

NHS Heywood, Middleton and Rochdale responses to public questions received during August 2021

Please note the CCG will not provide a response to questions requesting an opinion-based answer and is only able to provide factual responses.

At present many of our staff are working on Covid solutions, therefore the CCG may not be able to answer your questions as quickly as we would normally do.

On this occasion some of the responses have been provided by colleagues from RBC, if you have any further questions in relation to Adult Care, Public Health or Healthwatch Rochdale, please contact the appropriate organisation directly.

Questions submitted on 4 August 2021 @ 09:39hrs (by a member of the public AW)

The wisdom of Cutbacks to Public Health Spending in Rochdale during a Public Health crisis?

APPENDIX:

(1) . <https://www.localgov.co.uk/Public-health-funding-frozen-or-cut-for-100-councils/52137>

Q1. Does the CCG have any opinion on the wisdom of Westminster decisions to cut back on Public Health to Rochdale spending in the middle of a Public Health crisis?

New research from the Local Government Association points out: "Public health funding has been frozen or cut for 100 councils. Those hit by public health cuts for the 2021/22 financial year include Doncaster, Rochdale and Wakefield, which have all seen above-average levels of COVID-19 cases." (1).

Response: The CCG is unable to provide an opinion-based response.

Q2. Has HMR CCG done any research or reached a collective opinion through discussion of the impact such cuts will have on the area for which you are responsible or for how these cuts will impact on commissioning of NHS services in 2021/22?

It has been reported only this week that Rochdale is 33 highest out of 315 locations nationally for Covid transmission (2)

Clearly the pandemic is not yet over. Simply reducing the number of 'pings' from the Covid Smart phone app is the twenty-first century equivalent of removing the clappers from the hand bells carried by medieval lepers so as not to alarm the local peasantry of the disease's proximity!

Response: The CCG is unable to provide an opinion-based response.

Q3. What lessons have been learned during the course of the pandemic/endemic that can be taken on board locally to meet any future health pandemics in terms of vaccination roll out and GP access for patients?

Response: Please see response to questions 24, 27 and 28 submitted on 19 March 2021 and questions 36 and 37 submitted on 22 March 2021. All questions and responses are available by the below link

https://www.hmr.nhs.uk/download/governing_body_meetings/FINAL-RESPONSES-Public-Questions-February-and-March-2021.pdf

Q4. Does the CCG share the opinion of Rochdale Director of Public Health, Andrea Fallon, that it was a mistake to unlock at Christmas and that lives have been lost as a direct consequence?

Response: The CCG is unable to provide an opinion-based response.

Any questions relating to Director of Public Health should be referred to Rochdale Borough Council contact centre – council@rochdale.gov.uk

Questions submitted on 4 August 2021 @ 10:15hrs (by a member of the public AW)

What percentage of GPs in Heywood, Middleton & Rochdale are still refusing to register undocumented migrants?

It has again been reported only recently that most GP surgeries refuse to register undocumented migrants despite NHS policy (1)

" NHS England policy is clear. It says on its website: "Anyone in England can register with a GP surgery. It's free to register. You do not need proof of address or immigration status, ID or an NHS number."

An investigation by the Bureau of Investigative Journalism has found that less than a quarter of GP surgeries (24%) surveyed in cities across England, Scotland and Wales would register someone without proof of address, proof of ID or legal immigration status.

Almost two-thirds (62%) told us they would not register the patient, while the remaining 14% said they were unsure whether they could.

"There's a big community of people that are undocumented who want the vaccine to keep their employer safe, to keep the public safe, to keep themselves safe," Averil said. "But how do they do that?"

By law, a GP surgery can only refuse a patient's registration if it has "reasonable grounds" to do so. NHS policies in England and Scotland state that not having proof of address, ID or immigration status do not constitute reasonable grounds for refusal. A spokesperson for the Welsh government confirmed that proof of address and ID were not required for registration. And yet in reality, people trying to register are often asked for immigration status and official documents – and often turned away if they do not have them.

The Bureau's findings suggest anyone who is not signed up to a GP could encounter severe difficulties in trying to get a Covid-19 vaccine.

