

## INTEGRATED CARE AND WELLBEING SCRUTINY PANEL

**Day:** Thursday  
**Date:** 30 July 2020  
**Time:** 6.00 pm  
**Place:** Zoom meeting

Item No.	AGENDA	Page No
1.	<b>APOLOGIES FOR ABSENCE</b>	
2.	<b>MINUTES</b>  To approve as a correct record, the Minutes of the proceedings of the Integrated Care and Wellbeing Scrutiny Panel held on 11 June 2020.	1-2
3.	<b>TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST</b>  The Panel to meet Karen James, Chief Executive, Tameside and Glossop Integrated Care NHS Foundation Trust, to receive an overview of the urgent response to Covid-19 and challenges associated with bringing routine back on stream for referrals, routine appointments and surgery.	3-10
4.	<b>FEEDBACK AND LEARNING FROM COMMUNITIES ON COVID-19</b>  The Chair to present a report informed by the feedback received from panel members regarding the impacts and learning from communities on Covid-19.	11-14
5.	<b>RESPONSE TO HEALTHWATCH TAMESIDE COVID-19 SURVEY</b>  The Chair to present a formal response to the Healthwatch Tameside Covid-19 survey.	15-18
6.	<b>GREATER MANCHESTER SCRUTINY</b>  The Chair to discuss priorities and recent activity of the Greater Manchester Combined Authority Scrutiny Committees.	
7.	<b>CHAIR'S UPDATE</b>  The Chair to provide a verbal update on recent activity and future priorities for the Panel.	
8.	<b>URGENT ITEMS</b>  To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

**9. DATE OF NEXT MEETING**

To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 10 September 2020.

## Integrated Care and Wellbeing Scrutiny Panel 11 June 2020

**Commenced:** 6.00pm

**Terminated:** 6.45pm

**Present:** Councillors T Smith (Chair), S Homer (Deputy Chair), Affleck, Alam, Boyle, Cooper, Drennan, Gosling, Jackson, Martin, Mills, Owen, Patrick, Welsh, Wild.

### 1. MINUTES

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 12 March 2020 were approved as a correct record.

### 2. ANNUAL WORK PROGRAMME

The Chair presented a work programme document that included an overview of national guidance on the role of scrutiny during Covid-19 and a list of topics for consideration. Panel members agreed that scrutiny must adapt accordingly to consider appropriate matters with a keen eye on recovery, as well as community and economic resilience.

The draft work programme presented a range of topics that Covid-19 has thought to have a direct or indirect impact on service delivery and outcomes for residents. The Chair confirmed that all planned activity would include:

- Service and performance updates
- Areas in need of more in-depth review
- Research and insight on a particular issue
- Review of decisions and recommendations
- Engagement and consultation – responding to pre-decision activity
- Consideration of decisions and reports of the Ombudsman

Scrutiny activity will continue to be undertaken outside of the formal meetings, with all findings and recommendations presented to the full panel for comment and approval. The improved flexibility allows speedier and timelier work to be undertaken, creating an enhanced opportunity to both influence and inform the impact of decisions made.

The Chair introduced topics listed within the draft work programme and provided all panel member with the opportunity to add individual comments and suggestions to inform the final document. Consensus was reached for the panel to receive an overview of the 'Response of Tameside and Glossop Integrated Care NHS Foundation Trust to Covid-19 and plans to bring routine back on stream', at the next meeting on 30 July 2020. Additional points for inclusion in the final work programme document included:

- Supporting NHS staff (mental and physical wellbeing)
- Impact on BAME communities
- Access to learning
- Vulnerable children
- Educational attainment / bridging the gap
- Safeguarding and welfare of children and families – stress / pressure in households
- Lockdown impact on mental wellbeing and programme of supporting provision
- Adapting care at home while living with Covid-19 (isolation / loneliness)
- Test and Trace – how it will work / how it will be managed
- Feedback and learning related to the impact and response to Covid-19

The Annual Work Programme is to be presented at Overview Panel on 27 July 2020 and it was agreed that the final document will be shared outside of the meeting.

