

LIVING WITH COVID BOARD

23 September 2020

Present	Elected Members	Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Kitchen, Ryan, Gwynne and Wills
	Tameside and Glossop CCG Members	Dr Asad Ali, Dr Ashwin Ramachandra, Dr Kate Hebden, Dr Vinny Khunger, Dr Christine Ahmed, Clare Todd, David Swift,
	Chief Superintendent	Jane Higham
	Chief Executive Tameside and Glossop NHS Trust	Karen James
	Medical Director Tameside and Glossop NHS Trust	Brendan Ryan
	Action Together	Liz Windsor-Welsh
	Chief Executive TMBC	Steven Pleasant
	Borough Solicitor	Sandra Stewart
	Section 151 Officer	Kathy Roe
Also In Attendance:	Steph Butterworth, Jeanelle De Gruchy, Gill Gibson, Richard Hancock, Dr Ashwin Ramachandra, Kathy Roe, Ian Saxon, Paul Smith, Sarah Threlfall, Emma Varnam. Debbie Watson, Tom Wilkinson and Jess Williams	

Apologies for Absence: Councillor Oliver Ryan, Dr Tim Hendra, Carol Prowse and Karen Huntley

1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 LIVING WITH AND CONTAINING COVID GOVERNANCE AND DECISION MAKING

Consideration was given to a report of the Executive Leader / Chief Executive, which outlined the approach to containing and living with Covid governance.

It was proposed that a 'Living with Covid-19' Board would be introduced supported by two working groups. A 'Containing Covid-19' working group and a, 'Impact and Recovery' working group. These groups in turn would be supported by a series of issue specific cells. The Living with Covid-19 Board would:

- make recommendations to the Strategic Commissioning Board (and where outside its remit to its constituent bodies through the Council's Cabinet and the CCG Governing Body) around measures to limit the spread and impact of Covid (breaking the chain of transmission) and to support the population in mitigating the impact of the pandemic.
- oversee the development of the Local Outbreak Management Plan.
- provide assurance to the Cabinet/ Strategic Commissioning Board on local arrangements for the prevention, surveillance, planning for, and response to, COVID-19.
- have appropriate health protection intelligence and data support to inform local decision making in partnership with lead agencies.
- monitor a 'COVID-19 health protection dashboard' and highlight concerns about significant health protection issues and the appropriateness of health protection arrangements, raising any concerns with the relevant commissioners and/or providers or, as necessary, escalating concerns to the cabinet/ strategic commissioning board
- seek assurance that the lessons identified were embedded in future working practices.

The Living with Covid 19 Board would be chaired by Councillor Brenda Warrington with Dr Ashwin Ramachandra / Dr Asad Ali acting as deputies and its membership would be the Executive Cabinet and the CCG Governing Body and given the nature of the pandemic supported by the Chief Executive of the Tameside and Glossop ICFT (Karen James) and the locality Superintendent of Greater Manchester Police (Jane Higham).

Any formal decision making would take place in compliance with transparency and legal requirements at the Strategic Commissioning Board with appropriate consultation where required with the Health and Wellbeing Board, subject to any matters not within the jurisdiction of the Strategic Commissioning Board being recommendations to the Council's Executive Cabinet and the CCG's Governing Body in the usual way.

The Living with Covid-19 Board would report back to the Strategic Commissioning Board, and consult/update the Health and Wellbeing Board as appropriate by submitting formal reports including any concerns or recommendations.

The Living with Covid-19 Board would receive reports from (a) the Tameside Covid Containment Working Group (Chaired by Steven Pleasant) and (b) the Covid Impact and Recovery Working Group (Chaired by Councillor Brenda Warrington) with operational progress on the national and local implantation of the programme including any arising issues or formal decisions, which needed to be escalated into Cabinet/ Strategic Commissioning Board.

The working groups would be supported by a number of focussed cells including, a test and trace cell, a data and intelligence cell; and a communications & engagement cell; and the existing Care Home outbreaks cell which would ensure the appropriate officers and professionals provide information and recommendations within their expertise.

AGREED

That the proposed governance is noted.

