

## **LIVING WITH COVID BOARD**

**14 October 2020**

<b>Present</b>	<b>Elected Members</b>	<b>Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Kitchen, Ryan, Gwynne and Wills</b>
	<b>Tameside and Glossop CCG Members</b>	<b>Dr Asad Ali, Dr Kate Hebden, Dr Vinny Khunger, Dr Christine Ahmed, Carol Prowse Clare Todd, David Swift and Karen Huntley</b>
	<b>Chief Superintendent</b>	<b>Jane Higham</b>
	<b>Medical Director Tameside and Glossop NHS Trust</b>	<b>Brendan Ryan</b>
	<b>Chief Executive TMBC</b>	<b>Steven Pleasant</b>
	<b>Borough Solicitor</b>	<b>Sandra Stewart</b>

**Also In Attendance:** **Steph Butterworth, Gill Gibson, Jeanelle De Gruchy, Ilys Cookson, Richard Hancock , Ian Saxon, Paul Smith, Jayne Traverse, Sarah Threlfall, Debbie Watson, Tom Wilkinson and Jess Williams**

**Apologies for Absence:** **Dr Tim Hendra, Dr Ashwin Ramachandra and Karen James**

### **8 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Living with Covid Board on the 23 September 2020 were approved as a correct record.

### **9 DATA AND INTELLIGENCE AND UPDATE ON CURRENT TAMESIDE POSITION**

Consideration was given to presentations, which updated members on the latest position in Tameside including an update on Covid-19 surveillance within Tameside a data and intelligence update, guidance update and the current Tameside position.

The Director of Population Health presented the Data and Intelligence update and current Tameside position. Members were presented with data on Covid-19 Tameside Surveillance, the data showed rapid increases in the number of Covid-19 cases through August and September. The Director of Population Health made comparisons between the peak in May and the increase in reported cases over August and September. It was exemplified that the peak in May would have been higher but testing was concentrated on those that were already ill or were in hospital.

It was stated that levels of testing were still high in Tameside, there had been issues over the last few weeks with access to testing and the length of time tests and results were processed. Tameside ranked 18<sup>th</sup> nationally for testing and 4<sup>th</sup> in GM. There had been a decrease in the 7 day average number of tests, which was 748 a day on average compared to the previous 7 days of 776 (28<sup>th</sup> Sept). A total of 5,238 tests had been conducted in the last 7 days (Pillar II only).

Further, Tameside was ranked 27<sup>th</sup> nationally for the number of new cases in the last seven days, Tameside was ranked the worst national for the number of people who had died from Covid-19 within 28 days of their first positive test. It was reported that there were 7 ongoing outbreaks and 1 new outbreak in care homes and a new outbreak in an extra care facility. A number of schools continued to see clusters but no obvious situations this week. It was highlighted that 42% of new cases via test and trace contacts were exposed to the virus through visiting other households family and friends, 19% of new cases were transmitted via a hospitality venue and 9% via the retail sector such as shops and supermarkets.

Members of the Board received a summary of the number of Covid-19 admissions, there was a long period through July and August without new admissions but this had increase since September. The average number of Covid-19 admissions to hospital in the seven days to 7 September 2020 was 1 per day with 8 new admissions. With regards to occupied beds, there were 37 beds occupied by COVID-19 patients at Tameside & Glossop ICFT as at 8 October 2020. It was reported that there were 5 ITU/HDU beds occupied by a COVID-19 patients at Tameside & Glossop ICFT as at 8 October 2020.

Members were presented with a summary of the impact on educational settings in Tameside. It was explained that the number of students currently isolating or have had to isolate was 6150 and the number of staff currently isolating or have had to isolate was 276.

The Director of Population Health outlined the number of new confirmed cases per 100,000 for each of the GM boroughs from the 30 August 2020 to the present. The effect of the return of students to the number of cases in Manchester was highlighted. The data showed the effect of the reopening of society and the economy on the number of cases.

It was explained that there was a large diversity of potential transmission environments highlighted by the common exposures data. Wherever people had the opportunity to mix, infection transmissions could and would occur. The categorisation shows that workplaces, educational settings, essential and discretionary retail and leisure account for the majority of potential transmission environments. To achieve significant infection reduction across the common exposures outlined, it was likely that discretionary activity would need to be targeted at scale as there were limits to the action that could be taken for those settings that were deemed essential.