In addition, the Chair invited all members to take time outside of the meeting to consider any feedback and learning received from communities on Covid-19, with a deadline of 18 June for email responses. Feedback points will inform a future report that ensures learning is shared with the Executive.

**Resolved:** That the Annual Work Programme be circulated by email to all panel members outside of the meeting.

### **3. CHILDREN'S WORKING GROUP**

The Chair confirmed that the fixed Children's Working Group will remain in place for 2020/21. The working group will consist of councillors from the panel and continued participation of co-opted adults and young people.

There will be four fixed meeting dates during the municipal year, with a start time of 6pm. The meetings will continue to be held in private, as is standard for a working group. All findings and actions will also be presented at the next available meeting of the Integrated Care and Wellbeing Scrutiny Panel, for information and sign off.

**Resolved:** Future meeting dates to be confirmed and circulated to members by email and as a calendar invitation.

### **4. CHAIR'S UPDATE**

The Chair provided a verbal update that the scrutiny monthly update emails will start again from the end of June. They will continue to provide members with information and resources relevant to the role.

Work would continue outside of the formal meetings to review open consultations and to seek assurances against relevant decisions and recommendations of the Ombudsman.

### **5. DATE OF NEXT MEETING**

To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on 30 July 2020.

### **6. URGENT ITEMS**

The Chair reported that there were no urgent items for consideration at this meeting.

**CHAIR**

# Integrated Care and Wellbeing Scrutiny Panel



**Karen James OBE**  
**Chief Executive**



# Some of the initial challenges we experienced:

- Increasing our ventilated capacity above and beyond our current baseline – issues securing additional staff with the right skills to manage Intensive Care patients, which was achieved through increasing the skills of our Theatre Teams
- The initial lack of PPE and the delivery responses
- The amount of guidance that was coming from the national NHS team. We would have some thirty different policy decisions per day
- Workforce issues – staff sickness, staff shielding, staff who were absent due to Covid
- Covid testing initially limited
- Management of patient flow and infection prevention measures during this period as we waited for the outcome of Covid test results (48hour turnaround time) – redesign the hospital in terms of Covid positive and Covid negative areas
- Cancellation of all non-urgent planned care – e.g. outpatients and elective surgical procedures which has and continues to increase waiting times.



# Positive outcomes/learning

- Our current integration of systems and teams, as well as the excellent relationships we have maintained over the last few years has helped us enormously to manage the challenges and will enable us to further integrate from some of the learning taken from teams.
- Our Digital Hub was able to remotely support nursing homes through virtual reviews of patients, also those patients with chronic conditions within the community which enabled us to proactively manage patients conditions/needs. This service will now be enhanced further. We also developed an app for our nursing homes known as Safer Steps which allows us to record residents frailty scores and baseline observations.
- We implemented over a very short space of time, some of this years transformation plans. For example, we moved to Outpatient virtual consultations for all specialties. We anticipate that we will maintain 60/70% of all Outpatient consultations remotely
- Reduced bureaucracy – command and control structure in place which has enabled the Trust to operate in a much more responsive way.



# Going forward

- Reassuring the public that the NHS is open to see those patients who need treatment
  - Many patients were not accessing their GP
  - The Trust's Urgent Care and Cancer care numbers originally dipped significantly
- Patients who really do need to be treated e.g. patients with a Cancer diagnosis are cancelling their treatment as they are still concerned about Covid-19
- In restarting our normal work, we have had to operate in a different way e.g. arranging Covid positive and Covid negative areas to comply with infection control measures and as such our capacity has reduced. This is impacting on the number of patient we can treat which is increasing waiting times
- All Outpatient consultations will continue to be undertaken remotely where appropriate
- We have risk assessed out patients on our waiting lists and have written to all patients informing them of our plans to restart some of our normal work, even with reduced capacity
- Strong links have been maintained with Primary Care colleagues as well as the voluntary sector
- Covid-19 is no longer a hospital crisis, but a community one with a greater number of families with reduced income and loss of employment, mental health issues – need to work as a collective system to address the current and future challenges





