

**INTEGRATED CARE AND WELLBEING SCRUTINY PANEL**

**Day:** Thursday  
**Date:** 10 September 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 30 July 2020.	1 - 4
3.	<b>GP PATIENT SURVEY 2020</b>  The Panel to meet Jessica Williams, Director of Commissioning, to receive a service response to the results for Tameside & Glossop from the GP Patient Survey 2020.	5 - 28
4.	<b>PUBLIC HEALTH RESPONSE TO COVID-19</b>  The Panel to meet Councillor Eleanor Wills, Executive Member, Health, Social Care and Population Health; and Jeanelle De Gruchy, Director of Population Health, to receive an overview of the local Public Health response, the transition from crisis management to recovery and the implementation, management and effectiveness of Test and Trace in Tameside.	29-58
5.	<b>OMBUDSMAN ANNUAL REPORT FOR COMPLAINTS MONITORING</b>  The Panel to receive for information, the Local Government and Social Care Ombudsman Annual Report, as tabled at the meeting of Overview Panel on 7 September 2020.	59-68
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.	

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From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Paul Radcliffe, Policy and Strategy Lead, to whom any apologies for absence should be notified.

**8. DATE OF NEXT MEETING**

To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 5 November 2020.

**9. URGENT ITEMS**

To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.

## **Integrated Care and Wellbeing Scrutiny Panel** 30 July 2020

**Commenced:** 6.00pm

**Terminated:** 7.00pm

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

**Apologies for absence:** Councillors Alam, Gosling.

### **7. MINUTES**

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 11 June 2020 were approved as a correct record.

### **8. TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST**

The Panel welcomed Karen James, Chief Executive, Tameside and Glossop Integrated Care NHS Foundation Trust, to present an overview of the urgent response to Covid-19 and challenges associated with bringing routine back on stream for referrals, routine appointments and surgery.

Initial challenges associated with Covid-19 include the need to increase ventilation capacity above the current baseline and to secure additional staff with the right skills to manage intensive care patients. Capacity improved by working to upskill staff from the existing theatre teams. As reported nationally, there was also a lack of PPE equipment during initial stages. The regional response to this across Greater Manchester providers and partnerships has been uplifting. Additional workforce issues regarding shielding, sickness and testing limitations.

There was an immediate need to redesign key areas and manage patient flow for patients identified as Covid-19 positive and negative. All non-urgent planned care was postponed which included outpatient appointments and elective surgeries.

The Panel heard that Tameside & Glossop was in a good starting position with joint working and established integration across the local authority and health. This allowed key pressures to be identified and with the ability to draw on expertise and resources. The existing Digital Hub is now undertaking virtual reviews to manage the condition of patients and this continues to build on the strong links with adult social care and care homes.

The introduction of a national command and control structure has helped the Trust to operate in a much more responsive way. Excellent relationships maintained over the last few years have helped enormously to manage the challenges and recent learning will undoubtedly inform further integration.

The Trust has introduced comprehensive infection control measures and going forward there is a definite need to reassure the public that the NHS is open and ready to meet the urgent needs of patients in a safe and structured way. This includes patients with urgent care needs, as well as cancer referrals and treatments, when taking account of a noticeable dip in recent months.

It has been important to undertake risk assessments on outpatient waiting lists and the Trust has written to all patients informing them of plans to restart some of the normal work, even with reduced capacity. The majority of outpatient consultation will be undertaken remotely where

appropriate. The Trust has strong links with colleagues in Primary Care as well as the voluntary sector to support patients.

The Trust's workforce has remained committed to providing an excellent standard of care during Covid-19, with an ongoing need to support the mental and physical wellbeing of staff. This includes:

- Counselling services and mental health support available 24/7.
- Internal Staff Sanctuary, where immediate support may be needed in a safe environment.
- Flexibility to meet home and family commitments.
- Frequent testing for Covid-19 in A&E and critical care units.
- Online physical support sessions.
- Personal risk assessments for all BAME staff and those identified as vulnerable to help mitigate risks and inequalities.

Risks going forward include anticipated Covid-19 pressures and additional demand during winter months. Complexities associated with the identification of Covid-19 complications from the normal Flu virus. Challenges based on current timescales for test results as well as additional concerns regarding increased waiting lists.

Ms James responded to a number of questions from the Panel on:

- Expected timescales for command and control structure to remain in place.
- Continued work with care homes (Safer Steps), frailty and long-term conditions.
- Expectations regarding winter pressures and Flu vaccination.
- Additional needs and complexities that Covid-19 has placed on Tameside's vulnerable children and families.
- Impact of increased waiting times on patient outcomes.

**Resolved:** That Ms James be thanked for attending the meeting.

## 9. FEEDBACK AND LEARNING FROM COMMUNITIES ON COVID-19

The Chair presented a report informed by feedback received from panel members regarding the impacts and learning from communities on Covid-19. The paper summarises the key points raised and insight from scrutiny panel members, received in June 2020. The paper includes sections on:

- Responding to Covid-19
- Health systems
- Economy
- Children and families
- Vulnerabilities (elderly/shielded, BAME, homelessness, domestic abuse)
- Future consideration

Information and data detailed within the report aims to provide a collective and clear picture on areas of future concern, which allows comparisons 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

The Chair thanked all members for the time taken to provide the feedback and confirmed the report was tabled at the meeting of Overview Panel on 27 July. The paper will now be circulated to the Council's Executive and wider leadership team for information and awareness.

## **10. RESPONSE TO HEALTHWATCH TAMESIDE COVID-19 SURVEY**

The Chair presented a formal response letter of the Panel, submitted to the Healthwatch Tameside Covid-19 survey on 8 July 2020. Healthwatch have since made contact and arrangements will ensure results from the survey be presented at a future meeting.

## **11. GREATER MANCHESTER SCRUTINY**

The Deputy Chair provided a verbal update on recent activity of the Greater Manchester Economy, Business Growth and Skills Overview and Scrutiny Committee. The most recent meeting was held on 10 July 2020, with discussion on the following topics:

- Impact of Covid-19
- GM Industrial Strategy
- Innovation, Science and Graphene Commercialisation

Regular Scrutiny update emails will continue to include a link to all public papers for the Greater Manchester Combined Authority Scrutiny Committees.

## **12. CHAIR'S UPDATE**

The Chair informed panel members that the next meeting of the Children's Working Group would take place on 17 September 2020, with a suitable topic to consider the impacts of Covid-19 on education provision and attainment.

Recent Scrutiny reports presented at the meeting of Overview Panel on 27 July 2020 include:

- Annual Work Programmes
- Feedback and Learning from Communities on Covid-19
- Scrutiny Update

## **13. DATE OF NEXT MEETING**

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

## **14. URGENT ITEMS**

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

**CHAIR**

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# GP PATIENT SURVEY

## NHS TAMESIDE AND GLOSSOP CCG

### Latest survey results

2020 survey publication

Page 5

Version 1 | Public

Agenda Item 3

# Introduction

- The GP Patient Survey measures patients' experiences across a range of topics, including:
  - Your local GP services
  - Making an appointment
  - Your last appointment
  - Overall experience
  - Your health
  - When your GP practice is closed
  - NHS Dentistry
  - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data, which limits the detail provided by the results.

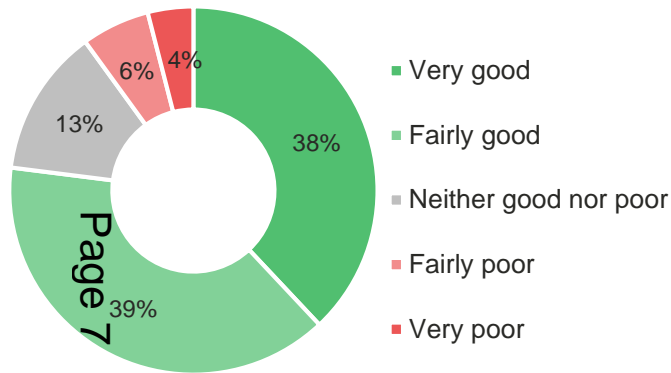
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.



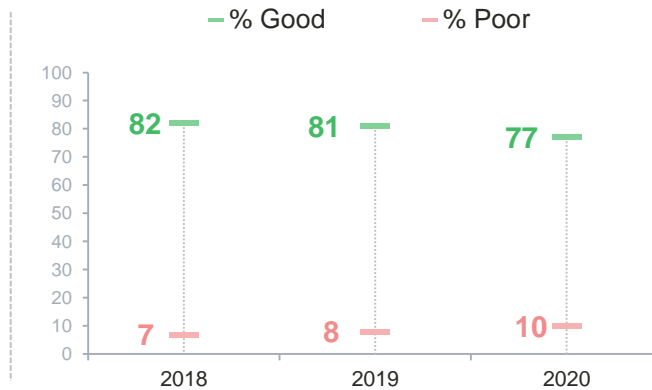
# Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

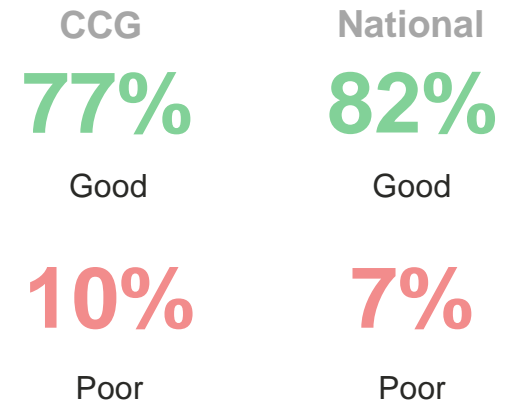
## CCG's results



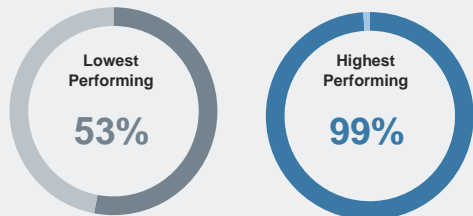
## CCG's results over time



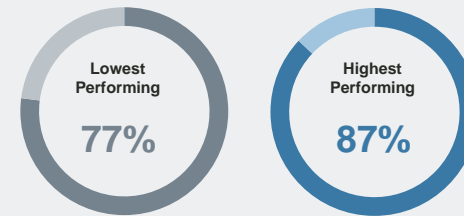
## Comparison of results



### Practice range within CCG – % Good



### CCG range within region – % Good



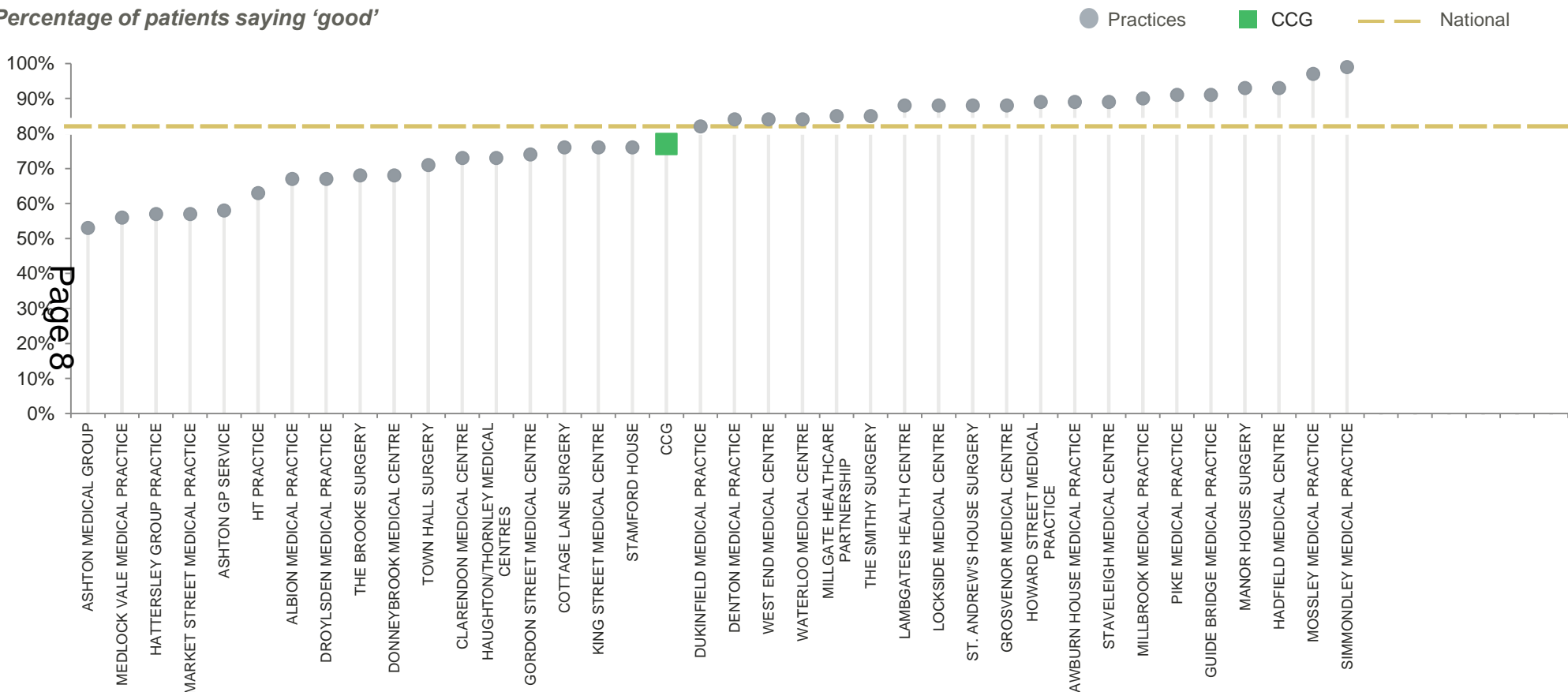
Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,824); CCG 2019 (3,976); CCG 2018 (4,010); Practice bases range from 68 to 126; CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor

# Overall experience: how the CCG's practices compare

## Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Page 8

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,824); Practice bases range from 68 to 126

%Good = %Very good + %Fairly good

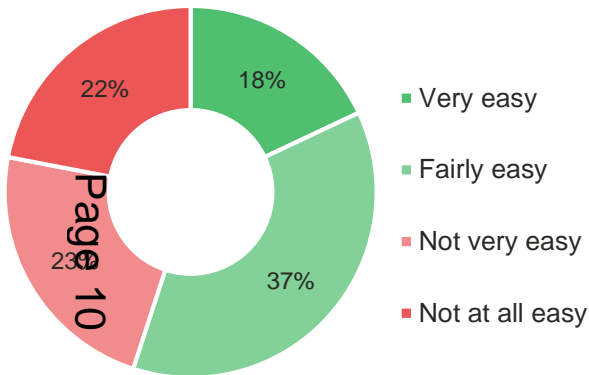
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# Local GP services

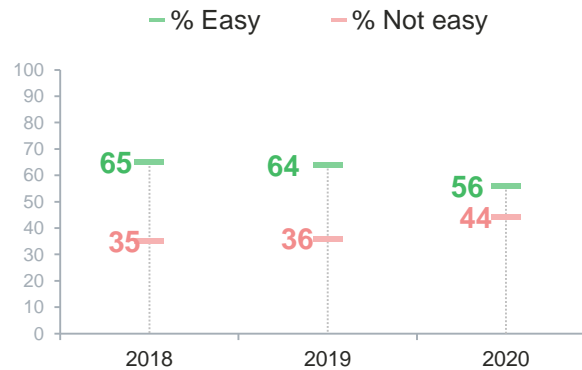
# Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

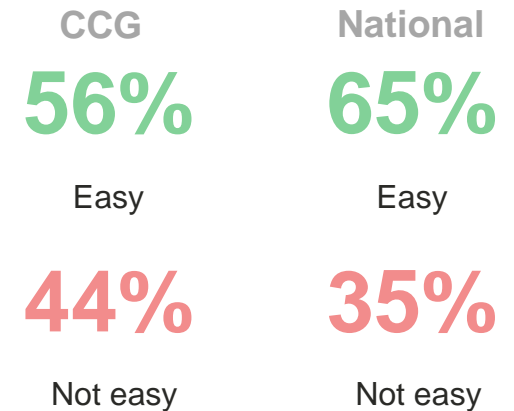
## CCG's results



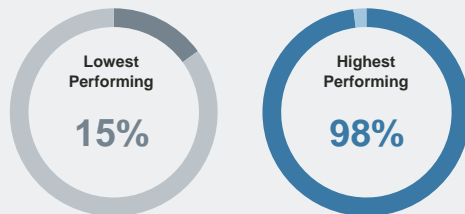
## CCG's results over time



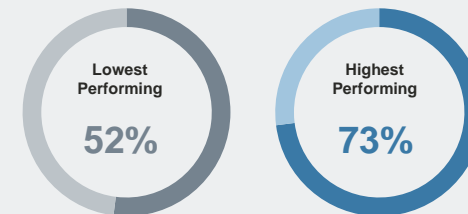
## Comparison of results



## Practice range within CCG – % Easy



## CCG range within region – % Easy

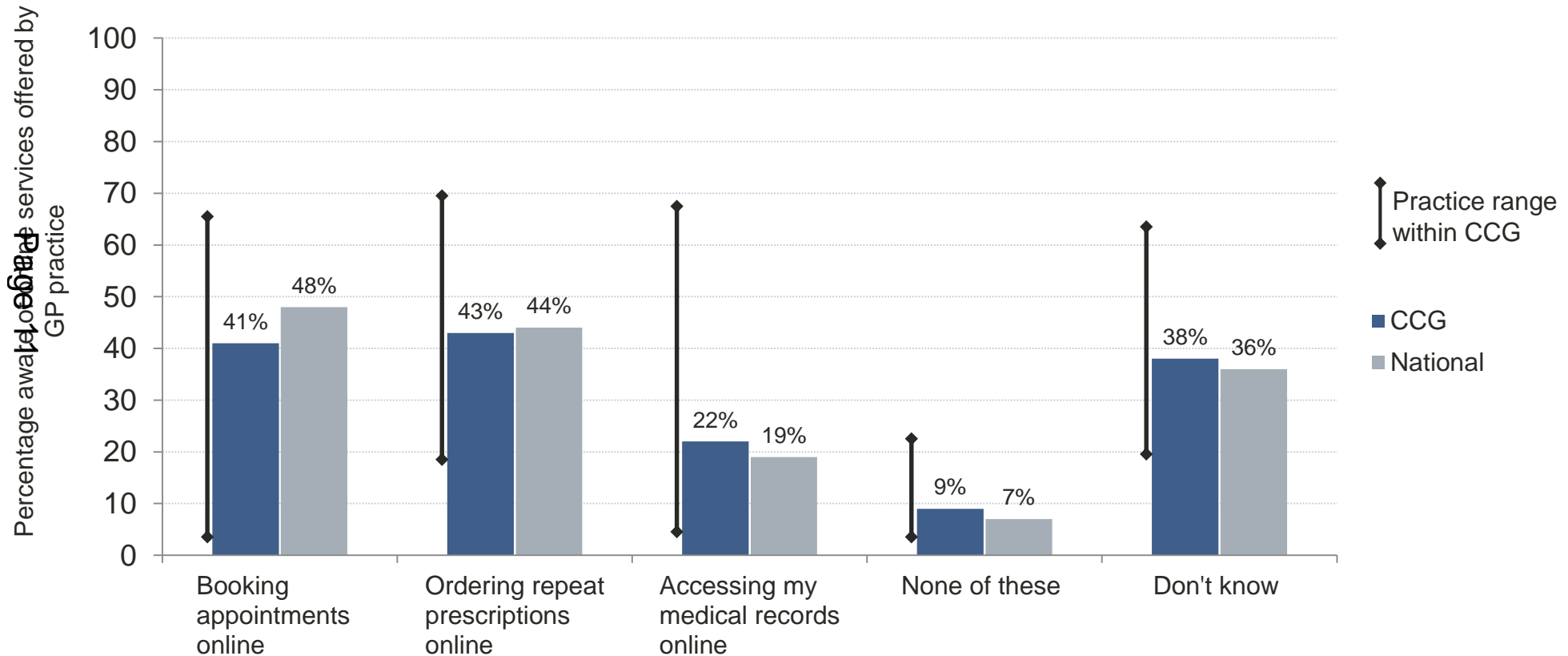


Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (3,804); CCG 2019 (3,919); CCG 2018 (3,969); Practice bases range from 65 to 122; CCG bases range from 1,443 to 8,498

%Easy = %Very easy + %Fairly easy  
%Not easy = %Not very easy + %Not at all easy

# Awareness of online services

Q4. As far as you know, which of the following online services does your GP practice offer?

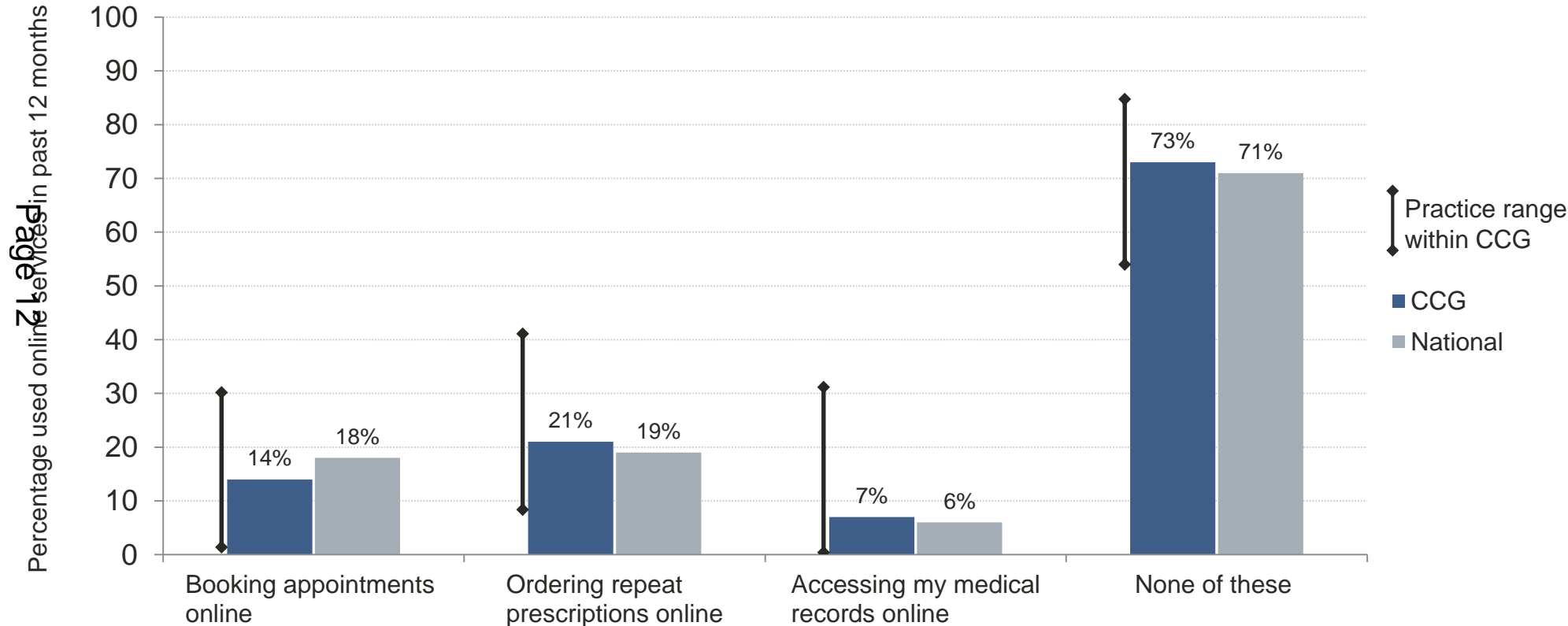


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (716,915); CCG 2020 (3,894); Practice bases range from 69 to 128

# Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?



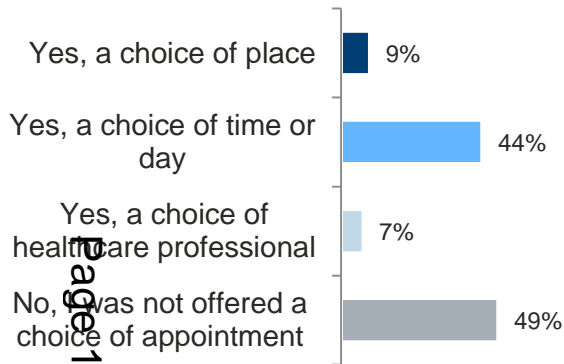
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (723,567); CCG 2020 (3,915); Practice bases range from 68 to 125