The SAGE and wider expert opinions were summarised to the Board. There was a growing recognition of the need for a “circuit break” of up to 4 weeks to reduce R below 1. Arresting growth for a few weeks would put the epidemic back by 1-2 months and buy time.

## **AGREED**

**That the content of the presentation be noted.**

## **10 COMPLIANCE AND ENGAGEMENT**

Consideration was given to a presentation of the Director of Operations and Neighbourhoods on Compliance and Engagement.

Members received a detailed update of the Covid-19 Enforcement and Compliance containing action taken jointly by the Greater Manchester Policy and the Local Authority. The Director of Operations and Neighbourhoods highlighted that Tameside was taking more action than many other GM boroughs. Cumulative action taken for licensed premises where advice had been given totalled 190, notices had been given to 3 premises. It was stated that Tameside were also taking an engagement approach with the Public and Businesses/Traders.

The Director of Operations and Neighbourhoods reported that the service continued to support track and trace, there was an emerging issue on the level of cooperation on those who were contacted by track and trace. In the last week letters to business in recognition of how difficult it has been for businesses to follow the changing regulations. Focus now was on those businesses who had been advised but were still not compliant. There were 3 areas of focus hairdressers and barbers, football clubs and the large supermarkets. Work would continue on the hospitality sector, it was explained that there were 85 visits in the previous week.

It was highlighted that there was an emerging issue where parents were not isolating their children when they had been told to do so. The Director of Operations and Neighbourhoods explained that visits of schools were planned, the health and safety executive would want to look at the detailed measures in place on site.

The Operations and Neighbourhoods service was working very closely with Population Health to help target messaging. There was a great deal of planning taking place for Halloween, Bonfire night and Remembrance Day. Members were advised that there were daily multi agency compliance meetings, which allowed the service to be agile, notice issues in real time, and respond in a rapid way, this has led to a Covid Workforce Plan, who would be working on Covid compliance.

## **AGREED**

**That the content of the presentation be noted.**

## **11 PRIMARY CARE - COVID RESPONSE BRIEFING PAPER**

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Governing Body GP for Primary Care / Director of Commissioning, which provided oversight of the primary care response, with particular focus on general practice, during the initial pandemic response period, the transition to the Living with Covid phase of response and gives a forward look to the next steps.

It was reported that 100% of Tameside & Glossop 37 GP Practices remained open throughout the pandemic, including all opening Easter and May Day Bank Holidays. National guidance directed practices on activity which could be paused during the immediate pandemic, subsequent guidance has directed the resumption of activity, though recognises there will be adjustments to the mode of delivery. Community pharmacy's had remained open throughout the whole of COVID-19. During the COVID-19 peak, service delivery focused upon medicines supply and health care support / advice. Although the initial pandemic response paused routine care in primary care dental services, practices remained open and providing advice and referral to one of the urgent care treatment hubs in Greater Manchester where basic treatment was offered. A Greater Manchester Urgent Dental Care Service was available for patients not registered. Primary care dental services had now been resumed.

Members were advised that the Pandemic Resilience Management Group was set up in recognition of the significant pressure of Covid-19 on general practice and that this was likely to continue for the foreseeable future. The group, chaired by Dr Asad Ali, Co-Chair of the CCG, included dedicated Pandemic Resilience Clinical and Managerial Lead capacity, allocated to each neighbourhood with comprehensive membership of clinicians representing all neighbourhoods and CCG officers. The group had a line of governance both to Primary Care Committee and to Senior Leadership Team along with providing a line of accountability into the daily Gold Command meetings and the twice weekly Silver Out of Hospital meetings.

There were Five Pandemic Resilience Groups (PRGs), each aligned to our Primary Care Networks (PCNs), and with a relationship through the PCN Clinical Directors to ensure alignment of workstreams and action, led the resilience response for each geographic area. Completion of the daily SITREP provided local oversight of workforce resilience, PPE available to ensure proactive and timely action as required. A CCG Medicines Management Technician and the existing Social Prescribing Link Workers, already allocated on neighbourhood basis, worked with the VCFSE partners to provide a point of support for vulnerable patients. The allocation of a Community Pharmacist to each Primary Care Network, part of the national PCN strategy, also strengthened the inter-professional working and 'place based' response during this period.

The Director of Commissioning explained that in July the next phase of the pandemic response was needed, PRMG was stood down and replaced with a Primary Care Ambition and Recovery Group. This group was chaired by Dr Asad Ali however had a broader Terms of Reference and membership to further explore and shape ideas on the ambition for Primary Care as part the neighbourhood.