APPENDIX:

(1). <https://www.thebureauinvestigates.com/stories/2021-07-15/most-gp-surgeries-refuse-to-register-undocumented-migrants>

Q5 (Q1). What percentage of GPs in Heywood, Middleton & Rochdale are still breaking the law and refusing to register undocumented migrants?

Response: The CCG does not hold this data. GP practice registration is governed by NHS England / NHS Improvement.

Please also see response to question 6 submitted on 17 July 2020 and question 9 submitted on 20 July 2021 which are published on the CCG website accessible via the links below:

https://www.hmr.nhs.uk/download/governing_body_meetings/gb_17_july_2020/Responses-to-Public-Questions-Recorded-on-17-July-2020.pdf

<https://www.hmr.nhs.uk/download/PUBLIC-QUESTIONS-FINAL-RESPONSES-JULY-2021.pdf>

Q6 (Q2). Who does CCG recommend for NHS service users wanting to report GP surgeries in our area who are still breaking the law by not following NHS policy, the CQC or the police?

Response: Please see response to question 11 submitted on 20 July 2021 as detailed below:

If a patient is unhappy with the care or service, they have received from a GP practice, they can raise their concerns or make a complaint directly to the practice concerned or with NHS England, as the lead commissioner of primary care services. This includes issues such as the example you have described. Further information about how to complain to NHS England can be found here: [NHS England » Complaining to NHS England](#)

<https://www.hmr.nhs.uk/download/PUBLIC-QUESTIONS-FINAL-RESPONSES-JULY-2021.pdf>

Questions submitted on 4 August 2021 @ 11:23hrs (by a member of the public AW)

Alternative Futures Group

Q7. (Q1). Does HMR NHS CCG have any involvement in the commissioning of adult social care services, learning disabilities or any other service provision from Alternative Futures Group by Rochdale Council, the Local Authority or directly as an NHS Commissioning Group (1) (2) (3) (4)?

APPENDIX:

(1). Care provider AFG slammed by MPs and councillors for "callous" cuts to carers' working conditions - Unison North West (unisonnw.org) (2). Rochdale News | News Headlines | Care

firm that refuses to pay the living wage blasted by MPs over latest 'unfair' workforce plans - Rochdale Online (3). AFG in Rochdale: We demand a Living Wage now! - Unison North West (unisonnw.org) (4). 'Cuts' to care workers' sick pay in pandemic slammed as 21 MPs demand a u-turn - Liverpool Echo

Response: The local authority commission a supported living service from AFG and the CCG contributes to the cost of care packages where there is a significant health need present. Since April the local authority has provided an increased fee to commissioned care and support services who agree to pay their staff the Real Living Wage (RLW) of £9.50 per hour; AFG has not yet taken up the offer and are working to make structural changes that will enable them to come in line with other local care providers to pay the RLW. The local authority has been informed by AFG that they are conducting a consultation exercise with their staff that they hope will lead to them paying the RLW.

Questions submitted on 4 August 2021 @ 12:19hrs (by a member of the public AW)

Response to the University of Manchester's Manchester Institute of Education (MIE): Addressing Pakistani communities' needs in the COVID-19 pandemic crisis

Q8. (Q1). Has the Board/NHS HMR CCG published any response to the recent research by: The PACCT action study is an Economic and Social Research Council (ESRC) Impact Acceleration Account (IAA)-funded project led by The University of Manchester's Manchester Institute of Education (MIE) on Addressing Pakistani communities' needs in the COVID-19 pandemic crisis (1)

Response: No, there is no statutory requirement to publish a response.

Q9. (Q2). Does the Board/NHS HMR CCG agree or disagree and have no views on the recommendations made in the report specifically

"the four key themes that recurred across individual narratives of hurt and pain felt by those enduring racism and abuse - and we see these themes as suggesting a collective experience of being subject to racism that has been reproduced and intensified in and via current pandemic conditions. These themes are:

- Blaming the victim
- Marginalisation from positions of authority and power
- Covid aggravation of discrimination
- And Covid related communication vacuum (both from friends and loved ones, and from health, education and social care agencies) " (1)?