3 LOCAL OUTBREAK UPDATE PLAN

Consideration was given to a report of the Director of Population Health / Assistant Director for Policy, Performance and Communications and the Assistant Director of Operations and Neighbourhoods.

The Local Outbreak Control plan for Tameside provided a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms and infrastructure in place to deliver this, and appropriate routes of accountability.

The Director of Population Health delivered a presentation regarding Data and Intelligence. Key statistics on Covid -19 in Tameside were detailed to the Board. Members were advised that the total number of cases (cumulative) was 2,590 in Tameside. The number of new infections in the last 7 days was 256. The rate of cases in Tameside for the last 7 days was 113 per 100,000. Testing had remained steady however the number of positive tests had increased by 4.6% in the last 7 days. Further, there was a high death rate from Covid-19 with 334 deaths from Covid-19 in Tameside in total. It was stated that Tameside ranked 11th nationally for the rate for new cases in the last 7 days.

Members received a comparison of the GM local authorities detailing the number of individual tests in each authority, the number of confirmed cases, rate of testing and the rate of positive tests. With regards to the current situation in Greater Manchester, weekly incidence rate had risen across all boroughs. There was a pattern of spread, general community transmission and household transmission. There were a wide range of ages that were not contracting the virus, a mix of ethnicities and varied workplaces. Hospital admissions had been increasing in some GM boroughs.

Incidences of cases within schools appeared to be driven by importing community based transmission rather than transmission within schools.

It was stated that between 14 – 20 September, T&G ICFT saw a total of 11 new admissions for patients with Covid-19. At the peak, the 7 day high was 17 total admissions across a 7 day period. The 17 September saw 14 new admissions for the previous 7 days. Further, the number of beds occupied by Covid-19 positive patients had increased to 41 as of 20 September 2020.

Members were advised that the UK government's scientific advisers believed that the chances of dying from a coronavirus infection were between 0.5% and 1%. There had been 334 deaths of Tameside residents involving Covid-19, 1 in 4 of these had been in care homes. Further, 81% of the Covid-19 deaths of Tameside had at least one comorbidity.

The Assistant Director of Population Health delivered a presentation on containing and Track and Trace. With regards to testing, there had been regular repeat testing in high risk settings such as care homes and hospitals. Work was underway to identify a Local Testing Site, this would be a permanent facility 9am-8pm 7 days a week. It was expected that the site would be located at Darnton Roach Car Park and the site would go live on the 7 October 2020. This site would have the capacity for 240 tests a day.

Members were advised that the GM hub had been dealing with complex cases and settings. It was reported that there had been capacity issues, there had been a surge in infection rates with schools returning and a large increase in infections from businesses and workplaces. The GM hub was increasing its capacity from 6 to 21 full time equivalents in the next 2 weeks. Further, the GM hub would be moving to a 7 day service. Local contact tracing had started, this was to compliment the national trace system. GM borough were moving forward with a model of Locally Supported Contact Tracing, this was to pick up the confirmed cases who national tracers (Level 2) did not get hold of in the first 24 hours. It was reported that the Level 2 Locally Supported Contact tracing had gone live. There had been demand challenges with the volume being higher than expected, 80% of cases had come through locally meaning that the national contact tracing system had been picking up 20% of cases locally in the last 5 days. Further, a delay in testing had meant that the locally supported contact tracing team were missing a window of opportunity.

The Assistant Director of Policy, Performance and Communication delivered a presentation on Communications and Engagement. Members were advised that the service was listening to the feedback received and that this was being used to help shape the services communications. A number of communication methods were being used and explored including, radio, billboards traffic matrix signs and already 250,000 leaflets had been handed out across the borough. The communications were targeting specific communities and age groups to reflect the changing circumstances. An example was given of a disproportionate number of cases in younger age groups; this was being factored into the communications approach.

Members of the Board received examples of the materials that were being used as part of the communications approach.

Community champions had been set up to have people routed within the community who could identify what was working and what wasn't further community champions would help distribute the message within the community. Members received a summary of the organisations that had engaged with the service and helped target the hardest to hear groups.