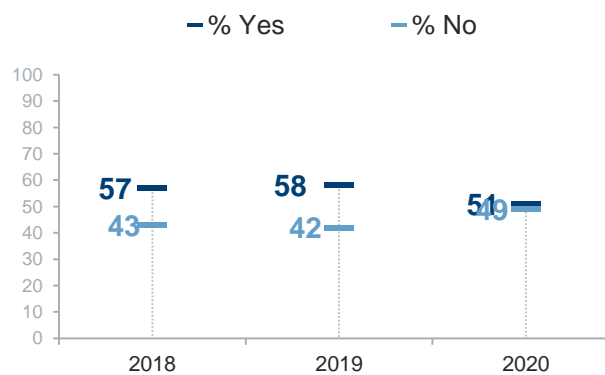
# Choice of appointment

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

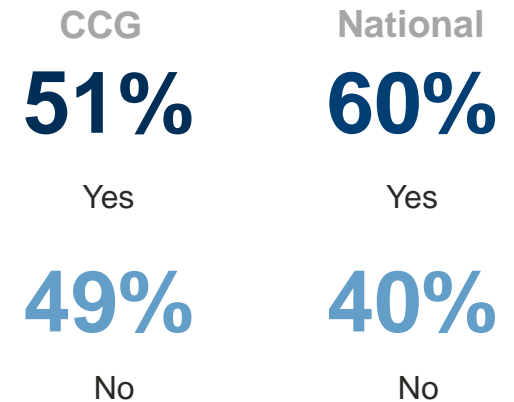
## CCG's results



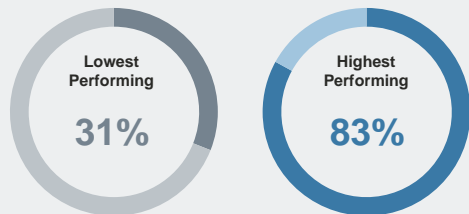
## CCG's results over time



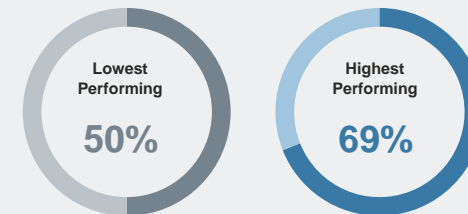
## Comparison of results



### Practice range within CCG – % Yes



### CCG range within region – % Yes



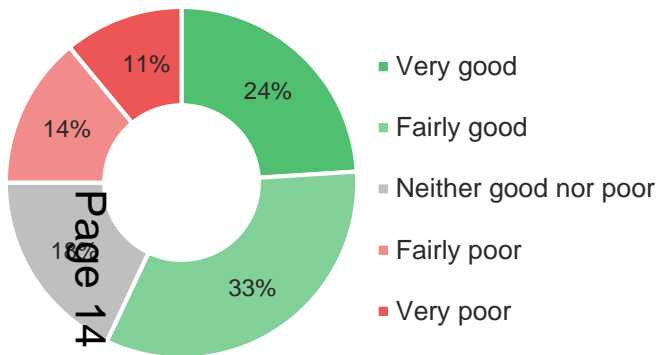
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (3,046); CCG 2019 (3,046); CCG 2018 (3,154); Practice bases range from 48 to 107; CCG bases range from 1,181 to 6,807

%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'

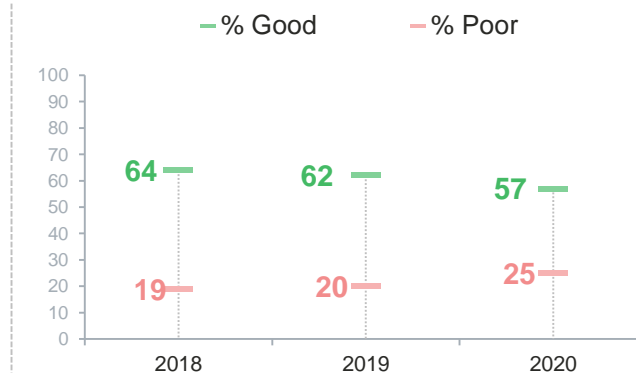
# Overall experience of making an appointment

Q22. Overall, how would you describe your experience of making an appointment?

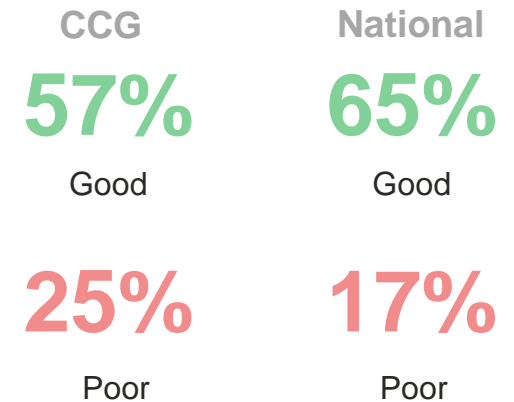
## CCG's results



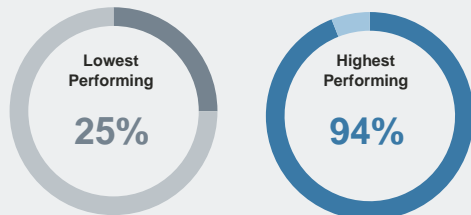
## CCG's results over time



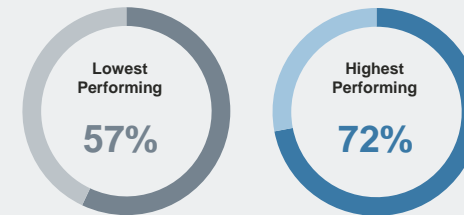
## Comparison of results



### Practice range within CCG – % Good



### CCG range within region – % Good



Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (3,619); CCG 2019 (3,689); CCG 2018 (3,756); Practice bases range from 65 to 120; CCG bases range from 1,390 to 8,057

%Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor



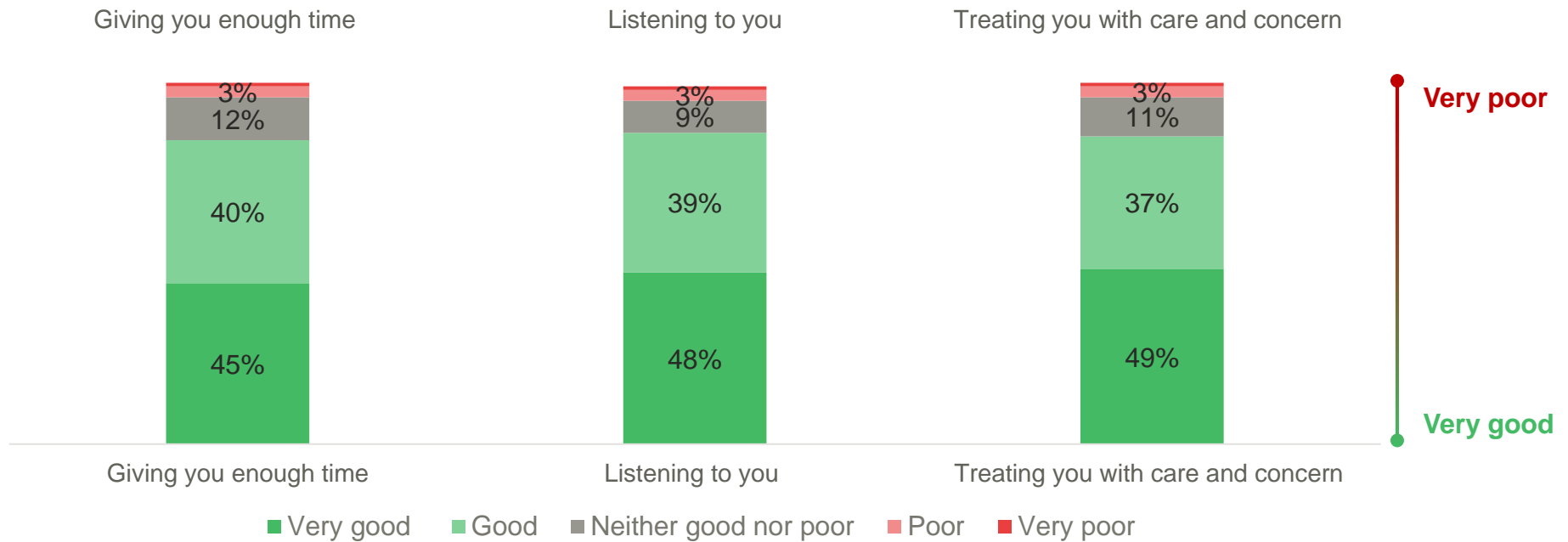
# Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

## CCG's results

National results	4%	4%	4%
% 'Poor' (total)	4%	4%	4%
CCG results	4%	4%	4%
% 'Poor' (total)	4%	4%	4%

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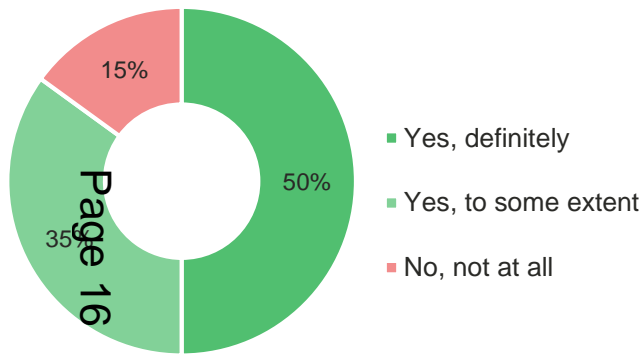
Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (678,664; 676,845; 676,130); CCG 2020 (3,648; 3,658; 3,649)

%Poor (total) = %Very poor + %Poor

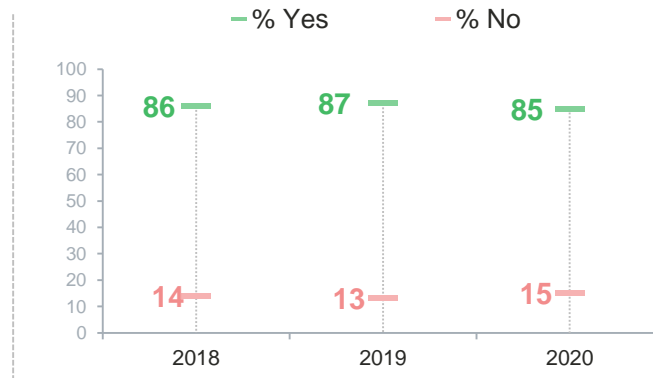
# Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

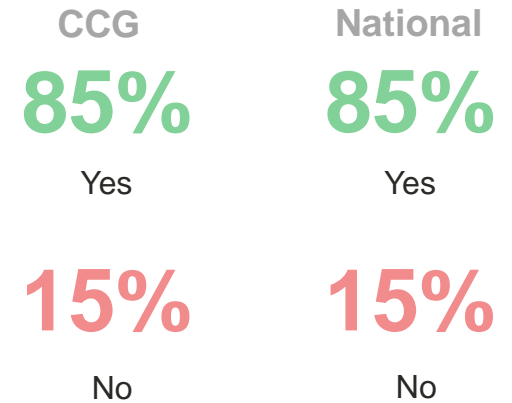
## CCG's results



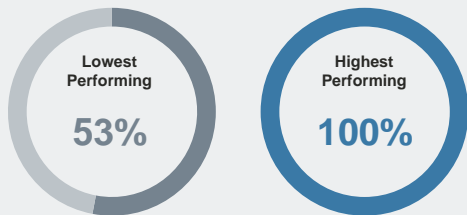
## CCG's results over time



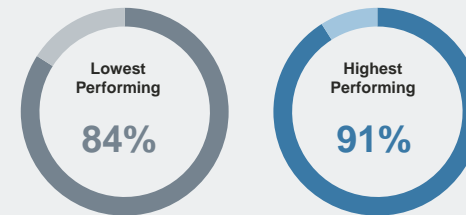
## Comparison of results



### Practice range within CCG – % Yes



### CCG range within region – % Yes



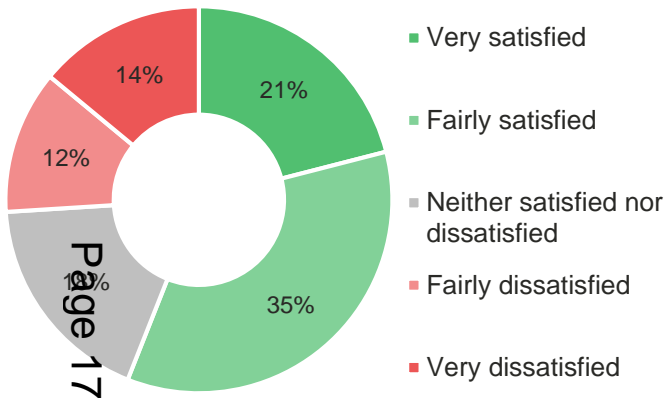
Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (277,005); CCG 2020 (1,461); CCG 2019 (1,527); CCG 2018 (1,498); Practice bases range from 28 to 51; CCG bases range from 554 to 3,765

%Yes = %Yes, definitely + %Yes, to some extent

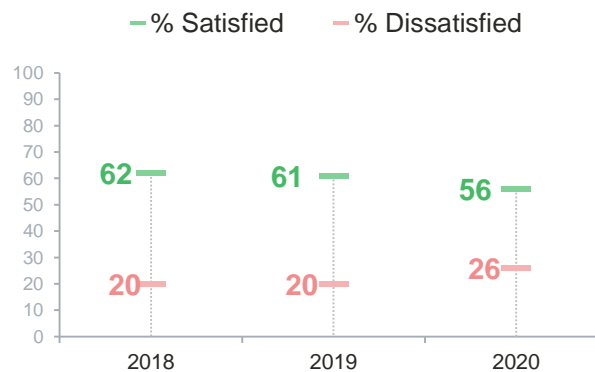
# Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?\*