Response: The CCG is unable to provide an opinion-based response.

Q10. (Q3.) Does the Board/NHS HMR CCG intend to publish any response to the research (1)?

Response: Please see response to Question 8.

Q11 (Q3.) What proactive steps does the Board/NHS HMR CCG intend to take to address the issues of:

- Blaming the victim
- Marginalisation from positions of authority and power

- mitigate Covid's aggravation of discrimination
- the Covid related communication vacuum (both from friends and loved ones, and from health, education and social care agencies)?

(1). Addressing Pakistani communities' needs in the COVID-19 pandemic crisis | Research Explorer | The University of Manchester

- Blaming the victim

Response: Unable to respond due to lack of contextual information

- Marginalisation from positions of authority and power

Response: This has been picked up as part of the research and development phase for the Community Champions programme. An example of a mitigating action has been a democratic and open space for people to communicate directly with decision makers (directors) about covid and health equalities. This has been through a regular open meeting and a WhatsApp group which has successfully self-regulated.

- mitigate Covid's aggravation of discrimination

Response: Through the community champions programme, some discreet programmes were put in place to recognise this and to respond to it with individualised or community actions aiming to prevent further aggravation.

- the Covid related communication vacuum (both from friends and loved ones, and from health, education and social care agencies)?

Response: Attention was paid to the nuances of communication needs at a hyper local level (street, family, friends' networks etc). Through community champions and street ambassadors, communication was able to be held at that tiny level. From health and social care agencies, this was ameliorated through local vcfse contacts and ambassadors within communities, brokering the trusted relationship. Through the VCFSE we established the inclusive messaging group to review communication and adapt to be meaningful to different communities, especially considering who the communication was delivered by e.g., religious leaders.

Questions submitted on 4 August 2021 @ 17:50hrs (by a member of the public AW)
Patient access to GPs in Rochdale

It was reported in November 2020 that CCGs nationally were given £150 Million to roll out the covid 19 vaccine programme (1)

APPENDIX:

(1). <https://www.pulsetoday.co.uk/news/coronavirus/gps-to-be-paid-12-85-per-jab-as-details-set-out-for-covid-vaccination-campaign/>

(2). <https://www.rochdaleonline.co.uk/news-features/2/news-headlines/142274/health-bosses-defend-doctors-after-claims-gps-are-%E2%80%98in-their-castle-protecting-themselves%E2%80%99-instead-of-seeing-patients>

(3). https://www.manchestereveningnews.co.uk/news/greater-manchester-news/health-bosses-defend-doctors-after-21225201?utm_source=twitter.com&utm_medium=social&utm_campaign=sharebar

(4). <https://www.gponline.com/gps-offered-30-bonus-per-care-home-covid-jab-bid-speed-rollout/article/1704435>

Q12 (Q1). How much did NHS HMR CCG get for our area to do this?

Response: *In November 2020 the “General Practice Covid Capacity Expansion Fund” was announced to support Primary Care in delivering their contractual requirements during the pandemic. Nationally, £150m was made available with the CCG receiving £612k of this. Further details of the priority areas that the fund was to help practices deliver and how the funding was distributed can be found in the paper presented and agreed at the CCG’s Primary Care Commissioning Committee in December 2020 which is on the CCG’s website. Link : [Primary Care Commissioning Committee meeting - Friday 11 December 2020 - Heywood, Middleton and Rochdale CCG \(hmr.nhs.uk\)](#) (paper 2.2).*

Q13 (Q2). It was also reported at the same time by Pulse that:

' GPs to be paid £12.58 per jab as details set out for Covid vaccination campaign " and an additional " £30 per Care Home Bonus " (4)

Does the CCG believe that delivering vaccinations in the community is in anyway diverting GP's away from delivering a service to their patients? (1) (2) (3)

Response: *The CCG is unable to provide an opinion-based response.*

Q14 (Q3). Which practices in Heywood, Middleton & Rochdale have been 'nominated 'as vaccination centres?