The Director of Commissioning highlighted that the Covid-19 response had required significant changes to the way in which services had historically been delivered. There has been a substantial

shift in digital offer during the pandemic with 63% of appointments delivered through a total triage model across T&G in April 2020 compared with 13.5% in April 2019.

It was explained that the Royal College of General Practitioners (RCGP) guidance suggested that approximately 50% of appointments in the 'new normal' could be digital; some established digital practices across the country had seen approximately 75% of appointments pre Covid-19 delivered through a total triage model.

#### **AGREED**

**That the Strategic Commissioning Board be recommended to:**

- (i) note the detail in the report and the resilience response by Primary Care partners through the first phase of the Covid-19 pandemic as part of our total locality response.**
- (ii) receive a further report on future ambition, Build Back Better and the phase 3 NHS response priorities on health inequalities and proactive care in November.**

## **12 COVID 10 - SELF ISOLATION PAYMENTS**

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director for Exchequer Services, which set out the eligibility criteria for self-isolation payments where the NHS had advised that self-isolation was necessary.

It was reported that On 20 September 2020 the Rt Hon Matt Hancock MP wrote to all local authority Chief Executives and Leaders confirming that with effect from 28 September 2020 there would be a new legal duty on all those who test positive for COVID-19 or are identified by the NHS Test and Trace as a close contact, requiring them to self-isolate. Failure to comply would carry a fine.

The letter made clear that local authorities should focus on the principle of encouraging, education and supporting compliance, and alongside that would be funding for a new Test and Trace Support Payment scheme for people on low incomes who are unable to work while they were self-isolating because they could not work from home.

The expectation was that all local authorities would process applications and administer payments and that systems were expected to be in place by 12 October. Individuals who were eligible prior to that date would be able to make a backdated claim. Individuals who are required to self-isolate and who met the benefits-linked eligibility criteria will be entitled to £500.

It was stated that Local authorities were expected to have systems in place by 12 October; individuals who are eligible prior to that date will be able to make a backdated claim. The Assistant Director for Exchequer Services confirmed that the system was now in place for Tameside.

The scheme would run until 31 January 2021. During this time, government would continue to review the efficacy of the scheme, and the impact of COVID-19 incidence levels.

DoHSC had been prescriptive in who must be considered eligible for a £500 lump sum payment if the person instructed to self-isolate by the NHS did not qualify as not in receipt of specified benefits. Given that discretionary funding was low in comparison to cases that could be anticipated and a set payment of £500 must be made, only 146 applicants could receive discretionary funding. This was a similar position across the GM region in terms of limited discretionary funding, therefore, agreement in principle had been reached across all of the Greater Manchester boroughs on the criteria.

#### **AGREED**

**That the Executive Cabinet be recommended to:**

- (i) note the report**
- (ii) Approve the discretionary scheme in Section 3 of the report.**

## 13 COVID COMMUNITY CHAMPIONS

Consideration was given to a report of the Executive Leader / Assistant Director for Policy, Performance and Communications, which set out the framework for the Community Champions Network and progress to date. It sought feedback from members of the Living with Covid Board on ways to grow and strengthen the approach.

Tameside had introduced Community Champions as a means to engage directly with the community around Covid-19. Champions had evolved from our early engagement with key members of the community and stakeholders.

The aim was to empower our residents and workforces with the information they needed to lead the way in the community. Community Champions had a vital role to play and were well placed as trusted voices to act as key message carriers and to lead by good example. The scheme was launched on the 7 September with the first induction session via zoom and there were already over 150 champions from across a broad range of our communities.

The data collected upon registration enabled targeting on specific areas of the borough and communities in response to data on positive cases. This allowed for meaningful, targeted communications and would keep broader, public communications as a singular message for everyone, everywhere in Tameside that they needed to comply with the rules.

Valuable insights had been gained which had have improved and enabled the service to tailor communications specific to communities rather than one size fits all.

It was stated that a general benefit and feedback was that the introduction of the Community Champions had improved the relationship with the council and residents. Champions had fed back they were valuing faces and names there to directly support and answer questions rather than just feeling like its an organisation to easily criticise.

It was explained that work was underway to increase membership of the network particularly with young people, businesses and parents/careers/grandparents.

### **AGREED**

**That the Living with Covid Board endorse the approach set out in the report to engage the community in the ongoing efforts to fight transmission of Covid-19 and to understand and mitigate its impacts.**

**CHAIR**