The Director of Operations and Neighbourhoods delivered a presentation covering the Compliance Cell. It was explained that the Compliance Cell was preventative work; visits had taken place to a wide range of commercial and domestic premises. The emerging priority was non-compliance with quarantine rules. It was stated there were a number of priority areas including schools, events and domestic parties, the emerging priority was over the use of face coverings and house quarantines.

It was reported that Members were advised of the enforcement and compliance action carried out since the lockdown on 23 March 2020.

AGREED

That the Living with Covid Board note the update in relation to the various actions undertaken by the locality.

4 FLU UPDATE

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Dr Ashwin Ramachandra Joint Chair for the NHS Tameside & Glossop CCG / Director of Commissioning.

It was stated that the flu vaccination programme protects those who were at more risk of serious illness or death should they develop flu, and reduced transmission of the infection, thereby contributing to the protection of vulnerable individuals who could have a suboptimal response to their own immunisation.

Members were advised that the eligible cohorts had been expanded this year, the eligible groups were summarised in the report as follows:

- Aged 65 years and over (at least 75%)
- Clinical at risk group (at least 75%)
- Pregnant women (at least 75%)
- 6 months to under 65 years in clinical risk groups (at least 75%)
- All children aged 2-10 years on 31 August 2020 (Pre-school 50%, Primary School 65%)
- Frontline Health and Social Care workers (100% offer)
- Household contacts of those on the NHS Shielded Patient List. Specifically individuals who expected to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact was unavoidable.
- Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.
- There would be a further extension to the vaccine programme in November and December to include the 50-64 year old age group, subject to vaccine supply. This extension was being phased to allow practices to prioritise those in at risk groups first. Providers would be given notice in order to have services in place for any additional cohorts later in the season.

In previous years General Practices would deliver flu vaccinations to their own patients. Covid-19 would make this more problematic, due to the need for increased infection control measures. Alternative methods of delivery had been explored for the extra cohorts. Where possible PCNs would work together to improve access to vaccinations.

The Director of Commissioning explained that Hyde PCN had chosen to deliver utilising a different model and had made significant changes to the way they would be offering their vaccinations this year. This would include a drive-through vaccination clinic at Hyde Leisure Centre. The drive-through method was expected to improve safety and efficiency. In order for the drive-through to be possible, all 8 practices had agreed to pool their vaccines and workforce. For patients who were unable to access the drive-through, they could book a face to face appointment at one of the 12 local pharmacies. Pharmacies would also vaccinate staff and residents of care homes for Hyde.

It was further explained that Hyde PCN took the decision to develop an online booking system to enable the practices and the pharmacies to work together, and to enable patients to have an easy way of booking an appointment at any location. The booking solution went live on the 19th August and there were 4500 patients registered. Health Innovation Manchester would evaluate the delivery model which has received national exposure.

With regards to the delivery in secondary care, Planning for the vaccination of front line acute and community staff in Tameside & Glossop Integrated Care Foundation Trust (ICFT) was in process, with an estimate of mid-September for the arrival of the first vaccines. The communications campaign was planned and managers were taking responsibility for promoting vaccination among their staff.

The maternity service was also planning their vaccination programme, which would be different this year due to Covid-19. Previously, maternity clinics had been undertaken in general practices. However, over the coming months, clinics, and therefore vaccinations, would take place in community settings.

Pennine Care Foundation Trust would be launching their staff vaccination communications campaign at the end of September. They would be holding vaccination clinics on an appointment-only basis. They would also vaccinate eligible in-patients in the Trust.

As last year, CGL, the provider of drug and alcohol services for Tameside, would be offering vaccination to their eligible service users. They were also offering to pay staff the cost of the vaccine as an incentive to get the vaccination.

It was stated that for the first time this year, the schools vaccination programme had been extended into secondary schools and vaccinations would be offered to all schoolchildren aged 4-10 years as at 31 August 2020.

Members were advised that the communications campaign would match the Greater Manchester campaign, and would focus on the same key cohorts, which were expected to be people with Learning Disabilities and children aged 2 – 3 years.