Response: *As detailed in the response provided to question 6 submitted on 7 December 2020. Covid vaccination roll out has been undertaken locally by Rochdale Health Alliance, Heywood Primary Care Network, Middleton Collaborative of Practices and Pennines Primary Care Network.*

The practices that are nominated sites are:

- *Hopwood Health*
- *Littleborough Group Practice*
- *Middleton Health Centre*
- *Number One Riverside*

The Flu/Covid 19 Booster programme will commence 21 September 2021 when practices will be inviting patients to attend to help support uptake and health inequalities.

Q15 (Q4). Does the CCG believe that government proposals that GP's will deliver booster vaccinations for Covid in their surgeries & face increased demand for seasonal influenza vaccinations this Winter (2021) mean access to GP appointments will decrease still further locally?

Response: *The CCG is unable to provide an opinion-based response.*

Questions submitted on 19 August 2021 @ 14:49hrs (by a member of the public AW)

Today's new study by researchers at the University of Cambridge found there were significantly fewer full time GPs per 10,000 patients in practices based in areas of higher levels of deprivation warning the gaps between rich and poor had also widened since 2015.

The study, published (19/08/2021) in BJGP Open, (1) compared GP workforce data from between September 2015 and December 2020 with practice population sizes and deprivation levels across England

An interactive map showing our STP areas data can be found here:

<https://public.tableau.com/views/GeneralPracticeWorkforceInequalities/Dashboard?:showVizHome=no>

APPENDIX:

(1) . BJGP Open

Q16 (Q1). Does the HMR NHS CCG agree with the findings of the University of Cambridge report?

Response: *The CCG is unable to provide an opinion-based response.*

Q17 (Q2). What steps to increase the ratio of GPs per NHS patients in relation to their practice size across the area covered by HMR NHS CCG in terms of commissioning extra GP services & Medical Centres?

Response: *HMR CCG has identified general practice staffing resilience and retention as a priority focus for this financial year. Targeted work will include:*

- *Working with our partners, the HMR Primary Care Academy to develop HMR as a leading place for trainee GPs and nurses to develop their skills and continue to develop HMR as a desirable place to work – thus helping maintaining talent within the area.*
- *Work with Primary Care Academy to further develop HMR Lantum clinical and admin workforce bank to provide resilience to practices with immediate workforce pressures.*
- *To retain and build resilience of GPs, with a focus on up-skilling middle year GPs in order to help prevent burn-out and support career development. This will include shadowing PCN clinical directors and PCNs to develop their ability to transform services, understand the wider strategic context of primary care and develop leadership skills.*

We are also strengthening the diversity of primary care roles, each of our 6 x primary care networks will have a 3-year plan to increase and build a diverse primary care workforce, supported by the national Additional Roles Reimbursement Scheme (ARRS).

Q18 (Q3). Rochdale is amongst one of the most economically deprived areas of the entire UK according to ONS and a wide range of other reputable sources. Does the HMR NHS CCG think that the poor health outcomes (physical & mental) are a direct result of economic deprivation, a lack of GP and NHS Health Provision for patients or a combination of the two?

Response: *The CCG is unable to provide an opinion-based response.*

Q19 (Q4). Does HMR NHS CCG agree with the report authors conclusion that:

' Significant workforce inequalities exist and are even increasing for several key general practice roles, with workforce shortages disproportionately affecting more deprived areas. Policy solutions are urgently needed to ensure an equitably distributed workforce and reduce health inequities. ' ?

Response: *The CCG is unable to provide an opinion-based response.*

Q20 (Q5). Moving forward what lessons does the HMR NHS CCG draw from the report in terms of the commissioning of NHS services in the Heywood, Middleton and Rochdale area?

Response: *The CCG is unable to provide an opinion-based response*

Questions submitted on 21 August 2021 @ 08:27hrs (by a member of the public AW)

In a Daily Mirror exclusive this morning (21/08/2021) it was revealed that patients with Covid were still being discharged into Care Homes as late as May 2021 - stating further that:

' According to the ONS, 42,341 people died in care homes of Covid-19 and the seeding of Covid-positive patients undoubtedly contributed to this.
On top of this, many CCGs never kept records about where they were discharging patients to, be it care homes or their own, or a relative's home.
And sometimes CCGs did not have information about the patient's Covid status at the time of discharge.'

