

## **LIVING WITH COVID BOARD**

**4 November 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 Ashwin Ramachandra, Dr Vinny Khunger, Dr Christine Ahmed, Dr Tim Hendra, Clare Todd 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>  |
|                            | <b>Section 151 Officer</b>  | <b>Kathy Roe</b>   |
| <b>Also In Attendance:</b> | <b>Steph Butterworth, Gill Gibson, Jeanelle De Gruchy, Ilys Cookson, Richard Hancock , Ian Saxon, Jayne Traverse, Sarah Threlfall, Jeff Upton, Debbie Watson, Tom Wilkinson and Jess Williams</b> |  |

**Apologies for Absence:** Kate Hebden, David Swift, Carol Prowse and Karen James

### **14 MINUTES OF PREVIOUS MEETING**

The minutes of the Living with Covid Board meeting on the 14 October 2020 were approved as a correct record.

### **15 SURVEILLANCE AND DATA UPDATE**

Consideration was given to a presentation of the Director of Population Health, which updated the Living with Covid Board on national and the local picture of Covid-19.

The Assistant Director of Population Health advised the Board that the North West continued to have the highest rate of infection per 100,000 compared to other regions in England. Members received an outline of the trends within Tameside, the number of new cases within the last week was 532.9 people per 100,000. With regards to Greater Manchester, rates of new cases had been increasing however recently the rate at which new cases were increasing had slowed down.

It was reported that the rate of testing continued to increase and there was good access to testing throughout Tameside. However, the positivity rate of testing had continued to increase from last week. The positivity rate was reported to be approximately 15%.

A number of outbreaks had been identified in Health Care settings and work places. There had been some outbreaks within schools but the majority of cases were acquired in the community. It was stated that over the last two weeks the number of beds occupied at Tameside and Glossop Integrated Care MHS Foundation Trust had increased significantly. The number of confirmed Covid-19 cases occupying beds had risen from 71 on the 30 October 2020 to 83 on the 2 November 2020.

The strategic priorities over the next 6 months were summarised to the Board.

- 1) Suppress the virus to the lowest possible level and reduce the exponential rise in infection
- 2) Tackle the harms caused by Covid-19 and contain measures
- 3) Engage and activate communities

- 4) Protect children and young people
- 5) Establish an effective Test, Trace and Isolate system

The Medical Director at Tameside Hospital NHS Foundation Trust advised the Board that one of the effective ways of treating Covid-19 was a continuous positive airway pressure (CPAP) but explained that this used oxygen at a high rate. A live dashboard had been created to monitor the rate at which oxygen was being used on site and where. It was further explained that a new oxygen plant had been set up on site, so there was a significant increase in the capacity to store oxygen, tests were underway to determine if this could increase the rate at which the oxygen could be used.

#### **AGREED**

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

### **16 IMPACT ON HEALTH AND SOCIAL CARE**

The Director of Adult Services delivered a verbal update on the impact of Covid-19 on Health and Social Care.

Proposals had been submitted in response to the Government on the Adult Social Care Winter Plan. There were three overarching priorities within the plan, ensuring everyone who needs care and support can receive support at a high quality within the winter period, Protecting people who were in need of support and making sure people who need care support remain connected with services.

It was stated that the Nightingale hospitals were in place to support patients on pathway 1 and pathway 2. It was explained that it would be preferred to support patients on these pathways and enabling them to go home rather than utilise a Nightingale hospital. Further it would be difficult to staff a Nightingale hospital. A number of discharge to assess beds had been commissioned, these would work in partnership with the Tameside & Glossop ICFT.

The Director of Adult Services reported that designated places beds had been commissioned, these were for people with a positive Covid-19 diagnosis and needed to continue to receive care where the hospitals were not the right place for the patient. It was explained, that care homes had been finding it difficult to get insurance to offer support in this way, however, a local care home had managed to attain insurance until next May.

With regards to home care, more people had been seeking care at home, this had put pressure on staffing in attrition to a number of staff who were isolating.

Supported housing remained business as usual with Covid-19 restrictions in place. Social care services in house would remain unchanged and Day Care services would also continue to run with Covid-19 restrictions in place.