In July, an additional £3bn of funding was announced by the Prime Minister to help the NHS prepare for a potential second wave of coronavirus. Funding for the wider roll out of the national flu vaccine programme was included as part of this announcement. It was anticipated that funding would flow through GMHSCP accounts rather than CCG budgets. As such, the planned expansion of eligible cohorts would have minimal impact on CCG budgets.

Members were advised that the risk for this seasons flu campaign were considerable, vaccine supply, an increase in the size of the cohorts, workforce availability, social distancing and increased infection control measures make the delivery of the programme more challenging than ever before.

AGREED

That Members of the Board note the significant challenge of delivering the influenza vaccination programme during the Covid-19 pandemic.

5 OPERATIONS AND NEIGHBOURHOODS SERVICE CHANGE DECISIONS UPDATE SEPTEMBER 2020

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Executive Member for Housing, Planning and Employment / Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Transport and Connectivity / Director of Operations and Neighbourhoods.

The report provided a service change decision update across Operations and Neighbourhoods in response to the evolving Covid-19 pandemic. A review in September for Members was agreed at the 24 June 2020 Executive Meeting.

The Assistant Director of Operations and Neighbourhoods highlighted key changes and updates.

It was reported that the Ashton Indoor Market had continued to operate throughout this pandemic by supporting the essential businesses that had been allowed to continue their trade. Hyde Indoor Market reopened on the 1 June 2020 in a decision requested by the essential traders.

Non-essential traders were allowed to return to both the Ashton and Hyde Market Halls from the 15 June 2020 following the national government guidance. Outdoor Markets reopened on a reduced basis from the 22 June 2020 to enable the team to monitor and manage the appropriate social distancing measures. The Outdoor Markets returned to full operations on the 20 July 2020 having reopened successfully.

With regards to changes to the Bereavement Service from the 8 July 2020 the restrictions on the number of mourners allowed at Dukinfield Crematorium Chapel increased to 20 mourners. Up to 30 mourners were allowed to attend burials outside when adhering to social distancing measures. The temporary closure to the public of the crematoria reception, waiting area and crematory was to continue until work had been completed to ensure visitor and staff safety. The scattering of cremated remains or the placing of cremated remains in memorial sanctums had recommenced from the 10 August 2020 with social distancing measures and updated service risk assessments in place. It was reported that 5 additional staff members had qualified to safely operate cremators under a special measure scheme to increase the resilience of the service.

Members were advised that the Council's statutory homelessness services, provided by their commissioned partner Jigsaw Homes, were now operating limited appointment only visits at their premises Tameside Housing Advice.

On 24 July, the Council Leader formally opened "The Town House", a new premises designed to offer a broad range of support to people who were homeless and at risk of rough sleeping, and other vulnerable Tameside residents. Situated next to St Anne's Church on Burlington St in Ashton, The Town House was a community hub which combined overnight emergency accommodation with a community café, counselling spaces, kitchens and meeting rooms where vulnerable service users could meet with specialists to address their needs and start to tackle the issues which had led to their homelessness.

The Assistant Director of Operations and Neighbourhoods stated that the Parking Services continued to operate a full range of services effective from the 1 July 2020 as approved by Executive Cabinet on the 24 June 2020.

Four of the Council's eight libraries re-opened on the 6 July 2020 following implementation of all Covid-19 safety measures and test and trace requirements. Visitors to these libraries expressed appreciation that the service was operational again, albeit in a more restricted way. During the first 4 weeks of opening there were over 12,000 loans and visitor numbers were just over 50% of what would normally be expected for the time of year.

Using learning from the four venues currently operational, work had continued to prepare for the re-opening of the remaining four libraries with the same offer available. It was proposed that these sites open on the 12 October 2020 provided all relevant safety measures were in place. Monitoring of the recent local Covid-19 infection rates may have an impact on the opening date.

As more staff were required in each venue to manage the service safely and collect test and trace data opening hours at the remaining four libraries have had to be reviewed. It would not be possible to open Denton and Hyde libraries on Saturdays as there was insufficient staff available to cater for this across the service.

Consideration had been given to how Portland Museum can operate safely given the prevalence of Covid-19.