APPENDIX:

Hospitals still discharging Covid patients into care homes as late as May this year (published Daily Mirror 21/08/2021)

EXCLUSIVE: An FOI has revealed that as recently as May this year hospitals were still discharging covid-positive-patients into care homes - despite vowing to scrap the policy

(1). <https://www.mirror.co.uk/news/uk-news/hospitals-still-discharging-covid-patients-24599725>

(2). <https://www.buryccg.nhs.uk/we-are-here-to-help/publications-scheme-2/>

Q21 (Q1). Were vulnerable people transferred from NHS settings into a local Care Homes whilst positive with covid in your NHS STP area?

Response: *The CCG does not hold this data.*

Q22 (Q2). If so, how many were transferred into a local Care homes in your NHS STP area?

Response: *Please see response to Q20 (Q1).*

Q23 (Q3). When was the last person testing positive for Covid 19 transferred into a local Care Home in your NHS STP area?

Response: *Please see response to Q20 (Q1).*

Q24 (Q4). Can you confirm that you do (or do not) keep official records about patient status at the time of discharge from hospitals into local Care Homes?

Response: *In line with Information Governance processes, the CCG does not hold any patient identifiable related data.*

Q25 (Q5). Where can the location of data on patients discharged from NHS settings & hospitals into local Care Homes be found in the public forum?

Response: *The CCG does not hold this data. We believe that patient discharge information may be accessible from the individual trusts from where patients have been discharged. It may also be accessible from Rochdale Borough Council's Adult Social Care Team, who are often involved in the discharge arrangements of patients from hospitals to care homes. You may therefore wish to re-direct your question to Pennine Acute Hospitals NHS Trust (our commissioned provider of local NHS hospital services) and/or Rochdale Borough Council using the following contact details:*

Pennine Acute Hospitals NHS Trust – foi.trust@pat.nhs.uk

Rochdale Borough Council - foi@rochdale.gov.uk (Helen, feel free to include the Call Centre details if you wish)

National data queries should be directed to NHS England / NHS Improvement using the following email address: england.nhsdata@nhs.net

Q26 (Q6). Did HMR NHS CCG respond to the FOI request referred to in the article below? (1).

Response: *NHS Heywood, Middleton and Rochdale CCG did not receive an FOI request relating to the information that is outlined in the press article you have referred to.*

Q27 (a) If so, where can the HMR NHS CCG response to the FOI be found in the public domain?

Response: *Please see response to question 25.*

Q28 (b) If not, please can you explain why HMR NHS CCG did not reply to the FOI?

Response: *Please see response to question 25.*

A large number of NHS CCGs in England publish their FOI requests (and responses) from the public and external agencies online in an easily accessible & transparent format (categorised by month & by year for easy access for research purposes) for example Bury (2)

Q29 (Q7). Why does HMR NHS CCG not publish the FOI requests (and responses) it receives online in a similarly user friendly & transparent fashion to a large number of similar sized and financed CCGs, for example month and by year?

Response: *NHS Heywood, Middleton and Rochdale CCG are in the process of finalising arrangements to introduce a disclosure log. When this work is complete, the disclosure log will be accessible via the CCG's website www.hmr.nhs.uk.*

Questions submitted on 21 August 2021 @ 11:35hrs (by a member of the public AW)

It was reported in the media locally in May 2020 that:

' The council and the borough's clinical commissioning group (CCG) created a pooled fund as part of the merging of health and social care – with the local authority responsible for 30 per cent of the budget.

But that arrangement has now been put on hold due to the government appearing to go back on its pledge to fully fund coronavirus-related costs incurred by councils and health bodies ' (1).