# Supporting NHS staff – mental and physical wellbeing

- We have counselling services and other mental health support services available 24/7 for staff to access
- We have an internal 'Staff Sanctuary' so that staff who need immediate support from colleagues can obtain support in a safe space
- We have organised staff facilities, should they not be able to return home for any reason
- We ensure staff can work flexibly to meet their home circumstances. We encourage staff to take breaks and holidays to ensure they can maintain their resilience
- We regularly swab staff for Covid-19 in high viral load areas e.g. A&E and Critical Care
- We continue to offer on-line physical support sessions
- We have undertaken personal risk assessment for all of our BAME staff and those staff who could be considered vulnerable and have agreed mitigation plans where appropriate



# Risks going forward

## Winter

- We would usually encounter increases in demand during this period although we will have less capacity to manage
- We will not be able to identify patients who could be Covid positive from those with complications from the normal Flu virus. This will create some challenges for us given any Covid swab results take up to 48 hours before we receive results
- Waiting lists continue to grow which means that the numbers exceed the number of patients we can treat within our reduced capacity.



# Impact on BAME communities

- We are working closely with our Public Health colleagues and our community leaders to ensure we are able to connect with our local communities to ensure we can effectively communicate important public health messages and to support those communities on the ground to stay safe.



# Any questions?



## 1. INTRODUCTION

- 1.1 The Council's scrutiny function is well positioned to respond to local challenges and has an important role to provide direct insight and support to the Executive on a range of key matters. Improving outcomes for residents remains at the forefront of all work priorities, with scrutiny members being well placed to provide essential feedback on the lived experience of individuals and communities based on the impacts of Covid-19 and the local response.
- 1.2 Scrutiny panel meetings resumed in June for the 2020/21 municipal year. In addition to work programme development, a request was made by the Scrutiny Chairs for all panel members to take time outside of the meeting to note experiences on impacts and the response to Covid-19 in Tameside and subsequent recovery measures.
- 1.3 The table below summarises the feedback and insight from scrutiny panel members, received in June 2020. Key points have been separated into the following categories:
- Responding to Covid-19
  - Health Systems
  - Economy
  - Children and Families
  - Vulnerabilities (elderly/shielded, BAME, homelessness, domestic abuse)
  - Future consideration
- 1.4 It is acknowledged that some points lack a certain level of detail and they are to be received as direct and timely feedback from communities. Key messages aim to inform future planning associated with the response and recovery to Covid-19 in Tameside. Scrutiny Chairs therefore consider it appropriate that the overarching insight and perception of communities should be shared with the Council's Executive at the earliest opportunity.
- 1.5 At this stage, there is no requirement for the Executive to respond to the report and it is hoped that the learning points can be shared with relevant service areas. Scrutiny work programmes for 2020/21 will pick up a number of measures in place to improve Covid-19 related outcomes.

## 2. BACKGROUND

- 2.1 The Scrutiny Panels feel that it is important to provide some additional context in terms of Tameside's starting position, pre Covid-19, based on a range of health and economic risk factors that will ultimately determine how severe and long-standing impacts associated with the pandemic are likely to be.
- 2.2 It is nationally recognised that while all efforts have been made to respond to Covid-19 as a health crisis and serious threat to life, it is now coming to light that future challenges have the likelihood to be profound and far-reaching for the resilience of households and communities. This relates directly to some of the expected and delayed external factors such as uncertainty of future employment, housing, education and timely access to healthcare and support.
- 2.3 As a Council, we have continued to maintain an effective level of local intelligence, insight and performance monitoring. The strength of local partnerships and cooperative working allows us to be best placed to draw on a wealth of information that will ultimately support a local recovery plan.