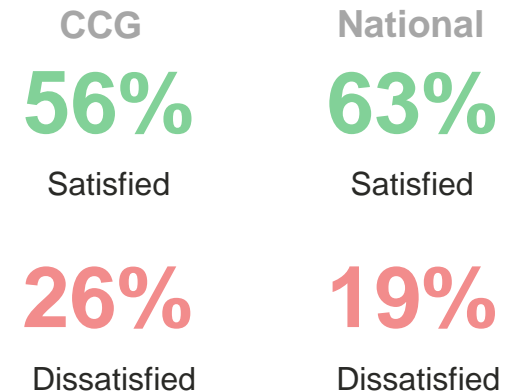
## CCG's results



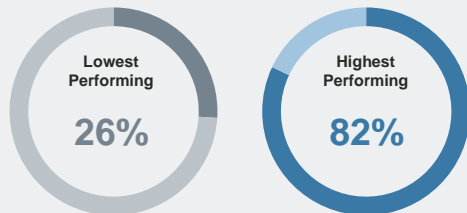
## CCG's results over time



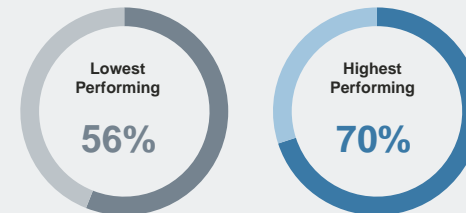
## Comparison of results



### Practice range within CCG – % Satisfied



### CCG range within region – % Satisfied



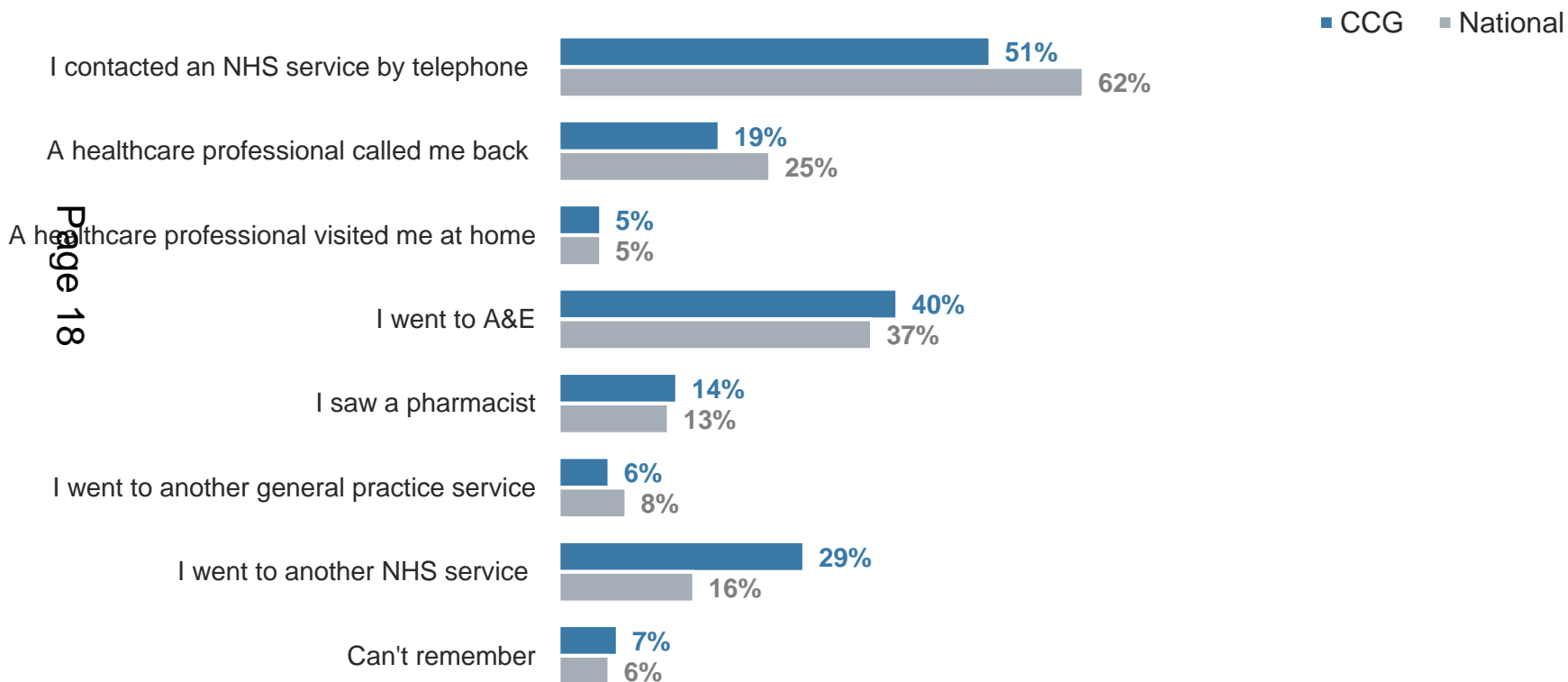
\*Those who say 'I'm not sure when I can get an appointment' (3%) have been excluded from these results.

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment'; National (663,563); CCG 2020 (3,571); CCG 2019 (3,630); CCG 2018 (3,688); Practice bases range from 61 to 114; CCG bases range from 1,355 to 8,078

%Satisfied = %Very satisfied + %Fairly satisfied  
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

# Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?

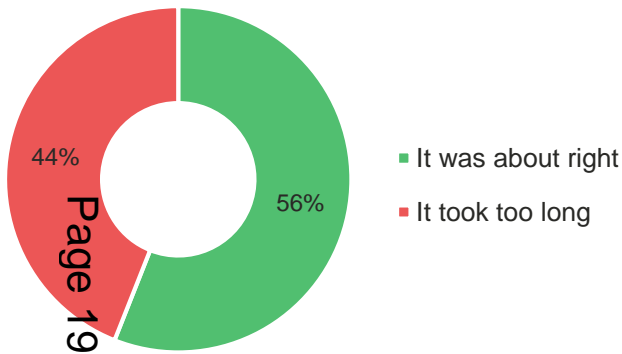


Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (133,689); CCG 2020 (729)

# Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

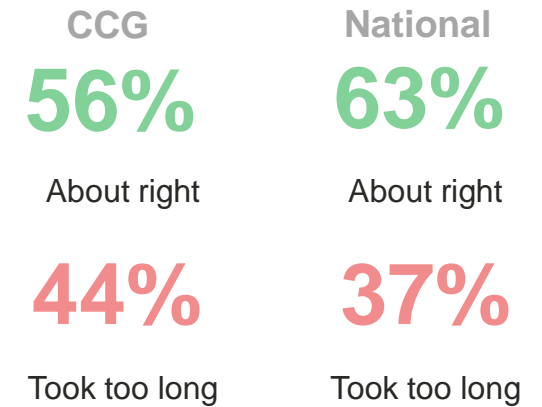
## CCG's results



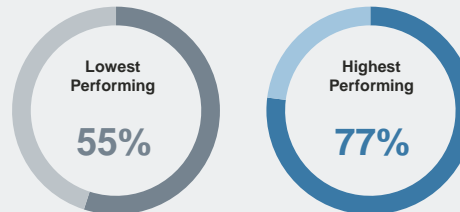
## CCG's results over time



## Comparison of results



## CCG range within region – % About right

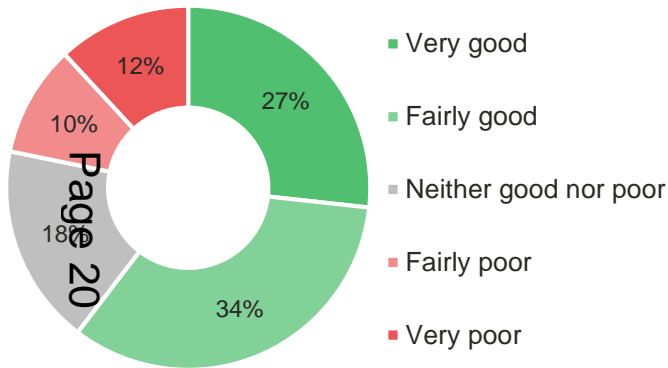


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (124,765); CCG 2020 (671); CCG 2019 (719); CCG 2018 (736); CCG bases range from 263 to 1,450

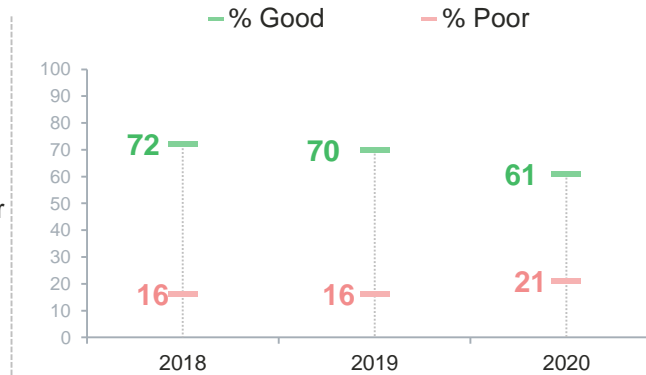
# Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

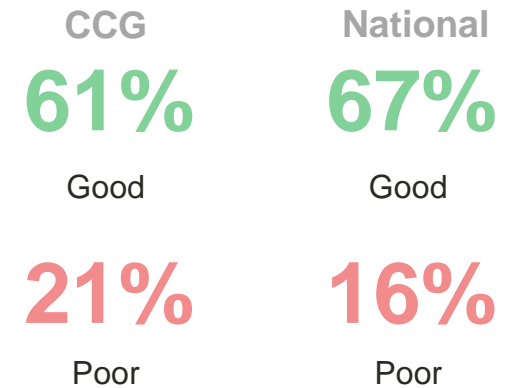
## CCG's results



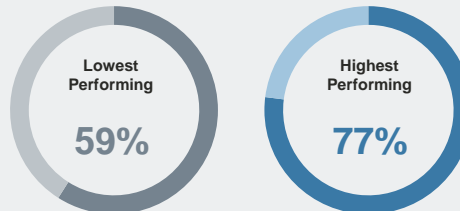
## CCG's results over time



## Comparison of results



## CCG range within region – % Good



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (128,756); CCG 2020 (714); CCG 2019 (751); CCG 2018 (759); CCG bases range from 281 to 1,529

%Good = %Very good + %Fairly good  
%Poor = %Fairly poor + %Very poor

## INTEGRATED CARE AND WELLBEING SCRUTINY PANEL

<b>Title of Subject:</b>	GP Patient Survey
<b>Date of paper:</b>	10 September 2020
<b>Prepared by:</b>	Christopher Martin
<b>History of paper:</b>	First paper regarding 2020 GP Patient Survey to Integrated Care and Wellbeing Scrutiny Panel
<b>Executive Summary:</b>	<p>The GP Patient Survey takes place every year. This paper discusses the 2020 survey, including a heat map benchmarking practices against each other, how this will be approached with practices via a workshop in the practice managers' forum to share best practice and utilising more immediate forms of patient feedback such as individual practice patient satisfaction surveys and the Friends and Family Test to evaluate interventions when implemented.</p> <p>Reviewing the GP Patient Survey is one of several sources of data that informs the CCG's continuous work programme to improve primary care quality, which is overseen by the Primary Care Delivery and Improvement Group and Primary Care Committee.</p>
<b>Recommendations required of the Committee (for Discussion and Decision):</b>	For information, comment and noting the work programme overseen by PCDIG and PCC.
<b>Principles addressed by proposal (QIPP, national/regional policy etc):</b>	Patient experience

## 1. INTRODUCTION

- 1.1 The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.
- 1.2 It is administered on behalf of NHS England by Ipsos MORI. In NHS Tameside and Glossop CCG, 14,106 questionnaires were sent out, and 3993 were returned completed. This represents a response rate of 28%. This is a return rate year on year drop of 2% and reflects the trend locally and nationally of fewer patients responding since 2018.
- 1.3 The GP Patient Survey measures patients' experiences across a range of topics, including:
  - Making appointments
  - Waiting times
  - Perceptions of care at appointments
  - Practice opening hours
  - Out-of-hours services
- 1.4 The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time, though it was redeveloped in 2018.
- 1.5 The redevelopment in response to significant changes to primary care services as set out in the GP Forward View, and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The survey was also opened to patients aged from 16, rather than 18. These changes were carried through into the 2019 survey, providing continuity of comparison across 2018 / 2019. These changes mean that it is not possible to make comparisons with earlier years than 2018.
- 1.6 The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data which limits the detail provided by the results.
  - The data is provided once a year rather than in real time.
  - The differing models of general practice delivery across locality and networks - the Primary Care Access Service or Primary Care Network (PCN) delivered services - should not be seen as 'different' by patients, but may have impacted on practice level responses.
- 1.7 The GP Patient Survey is one of the tools used within the routine monitoring level of the CCG's Primary Care Quality Assurance process to understand quality reviewing patient safety, patient outcomes and patient experience. While the GP Patient Survey provides part of the patient experience element, other sets of data reviewed include the Quality and Outcomes Framework, the Friends and Family Test, practice complaints and the data available around the management of long-term conditions. The information available through the CQC process and information available from other organisations such as Healthwatch is also used as part of our holistic view of our practices.
- 1.8 This year's survey was carried out between 2 January and 3 April 2020, providing a snapshot of general practice during that three month period. The coronavirus pandemic significantly affected the country from March 2020 onwards, which may have impacted upon the number of responses to the survey in its final month.
- 1.9 The response to the global pandemic means that general practice has put in place new methods of working that were not in place at the time of the survey. General practice now has a total triage system in place with appointments delivered by telephone, video and face-to-face consultations where safe and clinically appropriate. Some of the issues raised through the survey may therefore already have actions implemented.