But that: ' The council and CCG intend to return to a 'more risk sharing approach' in 2021/22, with both organisations being committed to integrated health and care services and the 'benefits this offers' to the borough of Rochdale '

APPENDIX:

(1). Council and CCG putting their pooled budget arrangement on hold because of the uncertainty over Covid funding (Date published: 29 May 2020 Rochdale Online)

<https://www.rochdaleonline.co.uk/news-features/2/news-headlines/134719/council-and-ccg-putting-their-pooled-budget-arrangement-on-hold-because-of-the-uncertainty-over-covid-funding>

Q30 (Q1). Now that we are in 2021/22 can I ask if that pooled fund arrangement is still on hold and Rochdale Council and HMR NHS CCG have been able to: 'return to a 'more risk sharing 'approach'?

Response: *A paper titled "Update on the Integrated Health & Social Care Pooled Fund Section 75 Agreement" was presented to the Integrated Commissioning Board at the meeting held on 29th June 2021.*

The paper recommended that the risk share remains paused in 2021/22.

Papers and minutes of the Integrated Commissioning Board are published on Rochdale Council website and can be found via the below link:

<http://democracy.rochdale.gov.uk/ieListDocuments.aspx?CId=697&MIId=5703&Ver=4>

Q31 (Q2). Will there be a public announcement to the local media to that effect in due course (or not)?

Response: *Any change in the current approach to risk sharing would be discussed and agreed by the Integrated Commissioning Board at one of its meetings and any public announcement in form of a press release or social media activity would support this decision*

Questions submitted on 21 August 2021 @ 12:12hrs (by a member of the public AW)

The BMA stated within their report: ' Focus-on: CCG mergers ' in 2019 that:

' The BMA strongly believes that as CCGs were established as GP-led membership organisations, any changes, including mergers, should always be decided by local GPs, clinicians, and CCG member practices – not driven by national policy. In addition, the BMA is concerned that CCGs are being driven towards merging not just by policy, but by financial constraints enforced at a national level through the reduction of CCG administrative budgets.

BMA members have also raised concerns about the implications of CCG mergers, including:
– Loss of continuity of funding and support

CCGs often provide substantial support and funding for GP practices, especially those in areas with particularly high levels of deprivation. In the event of any merger, and subsequent changes in demography, funding and support to practices in such areas could be affected, exacerbating health inequalities

– Local understanding and input

GPs have a vital understanding of the needs of their patients and the areas in which they live. As a result, they are uniquely able to inform and direct – alongside other local clinicians – commissioning decisions within their CCGs that reflect the requirements of those areas. However, as CCGs increasingly operate on a larger scale, there is a risk that this local understanding will be lost

– Undermining local relationships

Many CCGs are already coterminous with local authorities and have strong relationships with local stakeholders, including NHS Trusts and community providers, as well as their STP or ICS. There is a risk that these will be undermined following a CCG merger, as personnel change

– Strength of voice

CCGs currently play an important role in ensuring clinicians have a strong voice in decisions affecting health services in their local area. They also provide GPs and LMCs with a clear and accessible stakeholder with which to raise concerns and lobby regarding the needs of general practice. The proposed mergers of CCGs could potentially dilute this role and the influence of GP practices and LMCs, as longstanding relationships with CCGs change. However, it could also be argued that a larger CCG could allow GPs to amplify their voice within the wider health and care system, especially in areas with particularly strong secondary care providers

– Engagement and accountability

We have received reports from GPs that, in some areas, there has been minimal clinical engagement regarding proposed mergers, or very limited time given to member GPs to review important documentation ahead of merger votes. NHS England has stated that CCGs are not necessarily required to hold public consultations on proposed mergers but, depending on the constitution of the CCGs in question, should hold a formal vote for member practices (1)

APPENDIX:

(1). ' Focus-on: CCG mergers ' in 2019: Published British Medical Association

<https://www.bma.org.uk/media/1983/bma-ccg-merger-guidance-jan-2020.pdf>

Q32 (Q1). What is the CCG's opinion of the findings in the BMA report particularly on 'the minimal clinical engagement regarding proposed mergers ' in some area ' and the possibility of pre-existing relationships of trust & understanding breaking down as a result of CCG mergers?

Response: *The CCG is unable to provide an opinion-based response.*

Q33 (Q2). Does the HMR NHS CCG yet have a date when they are to be merged?