### **Identifying future risks**

- 2.4 The summary of information and data below is aimed to provide a collective and clear picture on areas of future concern, which allows for a level of comparison to be made when taking account of:
- Health inequalities and the future demand on services

- Access to future employment and associated rise in the local claimant level
- Delivering safe environments for residents to work and travel
- Equality impacts and the mitigation of risk for outcomes associated with Covid-19

**What we know**

- 2.5 As a borough we continue to face significant challenges related to health outcomes, skill levels and employment. Covid-19 has presented an unparalleled level of pressure to front line services and the local response has been commendable. Our communities have continued to show a level of compassion and determination needed to ensure we can get through this together. This is evidenced by the speed in which the Humanitarian Hub was established and the coordination between public sector bodies and voluntary agencies.
- 2.6 When collating feedback from communities it has been important to reflect on some of the local challenges, with attention drawn to the following areas (3 July 2020):
- A total of 1,952 households have been supported with food parcels and 446 with prescriptions. Residents in need of support is reducing on a daily and weekly basis.
  - The number of GP appointments made in April 2020 was at its lowest level in 2 years; with an associated reduction in GP referrals.
  - A sharp drop in A&E attendances, levels are starting to rise.
  - Reporting a proportionately high number of deaths in care homes (44% higher than same period in 2019). Over 80 deaths related to Covid-19.
  - A reduction in referrals made to Children’s Services linked to most pupils not being in school.
  - Tameside has a high proportion of small and medium size businesses, with £42.8 million paid in business support grants.
  - There has been a noticeable shortfall in Council Tax recovery compared with expected levels.
  - At the end of May 2020 - 27,700 residents had been reported as furloughed (3<sup>rd</sup> highest in GM). Potential for redundancy, with a knock on effect for employment support, welfare rights and debt advice.

**3. FEEDBACK AND LEARNING FROM COMMUNITIES (JUNE 2020)**

<b>Responding to Covid-19</b>
<ul style="list-style-type: none"> <li>• The Council’s response and speed in which the Humanitarian Hub was established, along with support from volunteers and businesses has been a real accomplishment and something to be proud of.</li> <li>• The crisis has helped generate a resurgence and increased levels of solidarity and sense of community.</li> <li>• Positive outcomes and innovations, such as online support groups offering help and advice to residents.</li> <li>• Agencies and communities have responded well with regards to food provision and delivering medication to some of our most vulnerable and isolated residents.</li> <li>• Enhanced cooperation and partnerships have had a positive impact on community spirit and cohesion.</li> <li>• A positive message based on the sharing of best practice and finding workable solutions to problems.</li> </ul>

### **Health Systems**

- There are a number of future concerns linked to a range of possible impacts that Covid-19 and lockdown measures will have on the mental health and wellbeing of residents.
- A consensus that assessing and supporting the mental health of residents must remain in place as a future priority for the commissioning of health services. To overlook this would be detrimental to both the health and economic recovery of the borough.
- Concerns were raised with regards to the avoidance of Primary Care, reduction in routine appointments and cancer referrals. It is accepted that while Covid-19 has somewhat alleviated aspects of non-urgent demand, the future pressure on key services due to delayed diagnosis is likely to have significant implications on health outcomes for residents.
- Some work may be required in order to understand the equality impacts of Covid-19. Emerging evidence reported nationally has presented an understandable cause for concern within BAME communities and those undertaking key worker roles. It is also unclear as to how the future assessment of risk for disproportionately affected groups can be planned and delivered at a local level. This includes safety measures for all work places and public transport.
- With a significant number of older and vulnerable residents having been shielded for at least 3 months, there will be a need to consider issues associated with loneliness, social isolation. In addition to any ongoing worries around future access to food and medication should a second phase emerge.