- 1.10 We have seen a year on year reduction in the number of responses submitted from Tameside and Glossop patients but believe targeted work undertaken by our communications team, practices, Primary Care Networks, Patient Participation Groups, Patient Neighbourhood Groups, Healthwatch and the voluntary, community and faith sector can help support improved uptake in future years. A clear action plan will be developed through the autumn for a communications plan to be launched late autumn ahead of the 2021 survey window. This will be overseen by Primary Care Delivery and Improvement Group (PCDIG) and by Primary Care Committee.

## **2. TAMESIDE AND GLOSSOP 2020 GP PATIENT SURVEY RESULTS**

- 2.1 As with the national average scores, Tameside and Glossop practices have seen a year on year reduction in average scores alongside, in general, achieving scores lower than the national average. However, Tameside and Glossop CCG has broadly similar scores to most of the ten CCGs, across the country, it is closest to in terms in demographics. The average figures hide differences in individual practice performances, with some Tameside and Glossop practices achieving high scores compared to the national average.

### **Perception of care**

- 2.2 Participants' perceptions of care in T&G were very similar to the national average. 97% of participants reported that the healthcare professional they saw at their last appointment: gave them enough time; listened to them; and treated them with care and concern. Over 90% of participants felt that: they were involved in decisions made about their care and treatment; they had confidence and trust in the healthcare professional; and their needs were met.
- 2.3 85% of participants felt that their mental health needs were recognised or understood, in line with the national average.

### **Overall experience of GP Practice**

- 2.4 77% of participants in T&G said they had a good overall experience of their GP practice – lower than the national average of 82%. 10% said they had a poor experience, compared to 7% nationally. The T&G average score is composed of individual practice scores ranging between 53% and 99% of patients describing their overall experience of their GP practice as good, with 54% of Tameside and Glossop practices achieving a score higher than the national average.

### **Managing health conditions**

- 2.5 75% of participants in T&G reported that they had enough support from local organisations and services in managing a health condition, similar to the national average of 77%.

### **Mental health needs recognised and understood**

- 2.6 85% of participants in T&G reported that their mental health needs were recognised and understood, similar to the national average of 85%.

### **Online services**

- 2.7 72% of participants in T&G said that their GP practice's website was easy to use, compared to 76% nationally. 22% are accessing their medical records online – higher than the national average of 19%.

### **Additional findings**

- 2.8 Patient experience is an important indicator of quality in general practice, which includes how easy it is access. No system of access will work for all patients and needs to be designed to appeal to the widest group of patients possible and where it can't meet the needs of all patients all the time, this impacts upon patient satisfaction.

- 2.9 This is highlighted in the GP Patient Survey that shows lower national averages for access scores and year on year reductions, which is also repeated in the Tameside and Glossop year on year results. An example of where this is not the case is the question about how helpful the participants found the receptionist at their practice, which is 85% - similar to the national average. Tameside and Glossop practices' scores range from 60% to 99% in this question, with 59% of practices scoring higher than national average.
- 2.10 Practices with a higher index of multiple deprivation score have lower achievement in the GP Patient Survey. Out of the 14 lowest benchmarked Tameside and Glossop practices the majority are amongst the 10% most deprived neighbourhoods in the country, with two amongst the 20% most deprived in the country and one each in the 30% and 40% most deprived neighbourhoods in the country. Deprivation and any inequalities in health that arise out of deprivation clearly impact upon a patient's experience of primary care, which will link into wider work to be undertaken in reducing inequalities within Tameside and Glossop.

### 3. UTILISING THE GP PATIENT SURVEY TO IMPROVE PATIENT EXPERIENCE

- 3.1 General practitioners are independent contractors, and like all providers need to be the drivers of their own improvements – this is the only way improvements will be adequately embedded within a practice. By using data to understand their current position they can put in place plans relevant to their individual practices to support improvements in patient experience.
- 3.2 In these circumstances the role of the CCG is to provide that data to practices alongside forums where practices can discuss their successes and challenges, explaining what has and hasn't worked for them. All practices are different – working in different ways with different patient demographics but the power of peer discussions lies in the sharing of good practice and how that develops into interventions for improvement in each organisation by utilising the elements felt to be applicable in different practices.
- 3.3 The heat map in **Appendix 1**, benchmarks each PCN in terms of achievement. This will allow us to undertake targeted work at both PCN and individual level to support interventions that will have a positive impact on patient experience.
- 3.4 A range of scores in each question between Tameside and Glossop practices can be quite large and with some practices achieving percentages significantly higher than the national average, while others score lower, the higher scoring practices can share what works for them with lower scoring practices, who can then put in place interventions for improvement.
- 3.5 Primary Care Network leadership can also influence and facilitate the sharing of good practice. Sharing good practice is a tool that has previously been shown to work with Tameside and Glossop practices and is a key part of the Quality Improvement indicators in the Quality and Outcomes Framework. We have previously used it to share the learning from the Primary Care Quality Scheme, the Locally Commissioned Services Quality Improvement bundle and to develop co-designed guidance for general practices.
- 3.6 This is done partly by benchmarking practices and sharing the benchmarking with all 37 practices so they can see their own performance and where that sits within the CCG area. It allows us to know which practices are high and low achievers and which practices we will target to support, while also providing us with detailed information on the areas practices need to improve upon. Areas of improvement are different in each practice, but by working on them individually it should support overall improvement in the patient experience across Tameside and Glossop as a whole. We will undertake targeted work with 14 practices.
- 3.7 Six practices have achieved higher than the CCG average score in every question. Out of those six practices in the majority of questions they have also achieved a higher than the

national average score. Questions of note in these practices were the quality of advice given and the overall experience of general practice.

- 3.8 Peer support will be provided by utilising existing group forums such as the monthly Practice Managers Forum as workshops to share best practice. In addition, targeted support will be given to practices achieving low overall patient experience scores by visiting them to discuss their challenges. The visits undertaken with the Quality Improvement Clinical Lead also allow for further sharing best practice and direct practice to the Greater Manchester GP Excellence programme which will be able to provide further directed operational support.
- 3.9 The use of an existing forum recognises time constraints within general practice, with even large practices being small organisations with limited resources. By taking into account a potential capacity crunch at practices and using meetings they already attend, practices are more likely to engage. The power of peer learning lies ensuring as wide a spread of practices attending and sharing both their positive and negative experiences, supporting improvement across all Tameside and Glossop practices.
- 3.10 The GP Patient Survey takes place annually and is an important tool in understanding patient experience. There are other more immediate tools that can be used to measure patient experience and any interventions that are put in place. Practices with low scores will be encouraged to undertake their own patient satisfaction surveys to understand the impact of their interventions.
- 3.11 The Friends and Family Test is currently suspended until 30 September 2020. Once this is back in place, this provides practices with a further source of feedback to understand improvements in patient experience. Healthwatch provides both the CCG with invaluable feedback and also undertakes targeted work with practices to help support improvements in the patient experience of primary care. This work will continue. Practices have now been advised that they should be investigating complaints, providing another invaluable source of feedback while awaiting the publication the next GP Patient Survey, which will ultimately inform us of how successful interventions will be.

#### **4. BUILDING BACK GENERAL PRACTICE AFTER THE INITIAL COVID-19 RESPONSE**

- 4.1 Although general practice has remained open throughout the pandemic, a number of contractual aspects of primary care were suspended to allow practices to focus on that immediate response and urgent care delivery. As we have moved through the initial phase of the pandemic into a new normal practices have been asked to reintroduce the full breadth of services. The GP Patient Survey and all other forms of general practice feedback feeds into the wider work that is being undertaken to support primary care to reintroduce services that were stood down at the early stages of the pandemic and ensure that there is no inequity of healthcare within Tameside and Glossop.
- 4.2 A recent Building Back General Practice survey, completed by practices, highlighted the services that each practice has reintroduced and the barriers to reintroduction that may exist. Primary Care Networks and the CCG will continue to work with practices to help them overcome these barriers and ensure all our population has access to the same services, regardless of which general practice they are registered with.
- 4.3 This survey was undertaken before the recent "Phase 3" letter from NHS England to all providers, requiring the majority of activity to resume in primary care. Prior to that the CCG had set out its expectations of primary care with regard to other services commissioned from it outside the core general practice contracts. These include locally commissioned services and any other services delivered outside the core contracts, with practices being advised they should be delivering these services to 100% of our population. Guidance has been provided to support the reintroduction of these services. This means that the care available

in general practice now is equal to that before the pandemic, albeit delivered differently to how it was previously, in some cases.

- 4.4 The recent appointment of a Health and Social Care Digital Transformation Manager to the CCG will help practices retain the best of the changes that have occurred since the start of the pandemic, while ensuring that that the move to more digital does not disenfranchise patients, addressing digital deprivation and avoiding building inequality into the system.
- 4.5 The survey has identified that the majority of practices are now delivering, amongst others, cervical screening, childhood immunisations, routine management of patients with long term conditions – including diagnostics, health checks for patients with learning disabilities and mother and child 6 – 8 week checks.

## **5. RECOMMENDATIONS**

- 5.1 As set out at the front of the report.

## Tameside & Glossop CCG GP Patient Survey 2020 Heat Map

The below heat map ranks T&G PCN's by their results in the 2020 GP Patient Survey. Base rank on 'Overall Experience of your GP Practice'

	Response Rate %	Rank of Response Rate	Generally, how easy is it to get through to someone at your GP practice on the phone?	How helpful do you find the receptionists at your GP practice?	Patient awareness of online services the GP practice offers?	How easy is it to use your GP practice's website to look for information or access services?	How satisfied are you with the general practice appointment times that are available to you?	How often do you see or speak to your preferred GP when you would like to?	Were you satisfied with the type of appointment (or appointments) you were offered?	Overall, how would you describe your experience of making an appointment?	How long after your appointment time did you wait to see or speak to a healthcare professional? <15 Mins	Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?	Last time you had a general practice appointment, how good was the healthcare professional at listening to you?	Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?	During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?	During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?	Thinking about the reason for your last general practice appointment, were your needs met?	Overall, how would you describe your experience of your GP practice?	In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?
Glossop	33%	1	2	2	5	2	1	1	1	1	2	1	1	1	1	1	2	1	1
Stalybridge	27%	4	1	1	2	1	2	4	2	2	1	2	2	2	3	3	4	2	2
Denton	29%	2	4	4	1	3	4	5	4	4	5	3	3	4	2	3	3	3	3
Hyde	29%	3	3	3	3	4	3	2	3	3	4	4	4	3	4	4	1	4	4
Ashton	24%	5	5	5	4	5	5	3	5	5	3	5	5	5	5	5	5	5	5

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# **PUBLIC HEALTH RESPONSE TO COVID-1**

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**Integrated Care and Wellbeing Scrutiny Panel**

10 September 2020

Agenda Item 4



# Outline

- Data Intelligence Update
- Update on local restrictions
- Testing & Contact Tracing
- Outbreaks
- Business Compliance
  - School reopening
  - Community Engagement
  - Discussion





# Data Intelligence Update

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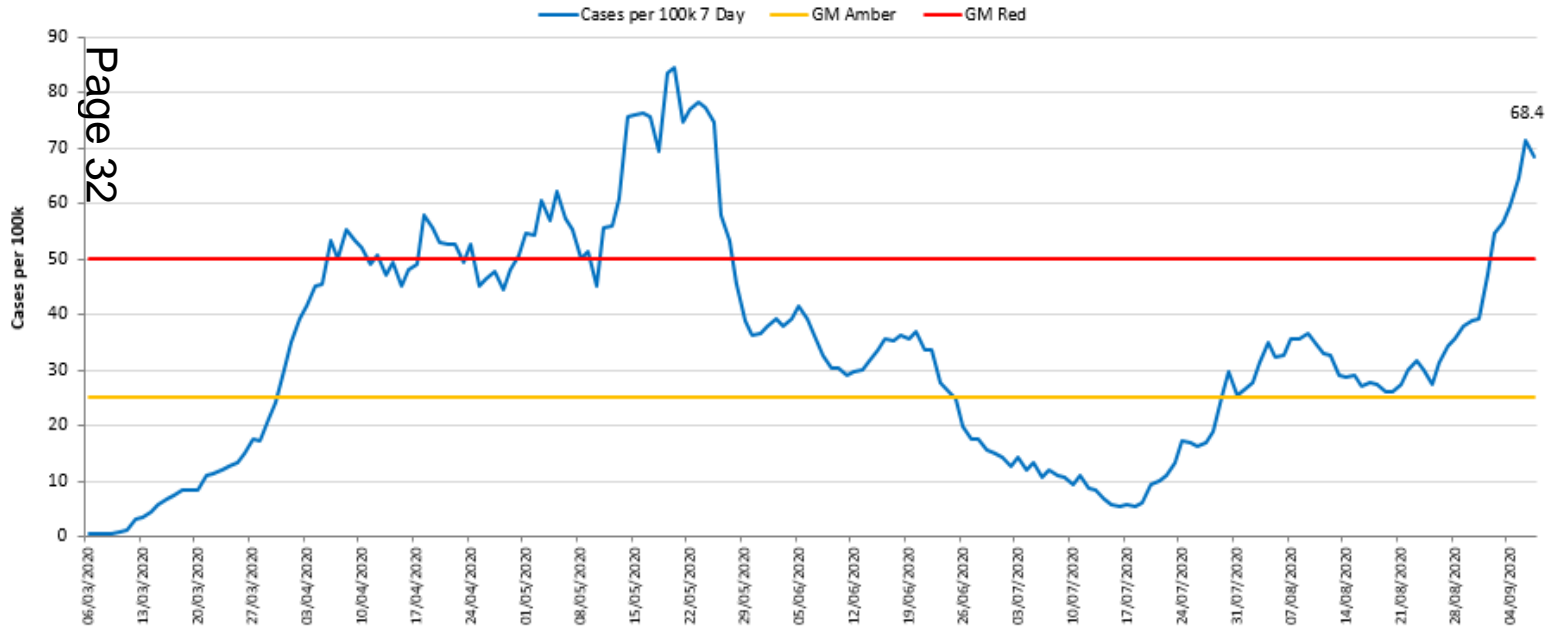