Response: *CCGs will not be merged. The Integration and Innovation White Paper proposes the abolition of CCGs with a move to Integrated Care System from 1 April 2022. The White Paper is currently going through Parliament, awaiting Royal consent.*

Questions submitted on 21 August 2021 @ 13:31hrs (by a member of the public AW)

Subject: Proposed NHS CCG/ICS mergers

Q34 (Q1). Does the HMR NHS CCG agree that government plans to merge CCGs will be counterproductive in terms of democratic and financial accountability & transparency?

Response: *The CCG is unable to provide an opinion-based response.*

' At present CCG's, with their responsibility to manage local budgets, will be weakened or, as NHSE would prefer, abolished. In the absence of any plans to make ICSs accountable to local residents or patients, it seems that people over large areas of England will be disenfranchised. Although ICS Boards will supplant existing public bodies, there appears to be no requirement for them to meet in public, publish their Board papers and minutes, be subject to the Freedom of Information Act, or to have any democratic participation from the communities they cover.'

Q35 (Q2). How does the HMR NHS CCG think proposals to merge CCGs with ICS's will increase accountability & public engagement with NHS patients & stakeholders in our NHS STP area?

Response: *The CCG is unable to provide an opinion-based response.*

Q36 (Q3) Can you provide me with a working example of how public engagement will be increased and transparency & accountability be increased locally in Heywood Middleton & Rochdale as a result of the proposed CCG /ICS mergers?

Response: *It is not proposed that CCGs merge, the current legislation seeks to abolish CCGs on 31 March 2022 and introduce an Integrated Care System (ICS) which for Heywood, Middleton and Rochdale would be under Greater Manchester (GM) ICS. As the question asks about something that will happen in the future it is not possible to provide a working example at this time.*

Questions submitted on 22 August 2021 @ 09:55hrs (by a member of the public AW)

Public Questions on examples of NHS patient services commissioned to meet increased demand for March 2021

It was reported in The Guardian of 19 August (2021) that:

' A Guardian analysis has found that almost one in four of the UK's 44,825 asylum seekers supported by the Home Office are housed in just 10 local authorities, nine of which are among the most deprived in the UK.

They include Middlesbrough, Cardiff, Rochdale and Glasgow, which has the UK's highest number of refugees as a proportion of its population. ' (1).

APPENDIX:

(1). North of England leaders urge fair distribution of Afghan refugees' Poorest areas house high proportion of asylum seekers, analysis shows, but north pledges to be welcoming

The Guardian, 19 August 2021

<https://www.theguardian.com/uk-news/2021/aug/19/north-england-leaders-urge-fair-distribution-afghan-refugees>

Q37 (Q1). What local examples of local NHS patient services (or additions to existing NHS Services) to meet the particular needs of Asylum Seekers many of whom are suffering from PTSD psychological trauma and complex mental health issues can HMR NHS CCG give to highlight commissioned NHS services since March 2021?

Response: HMR CCG commission Rochdale & District Mind to support residents of Rochdale with mental health and wellbeing. The Wellbeing Service supports in improving mental health and emotional wellbeing working proactively to enable appropriate support for individuals from Black, Asian and Minority Ethnic (BAME) communities who experience mental health, supporting them on their journey to emotional health and wellbeing. This includes a project with New and Emerging Communities.

The Wellbeing Co-ordinator for New and Emerging Communities supports a range of different communities and population groups, including:

- ***Asylum Seekers and Refugees***
- ***Eastern European Communities***
- ***African and African & Caribbean Communities***

Members of the New and Emerging Communities (specifically; Asylum Seekers and Refugees) are provided with advice and guidance to access a range of legal, housing, health and wellbeing services.

A major focus of this project is to develop robust and sustainable partnerships with local and regional organisations. Individuals are then signposted to partner agencies when needed.

All residents of Rochdale can refer themselves or be referred by their GP to the Improving Access to Psychological Therapies service (Thinking Ahead) for support including for PTSD where clinically appropriate. Interpreters can be accessed as needed.