### **Economy**

- General feedback from the business community has been positive with regards to the local response and measures put in place for guidance, support, eligibility and access to grants/funding.
- Concerns that the impact Covid-19 has had on the mental health and wellbeing of residents has potential to spread further. This may create a direct and adverse link with an expected rise in unemployment following closure of the government's furlough scheme and economic recovery for the borough.
- Residents have concerns about uncertainty connected with the relaxation of lockdown measures, in particular around the insecurity of employment, housing, financial support and debt.
- Some residents may find themselves without support (gaps in the governments systems and approach). What options have been made available to those who may not have been eligible for the furlough scheme and/or small business grants.
- Hardship projections with regards to future unemployment and claimant levels.

### **Children and Families**

- There has been a positive response from local schools, with continued pastoral support, wellbeing checks and food support where needed.
- Concerns of parents associated with children returning to school – information being received and the need for consistency and oversight in messages relayed from schools.
- Broader understanding and expectations to the way youth workers and social workers will interact with children and families online in lieu of face-to-face working for the foreseeable future.

### **Vulnerabilities**

- To review the need for a collaborative approach to assess and remove any potential barriers (physical or psychological), in supporting our elderly, shielded and vulnerable residents to become more socially mobile as lockdown restrictions start to ease further.
- Care homes will require vital and continued support from the Council and partners.
- The Council has responded well to residents presenting as homeless and those with immediate housing needs. This may require periodic review to ensure interventions have been sustainable and to monitor new cases based on future financial impacts of Covid-19.
- Some older residents have expressed confusion about the details of being shielded and the implication of future changes to reconnecting individuals and households.
- Impacts of a rise in the level of alcohol being consumed at home during lockdown, with the hope that this will start to reduce – possible link to increases in domestic abuse.
- There has been a short-term spike in issues related to fly tipping and the disposal of waste. Communities are pleased with the Council's response and support positive messages to highlight impacts this places on the Council and costs to remove. Also to promote the reporting of issues via the app.
- To share any critical learning points from the Council's work with charities and community groups to ensure support is reaching the people who need it most.

### **Future Consideration**

- A need to plan for the challenges we are likely to face going forward and particularly how we work to mitigate the problems that lockdown has imposed.
- Creating a phased plan that looks at how we rebuild confidence, particularly for vulnerable and elderly people who have been shielded; for parents and school staff in order to get children back to school.
- Building on air quality initiatives to seize on a real opportunity to reduce car journeys and invest in sustainable walking and cycling solutions. To include practical issues related to public transport and getting residents back to work. Making alternative journey a viable option, more appealing and easier to access.
- To champion all walking and cycling initiatives. Tameside's corridor for cycling is a bold and ambitious plan to make our borough more cycle friendly.
- A need to assess impacts and feasibility of foodbanks being able to continue responding to increased levels of demand. To develop a sustainable approach to future social and economic support (including food).
- The future financial hardship and wider impacts on all community groups and charities.
- Continue publishing positive images and good news stories on the response of public services and communities to Covid-19.
- A possible need for more area specific communications that addresses resident perceptions of covid-safe spaces.



**Liz Windsor-Welsh**  
Accountable Officer

**Peter Denton**  
Healthwatch Manager

**Chair of the Integrated Care and Wellbeing  
Scrutiny Panel**

**Councillor Teresa Smith**

Tameside One  
Market Place  
Ashton-under-Lyne  
OL6 6BH

Email: Teresa.smith@tameside.gov.uk  
Phone: 01613422199  
Ask for Paul Radcliffe  
Date: 8 July 2020

Dear Liz,

## **Healthwatch Tameside Covid-19 Survey**

I write on behalf of Tameside Council's Integrated Care and Wellbeing Scrutiny Panel. Members have remained suitably informed of health implications and impacts associated with Covid-19. This includes a range of local measures and decisions aimed to support residents as part of the borough's coordinated response.

The Scrutiny Panel seeks to submit a formal response to the Healthwatch Covid-19 survey. This letter therefore aims to provide a summary of collective discussion points and feedback received from local communities. I would be extremely grateful if on receiving this letter you are able to take the appropriate action to ensure the collective response is suitably recorded and submitted.