#### **AGREED**

**That the information provided be noted.**

### **17 LOCKDOWN LOCAL IMPACT**

Consideration was given to a presentation of the Director of Operations and Neighbourhoods, which updated Members of the Living with Covid Board on preparations for Remembrance Day, the impact on services and compliance and enforcement.

It was reported that the plans for Remembrance Day were still fit for purpose, a service would take place in Denton, Ashton and Stalybridge, there would be a limited number of VIP's in attendance. Test and Trace would be in place for those that attend. It was explained that due to security concerns

in light of the change of the terror threat level to severe the service was discouraging people from attending to avoid a large gathering.

The Director of Operations and Neighbourhoods gave a summary of the changes to services following the new lockdown restrictions. Construction work as part of the Capital Programme could continue, preventative measures were in place. Museums and Galleries would close with immediate effect. Libraries could stay open but they would have to offer a much reduced service, but work was taking place to make more services available online. With regards to the Market services, both the indoor and outdoor markets would remain open, those stores that sell non-essential goods would close.

The Compliance and Enforcement team had been working closely with the Greater Manchester Police. There had been an increase in enquiries regarding gym and community centres, while on the surface it seemed that these should be closed there was a long list of exemptions that the team needed to review.

#### **AGREED**

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

### **18 VULNERABLE CHILDREN, SCHOOLS AND EDUCATION**

The Director of Children's Services delivered an update on the changes to the service due to the new lockdown restrictions.

It was reported that changes to the service would be limited across Children's Services. The service would continue to meet on a weekly basis with schools. Work was underway with schools on the provisions in place for the clinically vulnerable group. The Director of Children's Services stated there was strong evidence for children to remain in school during this lockdown period, there was little evidence that transmission was taking place within schools. Where there were cases within schools these were scattered throughout age groups and were not outbreaks. Attendance rates within schools were around 90%. Contacts within schools had reduced, which reflected that a robust system was now in place.

#### **AGREED**

**That the information provided be noted.**

### **19 PROTECTING THE VULNERABLE AND SHIELDING**

Consideration was given to a presentation of the Assistant Director for Policy, Performance and Communications, which updated the Living with Covid Board on the shielding of the Clinically Extremely Vulnerable (CEV).

It was reported there were approximately 10,000 people who were on the CEV list. There was clarification needed on exactly what the status of those individuals were. A letter would be sent out to those on the CEV list to protect themselves by not going into work or school. The National Shielding Service System (NSSS) portal was available to register if support was needed. Lists had been provided to local areas who were required to contact CEV in need of support. Those who were shielding were still allowed to go out for exercise.

It was stated that the Government were not providing any additional support to the 10,000 who were CEV. The Council would provide support, this was expected to involve helping those who were CEV access food through priority supermarket slots or by working with community and voluntary groups but a provision had been put in place for those who could not access support to receive emergency food support.

Members of the Living with Covid-19 Board discussed the resources that had been made available by the Government to help support the CEV. The Council would receive £14.60 per head for each person on the shielding list. Further, the DEFRA grant would be drawn on to support people who were CEV.

**AGREED**

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

**20 FREE SCHOOL MEALS**

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Assistant Director of Education.

The report summarised that a government voucher scheme was launched at the end of March to support the delivery of free schools meals. During the school summer holidays, a COVID Summer Food Fund was launched by the government. This enabled children who are eligible for benefits related free school meals to be supported over the summer holiday period.

The government scheme funding Free School Meals during the holidays had ceased. This meant children eligible for a free school meal would not have been provided with one this October half term.

The proposal was for a £15 supermarket voucher for each child currently eligible for free school meals. Parents / carers would also be asked to confirm if they wanted ASDA or TESCO vouchers. Parents would have until 8 November to claim.

**AGREED**

**That the Executive Member for Lifelong Learning, Equalities, Culture and Heritage be recommended to approve:**

- (i) A voucher scheme for children eligible for free school meals is established. This scheme will enable children eligible for free school meals to receive a £15 a week food voucher this autumn half term.**
- (ii) The voucher scheme, which will cost £122k be funded from the general COVID support grant funding that has been received from Government.**
- (iii) Family will apply for a voucher online and will receive their voucher electronically via email.**
- (iv) Any families who are unable to access the scheme online to contact the Early Help Access Point for help, support and advice.**

**CHAIR**