Following a Covid-19 risk assessment it had been determined that to keep people safe an appointment booking system would be required. This would in effect allow 10 people every 15

minutes to enter the museum (40 over an hour). By operating an appointment booking system and implementing a one-way system social distancing requirements could be satisfied. However, when busy it would be necessary to restrict the length of a visit to around 1 hour to enable all people wanting to attend get the opportunity to do so. People would not be asked to leave unless numbers cannot be safely managed. The number entering would be evaluated and reviewed if necessary following the initial weeks of opening. The appointment booking system was being developed, along with other Covid-19 safety measures with a view to opening the museum on the 14 October 2020, although this would be dependent on the local infection rates.

With regards to the Local Studies and Archive Centre, the nature of this service was research rather than a borrowing service like the public library service. In order to ensure Covid-19 safety there would be the need to operate an appointment based system to ensure social distancing and a cleaning regime between customers. A one-way entry and exit system would also be in place.

A Covid-19 risk assessment had been undertaken and following relevant safety measures such as Perspex screens being installed it was proposed that this service re-open on the 13 October 2020. This would be dependent on the current local infection rates and all relevant safety measure being in place.

Alternative proposals have been developed for the Christmas celebrations across the borough. These proposals included lit Christmas trees across the 9 towns, albeit without the traditional switch on event and Civic buildings also being lit.

Additionally, it was proposed that the corporate Christmas celebration this year would be replaced with themed activities allowing for social distance and the avoidance of gatherings. The proposal involved theming the first twelve days of December around the traditional and festive *12 Days of Christmas* carol ensuring all nine towns of Tameside were featured in the project.

AGREED

That Members note:

- 1. The revised opening times of the Ashton and Hyde Indoor markets: Monday – Saturday between 9am – 4pm.**
- 2. The Outdoor Markets reopened on a reduced basis on the 22 June 2020 and returned to full operations on the 20 July 2020.**
- 3. Organised events within parks and countryside remain suspended, with the exception of the activities organised by Youth Services as detailed in section 4.4. The volunteer led guided walks programme is being reviewed for reintroduction in January 2021 if considered safe to do so.**
- 4. The operational service changes of the Bereavement Services in line with the Health Protection Regulations 2020 detailed in sections 3.1-11.**
- 5. Staff will still not enter the properties of deceased persons when dealing with Public Health Funerals in order to find financial or personal details.**
- 6. The current Guidance and Procedures for Welfare and Community Funerals continues to apply and a further review will be undertaken by 31 October 2020.**
- 7. The Council's statutory homelessness services, provided by their commissioned partner, Jigsaw Homes, are now operating limited appointment only visits at their premises Tameside Housing Advice.**
- 8. Youth Services have provided outdoor activities from the 3 August 2020 with social distancing and safety measures in place.**
- 9. To consider the proposal to continue the suspension of the monthly parking deductions for all staff contract car park passes. This will be reviewed at the end of the calendar year.**
- 10. Some low risk programmed inspections and enforcement activity remains suspended to allow or provide additional capacity to enforce the Health Protection (Coronavirus Business Closure) Regulations 2020 as detailed in sections 5.5-6**
- 11. The Health and Safety team continue to provide organisational wide-support on an ongoing basis, as detailed in sections 5.7-5.8**

12. **The operational service changes of the Licensing function detailed in sections 5.9-10**
13. **To confirm that the Buy with Confidence Membership Scheme is still proposed to recommence from the 1 October 2020.**
14. **Four of the Council's eight libraries reopened on the 6 July 2020. It is proposed that the further four libraries reopen on the 12 October 2020, dependent on local infection rates, as detailed in sections 6.1-6.4.**
15. **To consider the proposal to further extend library item loans and the accrual of fines to the 31 October 2020, as detailed in section 6.5.**
16. **To consider the proposal to reopen the Portland Basin Museum and the Astley Cheetham Art Gallery on the 14 October 2020, dependent on local infection rates, as detailed in sections 6.6-6.13.**
17. **To consider the proposal to reopen the Local Studies and Archive Centre on the 13 October 2020, dependent on local infection rates.**
18. **TMBC is advising against any organised event which would involve the gathering of more than 30 people, both indoors and outdoors until January 2020.**
19. **To note and consider the proposals for Christmas celebrations, as detailed in sections 6.18-6.23 and in Appendix 1.**