Scrutiny of health services at a local level is driven by strong and effective partnerships working together to inform, influence and strengthen decision making and provision. Activity is routinely planned to review information, performance data and substantial development or variation in health services to minimise the impact on patients. There is also an ongoing need to consider how the views and experiences of residents are captured and best used to improve outcomes.

The Scrutiny Panel considers engagement with relevant health services, commissioners and health providers to be a continuous process. In order to address the significant and far-reaching impacts of Covid-19, scrutiny must adapt accordingly to consider appropriate matters with a keen eye on recovery, as well as community resilience.

Work priorities are agreed in line the development of an annual work programme for 2020/21. This will remain under continuous review with activity is to be planned and conducted in a way that is timely, supportive and proportionate. Scrutiny will consider how well partnerships are working; oversee the systems that contribute to smooth effective decision making and bring influence to find positive solutions.

A significant number of Tameside residents have been directly impacted by a range of economic and health inequalities, which have been further exacerbated by Covid-19 and ultimately increase an individual's level of vulnerability. In particular, those linked to long-term respiratory conditions and diabetes. In addition to the governments shielding programme, a large scale assessment was undertaken to identify 'at risk' residents by using a number of indicators. These included people who may already have been receiving a level of formal or informal support, plus those who had contacted the Council and partners directly to inform of a basic need for food, medication and/or wider support.

When collating feedback from communities it has been important to reflect on some of the local challenges, with attention drawn to the following areas (3 July 2020):

- A total of 1,952 households have been supported with food parcels and 446 with prescriptions. Residents in need of support is reducing on a daily and weekly basis.
- The number of GP appointments made in April 2020 was at its lowest level in 2 years; with an associated reduction in GP referrals.
- A sharp drop in A&E attendances, levels are starting to rise.
- Reporting a proportionately high number of deaths in care homes (44% higher than same period in 2019). Over 80 deaths related to Covid-19.

Panel members have recently submitted feedback and lived experiences from communities based on the impact and response to Covid-19. This has proved timely and coincides well with the Healthwatch survey. I have listed relevant points below which I hope you will find useful for the future planning of healthcare services.

#### **Responding to Covid-19**

- The Council's response and speed in which the Humanitarian Hub was established, along with support from volunteers and businesses has been a real accomplishment and something to be proud of.
- The crisis has helped generate a resurgence and increased levels of solidarity and sense of community.
- Positive outcomes and innovations, such as online support groups offering help and advice to residents.

#### **Health Systems**

- There are a number of future concerns linked to a range of possible impacts that Covid-19 and lockdown measures will have on the mental health and wellbeing of residents.
- A consensus that assessing and supporting the mental health of residents must remain in place as a future priority for the commissioning of health services. To overlook this would be detrimental to both the health and economic recovery of the borough.
- Concerns were raised with regards to the avoidance of Primary Care, reduction in routine appointments and cancer referrals. It is accepted that while Covid-19 has somewhat alleviated aspects of non-urgent demand, the future pressure on key services due to delayed diagnosis is likely to have significant implications on health outcomes for residents.
- Some work may be required in order to understand the equality impacts of Covid-19. Emerging evidence reported nationally has presented an understandable cause for concern within BAME communities and those undertaking key worker roles. It is also unclear as to how the future assessment of risk for disproportionately affected groups can be planned and delivered at a local level. This includes safety measures for all work places and public transport.

- With a significant number of older and vulnerable residents having been shielded for at least 3 months, there will be a need to consider issues associated with loneliness, social isolation. In addition to any ongoing worries around future access to food and medication should a second phase emerge.

If further clarity is needed on any of the above points, please do not hesitate to contact me.

Yours sincerely,

**Councillor Teresa Smith**  
**Chair – Integrated Care and Wellbeing Scrutiny Panel**

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