increase community capacity around specialist community infection prevention and control advice, proactive & reactive support, training and audit across the Borough. We are proposing to build capacity within the existing Infection Prevention and Control Team within Tameside & Glossop Integrated Care Foundation Trust by recruiting an additional two Band 5 Infection Prevention nurses with specific focus on supporting high risk settings, including care homes, supported and sheltered living schemes, domiciliary care providers, businesses and wider community. This will build on the close relationships between the Infection Prevention and Control Team and the Strategic Commission, in particular with Population Health. The cost of these roles including on-costs for two years will be approximately **£150,000.** It is proposed that a contract variation is prepared via the CCG led NHS standard contract to enable this.

- 2.5. The aim of the Outbreak Control Plan brings together into a single programme, communications and engagement activities for testing and tracing, outbreak management and preventing the spread of coronavirus.
- 2.6. This plan builds on the #TogetherGM campaign (see www.togethergm.org), which since the outbreak of coronavirus has built residents' trust and participation in 'social distancing' instructions and ensured people are able and motivated to play their part. Extending and deepening through our local communications plan will be vital for the success of testing and tracing, and in preventing and managing further outbreaks.
- 2.7. To support this, this initial proposal also includes a proposed sum of **£40,000** for targeted communication, social marketing, and community engagement activity to support the Outbreak Control Plan.
- 2.8. As the virus is unpredictable, and we have seen in other areas the impact of large outbreaks and the importance of a rapid response, it is prudent to plan a budget allocation for contingency in the event of community or outbreaks within a setting. It is important that the Council is able to react to any emerging issue quickly and flexibly. The allocation would fund any potential additional roles required; surge capacity for rapid outbreak control and support for targeted testing. The proposal is to hold an initial contingency budget of **£580,000** for this purpose.
- 2.9. In terms of the wider capacity and resource required to deliver the Local Outbreak Control Plan for Tameside an update on current investment and future commissioning plans within the remaining allocation will be presented at Strategic Commissioning Board in September. Further funded proposals will be based on our emerging understanding of Covid-19, the evidence for effective preventative measures, and the impacts of outbreaks, and are likely to include work to improve community engagement and reduce health inequalities, increased capacity within Population and Environmental Health and any additional support needed for surveillance and public health intelligence.
- 2.10. In terms of governance, the delivery of this work sits in the Containing Covid Working Group, chaired by a Consultant in Public Health. This group has broad membership and aims to deliver the Local Outbreak Control Plan. This reports into the Health Protection Board, chaired by the Director of Public Health, which will keep a high level overview of the delivery of the Local Outbreak Control Plan and will ensure delivery of the above posts and areas of spend, including their ongoing performance and outcomes monitoring. These groups and work are accountable to the Health & Wellbeing Board which will receive regular updates from officers on the progress and impacts of this work, alongside wider updates regarding the local Covid-19 pandemic response.

3. **RECOMMENDATIONS**

3.1. As set out in the front of the report.