# Tameside Cases: Summary

Tameside Covid 19 Surveillance Daily Update: 9th September 2020

Rate of New Cases to the 7th  
September

Threshold measures- New positive cases per 100,000 people (7 days)-Tameside



Number of new cases  
in the last 14 days

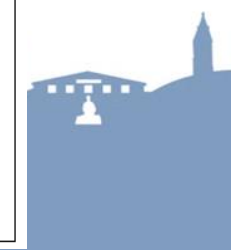
25/08/2020	6
26/08/2020	19
27/08/2020	16
28/08/2020	14
29/08/2020	16
30/08/2020	7
31/08/2020	11
01/09/2020	24
02/09/2020	36
03/09/2020	20
04/09/2020	21
05/09/2020	27
06/09/2020	23
07/09/2020	4
Total new cases last 14 days	244

This is a reduction of 6  
compared to the  
previous 14 days

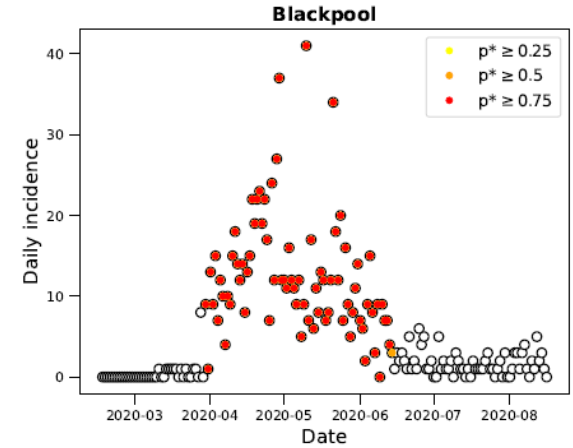
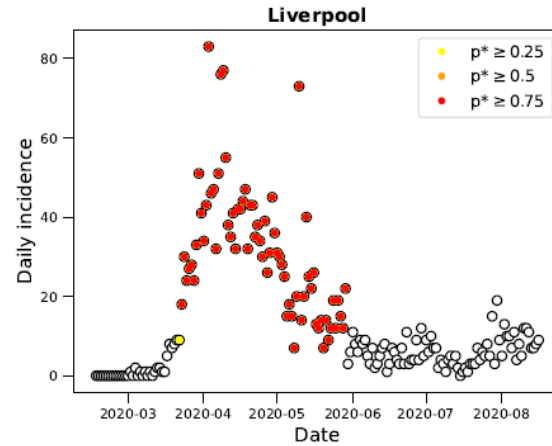
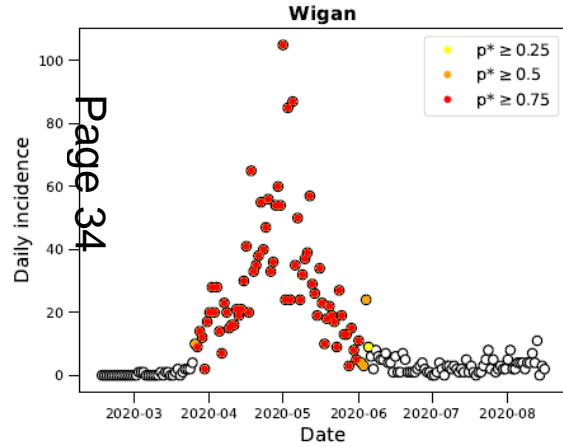
Please note: this data  
changes on a daily

## Tameside Covid 19 Surveillance: Threshold Summary

MEASURE	VALUE	TREND	RAG	THRESHOLDS
<b>DAILY</b>				
Rate per 100,000 last 7 days	68.4 per 100,000 (7th September)	↑	GM Red	<b>Green</b> <25 per 100,000 <b>GM &amp; National Amber</b> 25-49.9 per 100,000 <b>GM &amp; National Red</b> > 50 per 100,000
Exceedance points (trends in the number of actual cases versus the expected forecast number)	Red (6th September)	↑	National Red	<b>Green</b> – No points in last 10 days <b>Amber</b> – 1 exceedance <b>Red</b> – 2 or more exceedances
Positivity rate last 7 days (pillar II only)	3.2% (6th September)	↑	GM Green	<b>Green</b> <4% <b>GM &amp; National Amber</b> 4-7.5% <b>GM &amp; National Red</b> >7.5%
NHS system / 111	32.9 (8th September)	↑	National Red	<b>Green</b> <10 per 100,000 <b>Amber</b> 10-20 per 100,000 <b>Red</b> >20 per 100,000
Outbreaks / incidents	20 new cases (staff and residents) across 10 different care homes		<b>Green</b> no outbreaks	
			<b>Amber</b> 1 to 4 outbreaks	
			<b>Red</b> 5 or more outbreaks	
Review of local cases  (age, location, ethnicity, exposure)	26% of new cases in the seven days to 7th September were in people aged 18 to 30 years. Overall 66% of new cases are in the working age population 18-64		<b>Green</b> - No Areas of Concern  <b>Amber</b> - Possible Areas of Concern  <b>Red</b> - Areas of Concern	
	77% of new cases are in people who identify themselves as White British			
	50.3% of new cases are among males, 49.7% among females			
	The number of new cases in the last seven days are spread across the borough. <b>Ashton Central &amp; Waterloo, Droylsden Central, Hyde North &amp; South and Denton South</b> have all see increases in cases.			

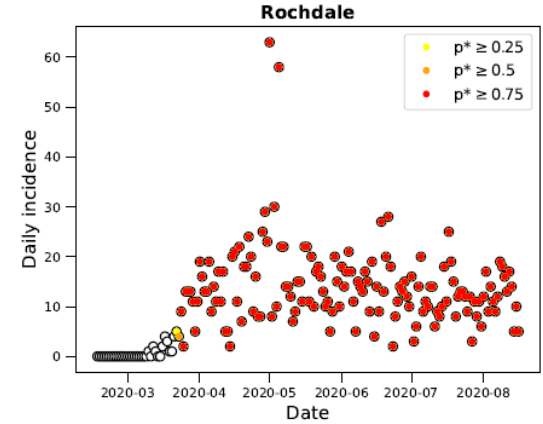
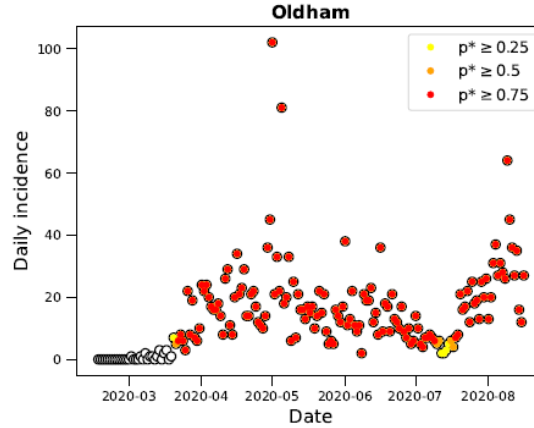
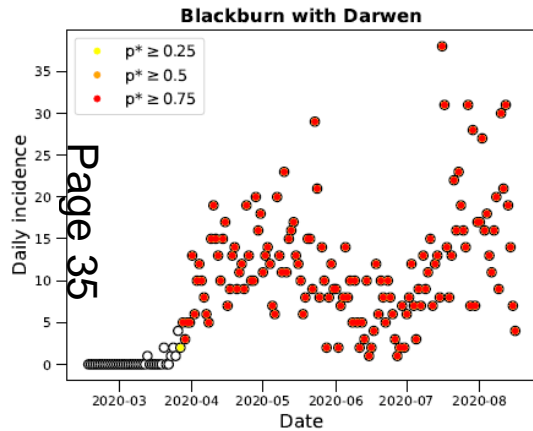


# NW Epidemic



These charts show the daily incidence numbers – the red dots indicate where there is a strong probability (75%+) that the locality is in an ‘epidemic phase’ as opposed to observing simple one off exceedances

# NW Endemic?



The overall analysis suggests Bolton, Manchester, Oldham and Rochdale never really left the epidemic phase – and that 9 of the 10 boroughs are currently experience an epidemic phase.

# Update on Local Restrictions

- Greater Manchester placed under additional restrictions as well as other parts of the North of England on 31 July to limit social contact between households due to rising case numbers
- Wigan's rate has been consistently lower over this period and came out of restrictions on 26 August
- Oldham, Pendle, Blackburn with Darwen under further restrictions due to consistently higher rates
- GM have called for removal of national restrictions on businesses and venues that must remain closed



# COVID-19 Test & Trace

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# Testing (1)

- Priority testing among people who have symptoms across the community
- Regular repeat testing in high risk settings such as care homes / hospital
- Planning for Winter to identify a Local Testing Site (permanent facility 8am-8pm, 7 days a week)
- Tameside have maintained high rates of testing and good testing access

## Mixed current model:

- Mass testing sites (Airport / Etihad)
- Home Testing
- Care Homes / Hospital
- Mobile Testing Units (Ashton Curzon / Ashton Central Mosque / Ashton Indian Community Centre / Central Hyde)
- Schools have been given test kits for pupils/staff who need a test but struggle to access
- Outbreaks – access to rapid tests to the setting (eg. Care Home) or use of mobile unit at short notice





# Testing (2)

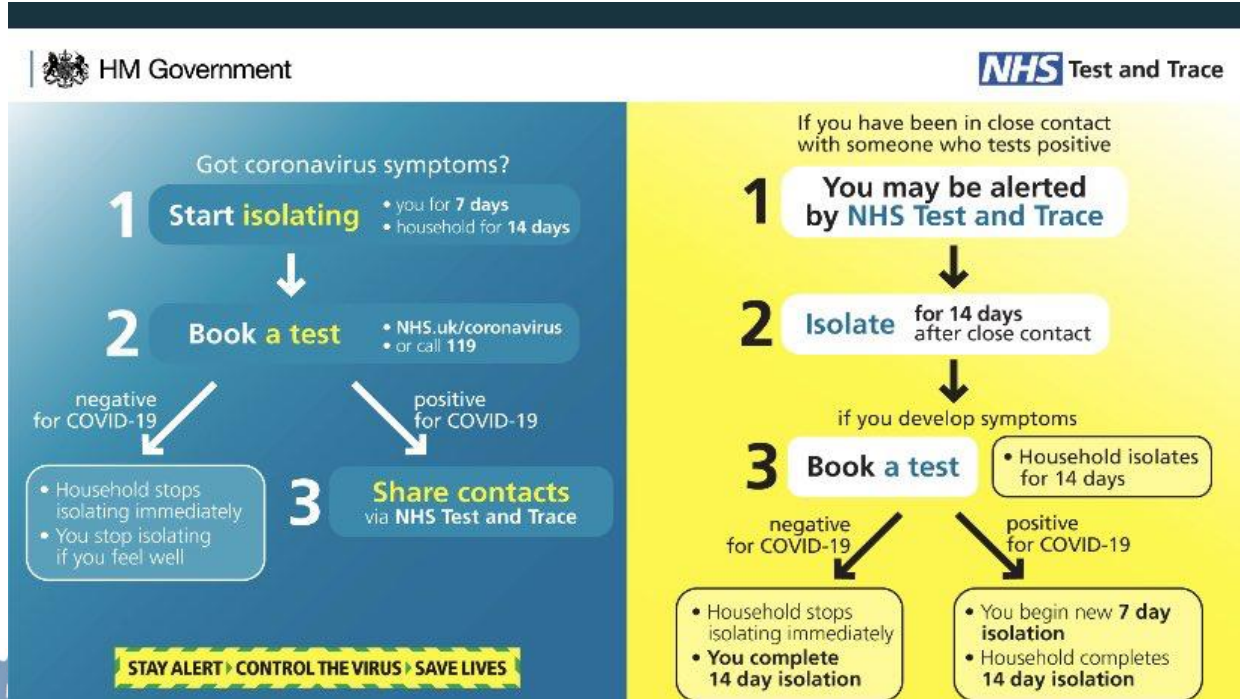
- Testing remains vital to our response
  - People who have symptoms need to access testing to ensure they have the right care and support
  - People who test positive have the right advice and support and asked to isolate (10 days)
  - It allows us to contact trace ensuring that anyone else at risk of contracting or who may have the virus is aware of this and advised to self isolate (14 days – even if they get a negative test during that time)
  - It allows us to identify sources of transmission such as workplaces and other high risk settings where further work and investigation may be needed