6 COVID-19 PREVENTION AND COMMUNITY OUTREACH

Consideration was given to a report of the Executive Leader / Director of Governance / Assistant Director of Policy, Performance and Communications, which set out details of the proposed approach to supporting the most vulnerable, in particular the requirement to support those who were extremely clinically vulnerable in the event of being asked to shield or in the event of a local lock down.

It was explained that as Covid-19 rates in Tameside had been rising in recent weeks, there was an increasing possibility that those who were particularly vulnerable to the virus in terms of poor health outcomes or death would be asked by the government to shield. As a locality we were also starting to communicate directly with this cohort about planning for the possibility of a lockdown or call to shield and about the need to avoid potentially risky situations.

The government had passed responsibility to local authorities for supporting all shielded individuals with outreach and basic essentials in the event of a call to shield. Such a decision would be made by the government and has an impact on statutory sick pay eligibility.

Any call to shield/ lockdown could be pan Greater Manchester, whole borough or part borough. There remained significant questions around the impact of such a decision on those working in the borough and living outside and vice versa, we continue to seek advice and clarification on this matter.

There were around 10,000 individuals on the shielding list in the Borough in common with the work we did during the first lock down there would be a need to support those unable to access food and basic essentials as a result of financial or social factors.

It was stated that the Council would be required to support those individuals who were resident in the Borough to access food and basic essentials, Tameside and Glossop Clinical Commissioning Group we would also be required to support individuals in Tameside and Glossop with access to medicines and medical supplies.

The Assistant Director for Policy, Performance and Communications outlined the principles that were proposed to deliver an effective delivery of this support.

- Reduce reliance and dependency wherever possible, supporting and enabling individuals to find sustainable support for the long term.
- There had been time for commercial routes for support to evolve which should reduce the level of support needed to be provided directly by the public sector.

- Limited resources to support the most vulnerable would be protected and those who were able to pay for food would be supported to do so
- The exception to this would be in the event of a shortage of food supplies or difficulty accessing commercial offers a model of direct provision would be considered.
- The Council's role would be focused on providing support and brokerage.
- Any residual need which could not be met through commercial or welfare routes would be supported through the existing residual provision being delivered through the existing provision for the most vulnerable, operationally managed by operations and neighbourhoods, should the need for food grow or our assumptions prove to be wrong in terms of direct provision the Council would model the approach taken in the last lockdown and establish a food hub at Plantation Estate which could deliver larger volumes of food. A show plan was being developed to enable this provision to be established at short notice once the model was in place, although this would not be the preferred model.

With regards to Tameside's proposed shielding model, Individuals who were identified as extremely clinically vulnerable would be advised to take extra precautions and would receive a letter advising them to contact their local authority should they require support.

Individuals would be encouraged to identify family and or friends who can support them directly. This should be a reasonable option for the majority as it was not anticipated that there would be general problems with food supply and the move to a lockdown/ call to shield should be given with more notice. A letter had gone to all residents on the Clinically Extremely Vulnerable List to advise them to make preparations for the possibility of a shielding programme as rates rise.

The government had been clear that they were not expecting local authorities to necessarily provide food and basic essentials to residents but that they should play a key role in supporting and facilitating shielded individuals to access food and basic essentials.

In the event of friends or family being unable to support it was proposed that advisors would be encouraged to support individuals to access supermarket priority slots, which would be the preferred option for those individuals.

AGREED

That Members agree to:

- **the proposed outreach model and approach**
- **the principles around the operation of support to those required to shield**

7 DEFRA GRANT- LOCAL AUTHORITY EMERGENCY ASSISTANCE GRANT FOR FOOD AND ESSENTIAL SUPPLIES

Consideration was given to a report of the Assistant Director Policy, Performance and Communications / Assistant Director Operations and Neighbourhoods / Assistant Director Exchequer Services / Assistant Director Children's Services / Assistant Director Population Health.