# Test & Trace Programme

- **Cases** (positive test) – told to isolate and information on contacts gathered
- **Contacts** – made aware and told to isolate
  - Household (inc. overnight stays and cleaners)
  - Any direct contact under 1m
    - 15 minutes within 2m of a case
    - Travelled in same car
    - Work in or visited a 'setting' (GP / school)

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# 'Complex' Contact Tracing – GM Hub

- A GM wide hub was set up in early June to deal with more complex contact tracing handed over from national team – or where our local links has allowed us to escalated locally This includes where the case has been in higher risk setting (eg. Care Home, GP Surgery, School, workplace)

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The GM team work closely with local authorities to ensure these are followed up, investigated and managed

- The Hub has a high success rate, tracing approx. 98% of contacts



# Locally Supported Contact Tracing

- Recognition that National Test & Trace does not manage to make contact with all the cases is leading to localised contact tracing
- GM councils (including Tameside) are now developing local plans to develop local contact tracing of the cases national teams are unable to reach

We have a team of staff who have been doing contact tracing training and are ready to stand up. During September we will have a process in place to start receiving these cases and following them up ourselves both remotely or door-to-door if necessary

- This will increase the number of cases reached and therefore asked to isolate and also the number of close contacts identified and asked to isolate



# Outbreaks

- Continuing to have outbreaks in health and social care settings Tameside (hospitals and care homes).
  - Regular care home testing is continuing to identify some outbreaks – we are able to find these and respond very quickly to ensure the appropriate control measures are in place.
- No outbreaks in other settings within Tameside, however some residents have been cases in outbreaks in other Boroughs
- Most issues in other local settings and workplaces have been individual cases which have been quickly identified and isolated which has prevented further spread and escalation to an outbreak



# Business Compliance

- Tameside BC teams have undertaken a large amount of work to support local businesses and settings understand and adhere to guidance to reduce risks of Covid-19 transmission
  - Working closely with GMP colleagues
- Both proactive visits and support and reactive visits resulting from complaints

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## Licensed Premises

- 279 visits (proactive and reactive) with GMP
  - 4 written warnings issued; 2 Health Protection Regulation notices served; 4 premise license reviews undertaken
- Support for Business Premises
    - 606 visits (proactive and reactive) with GMP
    - 11 written warnings issued; 2 Health Protection Regulation notices served



# Schools/ Educational settings update

- No outbreaks in Tameside schools over past 6 months
- All schools supported with training webinars, step by step guide, FAQs, SPOC, infection control advice and resources
- School Contact Tracing Cell in place meeting daily
- Cases identified and managed same day
- Scenario planning group in place with Heads
- Comprehensive risk assessments developed in all educational settings
- Contingency plans developed for local escalation
- Home tests available from all schools



# Communications, Listening & Engagement

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## Health and Wellbeing Board





# Summary

- Listening – to inform communications, outreach and future response
- Communications – global, tailored & targeted
- Engagement – impact of, and learning from, Covid-19 (to inform recovery plans)
- Community outreach
- Champions



# Listening, Communicating & Engaging

- Grafton Centre
- Diversity Matters NW
- Independent Advisory Group
- Action Together
- Emmaus
- Stone Soup
- Infinity Initiatives
- Active Tameside
- Europia
- Indian Community Centre
- Anthony Seddon
- Reubens Retreat
- Finding Rainbows
- Being There Services
- Scouting movement
- West African Development
- Holy Trinity Church
- Fairfield Moravian Church
- Dural Hijra Al'ula Islamic Centre
- Ashton Mosque
- Hindu Temple Ashton
- Hyde Bangladeshi Welfare
- Ashton Indian Association
- Ashton Sixth Form
- CAB
- TOG Mind
- Parish of the Good Shepherd
- Church of the Nazarene
- Active Community (Lindley Educational Trust)
- Youth Council
- Children in Care Council
- Young carers
- Young parents
- Tameside Hospital chaplaincy
- Autism Partnership Board
- Carers Centre
- People First Tameside
- T&G Patient Groups



# Communications

- Preventative #ItWorks 5 steps
- Symptoms and testing
- Targeted comms:
  - 18-40s. Shift to more emotive messaging appealing to protect others at risk
  - Care home staff outside work place
  - BAME
- Accessing health care, don't delay, cancer symptoms
- Better Health campaign: reducing obesity and LTHC
- Active travel
- Safely reopening Tameside, shop local
- Ongoing insight sessions to understand gaps in knowledge, what is working/not working: 130 people from across Schools, BAME, Staff, PCN, IAG, comms network to date
  - Business community, younger people, learning disabilities to follow



# Engagement #1

- Big Conversation survey
  - Over 450 responses
- 4 virtual listening events for adults
- 1 virtual listening event for young people
- Children in Care Council conversations
- Youth Council feedback



# Key messages #1

- Communication.
- Isolation / mental wellbeing.
- Digital. Good in the right circumstances. Not for all.
- Access to services (esp. primary care).
- Missed diagnosed (cancer of particular concern).
- Vaccination. Dispel myths / maximise take up.



# Key messages #2

- Missed milestones for young people.
- Learning catch up (primary / secondary / college).
- Young people's involvement in decision making.
- Role of VCFSE – now and in the future.
- End of furlough. Jobs, debt, housing, food, fuel.
- Inequalities. BAME, disability, vulnerable (e.g. DA)



# Community outreach #1

- Making every contact count
- Neighbourhood teams (experienced)
- Town and district centres. Markets. Parks and open spaces.
- Members of the public, businesses & retail traders
- #ItWorks pocket cards (multi-language plus boards & banners)
- Not enforcement
- Advice, guidance and reassurance



# Community outreach #1

	Public	Business / traders
w/c 24 Aug	500	130

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# Champions

- Empower our residents and workforces with the information they need to disseminate amongst community
- Well placed to act as key message carriers and to lead by good example
- We will ensure that timely and accurate information is shared with our champions via a fortnightly zoom session and regular contact
- Ensure they are trained and nurtured and feel a part of something rather than just passing on an email
- Can be anyone who live or work in the community. Someone that everyone knows and trusts or someone who just wants to help in whatever way can
- No set expected level of support - help in a variety of ways: simply pass on information, help with translation, volunteering time etc



# Champions

- Registration form and more formal process streamlines a lot of community work we already had in place across the organisation – not working in silos
- Enables us to quickly identify champions at ward level in the event of an outbreak and target specific messaging so don't lose relevant messages with a send to all approach
- Champions will provide valuable insight - let us know what is and isn't working so we can target and tailor messaging better



# Champions

- X champions registered
- First induction session 7 Sept attended by X champions

[www.tameside.gov.uk/communitychampions](http://www.tameside.gov.uk/communitychampions)

- [Community.champions@tameside.gov.uk](mailto:Community.champions@tameside.gov.uk)

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**Become a Tameside Community Champion**

Can you help provide family, friends and other community members with information and support to protect them from Covid?

Sign up to become a community champion.  
[www.tameside.gov.uk/communitychampions](http://www.tameside.gov.uk/communitychampions)

**Tameside Community Champions**  
Supporting a COVID safe and healthy Tameside

**Tameside**  
Metropolitan Borough

**NHS**  
Tameside and Glossop  
Clinical Commissioning Group

**Thank you for listening**

**Any questions?**



# Agenda Item 5

<b>Report to:</b>	<b>OVERVIEW PANEL</b>
<b>Date:</b>	7 September 2020
<b>Executive Member Reporting Officer:</b>	Councillor Oliver Ryan, Executive Member (Finance & Economic Growth) Sandra Stewart - Director - Governance & Pensions Julie Speakman – Head of Executive Support
<b>Subject:</b>	<b>LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN (LGSCO) ANNUAL REPORT FOR COMPLAINTS MONITORING</b>
<b>Report Summary:</b>	This report provides a summary of Local Government and Social Care Ombudsman (LGSCO) complaints received by them about Tameside MBC. This information can be valuable in assessing the Council's performance in handling complaints
<b>Recommendations:</b>	The Panel is asked to note the content of the update.
<b>Corporate Plan:</b>	Putting people at the forefront of services is a key element of the Council's Corporate Plan. An effective and robust complaints handling procedure is a necessary step to achieving this.
<b>Policy Implications:</b>	An effective complaint function means that residents who do not receive the best quality service can notify the Council for the purposes of redress and the improvement of services in the future. It is important for the Council to take notice of findings and guidance on complaint handling to aid best practice. As a leader for the Customer Service Excellence standard it is also important to use this as an improvement tool to inform our custom and practice for service delivery.
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	There are no direct financial implications as a result of this report
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	<p>The Ombudsman's jurisdiction is covered by the Local Government Act 1974 which defines the main statutory functions for the Ombudsman as:</p> <ul style="list-style-type: none"><li>• to investigate complaints against councils and some other authorities</li><li>• to investigate complaints about adult social care providers from people who arrange or fund their adult social care (Health Act 2009).</li></ul> <p>The Ombudsmen's jurisdiction under Part III of the Act covers all local authorities (excluding town and parish councils); police and crime bodies; and school admission appeal panels.</p> <p>The LGO corporate strategy is based upon twin pillars of remedying injustice and improving local public services.</p> <p>The Ombudsman is confident that the continued publication of decisions, focus reports on key themes and the data in the annual review letter is helping the sector to learn from its mistakes and support better services for citizens. Recently, Councils have been</p>

urged to scrutinise data on complaints to improve services.

It is important that the Council takes even greater measures to ensure that it is able to evidence that it learns from complaints and uses this learning to improve and maintain the quality of the services it commissions and provides

**Risk Management:**

Failure to understand complaints received by the Council and analyse volumes and themes overall will lead to a risk of poor service delivery.

**Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer Julie Speakman Head of Executive Support.

**Background Information:**

The background papers relating to this report can be inspected by contacting



Telephone: 0161 342 2142



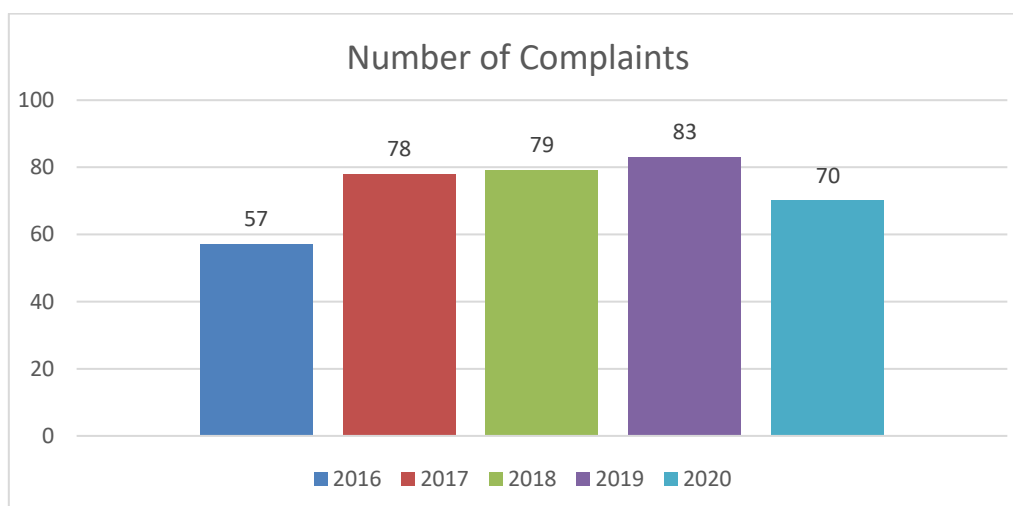
e-mail: [julie.speakman@tameside.gov.uk](mailto:julie.speakman@tameside.gov.uk)