The report outlined a proposal to spend the £331,533.64 provided to Tameside Council as part of the government's *'Local Authority Emergency Assistance Grant for Food and Essential Supplies'* fund. The proposals were one off schemes due to the non-recurrent nature of the grant from government. The report also suggested consideration was given to the establishment of a Tameside Welfare Assistance Scheme to build an ongoing model of emergency support to those in financial crisis to avoid escalation in outcomes and costs for both individuals and public bodies supporting them.

In acknowledgement of the wider impacts beyond shielding the government has provided local authorities with an emergency assistance grant for food and essential supplies. This paper outlines a series of proposals for how to spend the grant in Tameside.

The government announced an emergency fund of £63 million to be distributed to local authorities in England to help those who were struggling to afford food and other essentials due to Covid-19. *Grant No. 31/5110: Local Authority Emergency Assistance Grant for Food and Essential Supplies* was a one-off contribution for the 2020/21 financial year and was made under Section 31 of the Local Government Act 2003.

The grant letter defined the purpose of the funding as – ‘to help local authorities to continue to support those struggling to afford food and other essentials over the coming months due to COVID-19’. The grant guidance was relatively short and provides some flexibility for local discretion. The allocation for Tameside Metropolitan Borough Council was £331,533.64.

Each investment sought to achieve one or more of the following aims – alleviate extreme hardship; ensure access to the most basic essentials such as food and fuel; sustain tenancies and prevent homelessness; help families stay together; provide relief from immediate financial crisis; identify the cause of issues and work with people to find long-term sustainability and resilience.

The report summarised the he spending proposals as follows:

PROVISION	£
The Bread and Butter Thing	£100,000
Food support (investment in existing and new groups providing access to affordable food)	£30,000
Action Together coordination and support to voluntary, community, faith and social enterprise groups working with vulnerable people affected by Covid-19 in terms of access to basic supplies and essentials – food, fuel, clothing etc.	£85,000
Family support (provision of basic essentials like nappies, formula milk, school uniform, cots to families with babies and young children)	£15,000
Groundwork energy advice and support (top up to the existing Energy Redress funding secured by Groundwork)	£20,000
Financial and debt advice (additional capacity for the Welfare Rights team either employed or commissioned)	£40,000
Development and Sustainability Officer (fixed term post to oversee the delivery of the schemes, identify future opportunities , plan for sustainability and develop a Welfare Assistance Scheme)	£40,000
TOTAL	£330,000

It was stated that the discretionary element of the Social Fund was abolished as part of the Welfare Reform Act 2012. Tameside Council working with partners established the Tameside Independent Living Scheme. The scheme was part of a wider support network that provided support for people in a crisis and those in need of support to live independently. It aimed to provide a safety net in an emergency or when there was an immediate and serious risk to the health or safety of the applicant and their family and enable people to stay living at home or resettle into a new home following a period in institutional care, prison, temporary accommodation of living an unsettled way of life. In broad terms eligibility criteria were based on having a low income, no savings and experiencing a situation that warrants support in order to meet the aims as outlined.

Members were advised that the scheme ceased a few years ago. Although some aspects of the support provided were picked up within other areas such as the work of the Homelessness Team in helping people secure tenancies etc.

It was proposed that consideration was given to the establishment of a new scheme on similar terms. The purpose being to draw together some of the elements outlined in the plan to spend Covid-19 support grant (Grant No. 31/5110) with a view to providing a model that was available

beyond that limited funding in recognition of the impact of Covid-19 being substantial over the next few years.

The overarching aim of any Welfare Assistance Scheme would be to provide some form of stability in a financial crisis tied to advice and support to build resilience. Alongside this, a scheme would prevent escalation of problems and the associated knock on costs for public bodies.

AGREED

That the Living with Covid-19 Board recommend that the Strategic Commissioning Board and Executive Cabinet approve the:

- **Spending proposals for Grant No. 31/5110; and**
- **Development of a Tameside Welfare Assistance Scheme.**

CHAIR