## 1. INTRODUCTION

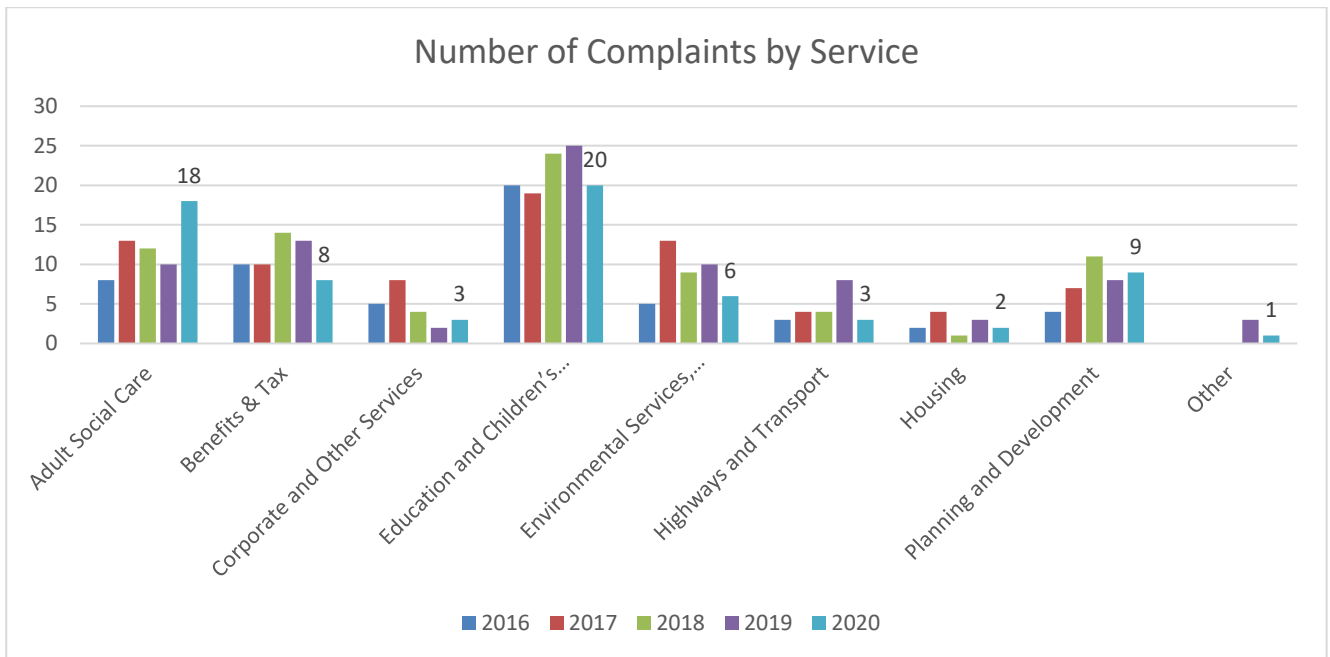
- 1.1 The Local Government and Social Care Ombudsman (LGSCO) is the final stage for complaints about councils and some other authorities and organisations, including education admissions appeal panels and adult social care providers (such as care homes and home care providers).
- 1.2 Every July the Ombudsman publishes information on the complaints and enquiries received about individual local authorities and the decisions made during that financial year. This information can be valuable in helping local authorities assess their performance in handling complaints. Intrinsic to the learning from this process the annual report is reported to Overview/Scrutiny to provide further challenge and inform learning of systems and process for improved outcomes for service delivery and customer experience from these.
- 1.3 The volume of complaints received does not necessarily, in itself, indicate the quality of a council's performance. High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems. Low complaint volumes, rather than always being an indicator that all is well, can be a worrying indicator that the authority is not alert to user feedback and that service users do not believe that complaining will have an effect.
- 1.3 The annual report is published on the LGSCO website and for the first time this includes data relating to compliance and recommendation made. For further general information, please refer to the LGSCO website at: <https://www.lgo.org.uk>. A copy of the annual report can be found at **Appendix A**.
- 1.4 As consequence of the exceptional circumstances surrounding the pandemic of Covid 19 casework by the ombudsman was suspended March/April and only resuming in July 2020. The impact of this will show during the second half of next years' reporting period. The ombudsman issued guidance in May 2020 aimed to support bodies in their jurisdiction during the Covid 19 crisis. The LGSCO are anticipating an increase in general in complaints and especially those that might be Covid related for which they have set up a special team to deal with those.

## 2. KEY POINTS

- 2.1 During the period 1 April 2019 to 31 March 2020 the authority received 70 enquiries from the LGSCO which has shown a slight decrease on the previous years, the lowest since 2016. The chart below shows the number of complaints received to the ombudsman from 2016 to the reporting period.



2.2 The number of complaints received for the reporting period were made up across a number of service areas and the chart below shows comparison of numbers to previous years:-



2.2 Of the complaints received the table below summaries the LGSCO findings over their 6 reporting categories.

	Closed after initial enquiry	Advice given	Incomplete/invalid	Not upheld	Referred back for local resolution	Upheld
<b>Adults Services</b>	3	0	2	2	3	3
<b>Benefits &amp; Tax</b>	4	0	1	1	2	1
<b>Corporate Other</b>	1	0	0	0	1	0
<b>Education &amp; Children's Services</b>	8	0	1	1	6	3
<b>Environmental Services &amp; Public Protection/Regulation</b>	4	0	0	1	2	0
<b>Highways &amp; Transport</b>	2	0	0	0	1	0
<b>Housing</b>	0	1	0	0	1	0
<b>Planning &amp; Development</b>	4	0	0	3	2	0
<b>No Category</b>	0	0	1	0	0	0
<b>Total</b>	26	1	5	8	18	7

### 3. UPHELD DECISIONS

3.1 There were 7 upheld decisions based on a total of 15 detailed investigations during the reporting period which equates to 47% (58% last year) compared to an average of 67% in similar authorities. Please see **Appendix B** for reference.

3.2 In relation to compliance the LGSCO was satisfied the council had successfully implemented the reported recommendations in 100% of cases (7).



- 3.3 In 29% (2 cases out of 15) the LGSCO found that the council had provided a satisfactory remedy before the complaint reached the ombudsman, this compares to an average of 11% in similar authorities. Please see **Appendix C** for reference.

#### **4. LGSCO RECOMMENDATIONS**

- 4.1 The LGSCO made recommendations for service improvements on 5 complaints during the last reportable period of April 2018 March 2019 as reported to Overview September 2019. When the LGSCO find fault they carefully look at the root cause and propose recommendations for improvements to systems and processes so that the issues do not reoccur. It is pleasing to note that there have been no new service improvement recommendations during the most recent reportable period of April 2019 – March 2020.

#### **5. LGSCO DECISIONS REPORTED**

- 5.1 As an open and accountable ombudsman service the LGSCO are committed to having transparent decision making processes. The LGSCO publish all of their decisions. Real names are not used. In certain cases, where it is not in the complainant's interest or anonymity may be compromised, they can decide not to publish a decision. Decisions are published three months after the date of completion.
- 5.2 For the reporting period of April 2019 - March 2020 there have been no Public Reports published for the council by the Ombudsman.

#### **6. SUPPORT FOR DEALING WITH COMPLAINTS**

- 6.1 The Council recognises the importance of dealing with complaints in a timely and effective manner is crucial. To support officers in the organisation to do this, the LGSCO continue to be engaged to support the organisation with the delivery of their Effective Complaint Handling training course. During Summer 2019 this course was delivered over three themes: -
- a) Adult Social Care
  - b) Children's Social Care
  - c) General complaints
- 6.2 There were nearly 40 key line managers that attended the training for their specialist areas. The feedback from the training during 2019 was very positive. Elements of this training and learning has also been built into the Councils own organisational and development training and a refreshed programme is due to be launched. The LGSCO were due to return in summer 2020 however due to Covid 19 this has now been postponed until further notice.
- 6.3 A new corporate complaints case management was also implemented on 15 June 2020 across the whole of the Council and is a reciprocal for all complaints, information and data requests (eg Freedom of Information, Subject Access). This system will give the authority a holistic view of how the organisation and its services are performing in addition to what information is of importance/interest to our customers whilst also ensuring that the learning is used to inform improved service delivery and enhance the customer journey experience.

#### **7. LEARNING**

- 7.1 As part of the annual data that the LGSCO share with local authorities, there is also a plethora of information that is shared through learning workshops with Information Link

Officers that are held across the country and more so a library of material held on the Ombudsman's website.

- 7.2 A section of the website that is useful to note is that relating focus reports that have been developed by the ombudsman. Focus reports highlight common or systemic issues the ombudsman sees that are brought to life with case studies from complaints. The focus report share learning from complaints to help other councils and care providers make improvements, contribute to public policy debates and give elected members tools to scrutinise local services and help to inform their future programme of work. The reports can be found by visiting <https://www.lgo.org.uk/information-centre/reports/focus-reports>
- 7.3 Focussed reports that have been published during the reportable period include: -
- Children's Services & Education – Not going to Plan? Education, Health and Care Plans two years on. (Oct 2019)
  - Housing – Home Truths – how well are councils implementing the Homelessness Reduction Act? (July 2020)
  - Benefits & Taxation
    - Focus on Housing Benefits (January 2020)
    - Council Tax reduction: guidance for practitioners (August 2019)
  - Other subjects: Armed Forces Covenant guidance (November 2019)
- 7.4 In addition the LGSCO believe that complaints raised by the public can be an important source of information to help councillors identify issues that are affecting local people. Complaints can therefore play a key part in supporting the scrutiny of public services. Each of the focussed reports that are published offer within a range of questions that councillors could ask their local authorities on different topics.
- 7.5 A further key area of learning providing by the LGSCO is their annual review of local government complaints and a summary report of their review was published in July 2020 and this can be found at **Appendix D**.

## **8. RECOMMENDATIONS**

- 8.1 As set out on the front of the report.

22 July 2020

*By email*

Mr Pleasant  
Chief Executive  
Tameside Metropolitan Borough Council

Dear Mr Pleasant

### **Annual Review letter 2020**

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2020. Given the exceptional pressures under which local authorities have been working over recent months, I thought carefully about whether it was still appropriate to send you this annual update. However, now, more than ever, I believe that it is essential that the public experience of local services is at the heart of our thinking. So, I hope that this feedback, which provides unique insight into the lived experience of your Council's services, will be useful as you continue to deal with the current situation and plan for the future.

### **Complaint statistics**

This year, we continue to place our focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have made several changes over recent years to improve the data we capture and report. We focus our statistics on these three key areas:

**Complaints upheld** - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated. A focus on how often things go wrong, rather than simple volumes of complaints provides a clearer indicator of performance.

**Compliance with recommendations** - We recommend ways for authorities to put things right when faults have caused injustice. Our recommendations try to put people back in the position they were before the fault and we monitor authorities to ensure they comply with our recommendations. Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

**Satisfactory remedies provided by the authority** - We want to encourage the early resolution of complaints and to credit authorities that have a positive and open approach to resolving complaints. We recognise cases where an authority has taken steps to put things

right before the complaint came to us. The authority upheld the complaint and we agreed with how it offered to put things right.

Finally, we compare the three key annual statistics for your authority with similar types of authorities to work out an average level of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

This data will be uploaded to our interactive map, [Your council's performance](#), along with a copy of this letter on 29 July 2020, and our Review of Local Government Complaints. For further information on how to interpret our statistics, please visit our [website](#).

### **Resources to help you get it right**

There are a range of resources available that can support you to place the learning from complaints, about your authority and others, at the heart of your system of corporate governance. [Your council's performance](#) launched last year and puts our data and information about councils in one place. Again, the emphasis is on learning, not numbers. You can find the decisions we have made, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

I would encourage you to share the tool with colleagues and elected members; the information can provide valuable insights into service areas, early warning signs of problems and is a key source of information for governance, audit, risk and scrutiny functions.

Earlier this year, we held our link officer seminars in London, Bristol, Leeds and Birmingham. Attended by 178 delegates from 143 local authorities, we focused on maximising the impact of complaints, making sure the right person is involved with complaints at the right time, and how to overcome common challenges.

We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. During the year, we delivered 118 courses, training more than 1,400 people. This is 47 more courses than we delivered last year and included more training to adult social care providers than ever before. To find out more visit [www.lgo.org.uk/training](http://www.lgo.org.uk/training).

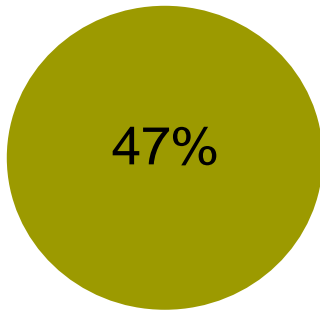
We were pleased to deliver three complaint handling courses, including adult and children's social care courses, to your staff during the year. I welcome your Council's investment in good complaint handling training and trust the courses were useful to you.

Yours sincerely,



Michael King  
Local Government and Social Care Ombudsman  
Chair, Commission for Local Administration in England

### Complaints upheld



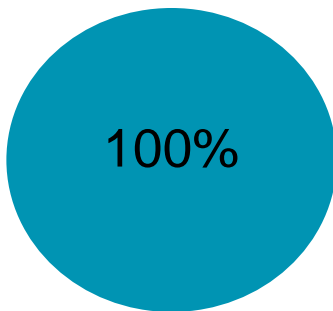
**47%** of complaints we investigated were upheld.

This compares to an average of **67%** in similar authorities.

**7**  
upheld decisions

Statistics are based on a total of 15 detailed investigations for the period between 1 April 2019 to 31 March 2020

### Compliance with Ombudsman recommendations



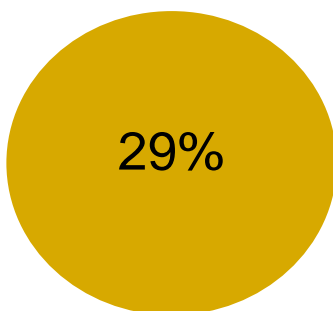
In **100%** of cases we were satisfied the authority had successfully implemented our recommendations.

This compares to an average of **100%** in similar authorities.

Statistics are based on a total of 7 compliance outcomes for the period between 1 April 2019 to 31 March 2020

- Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

### Satisfactory remedies provided by the authority



In **29%** of upheld cases we found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of **11%** in similar authorities.

**2**  
satisfactory remedy decisions

Statistics are based on a total of 15 detailed investigations for the period between 1 April 2019 to 31 March 2020

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