

**NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR
CCG)**
Responses to public questions received during February and March 2021

Question received from member of public AW 22/2/2021 @ 16:30hrs

1. The pandemic has been devastating for all of us. Although there is hope with the new vaccine rollout, I wanted to raise concerns I have about how many people with a learning disability have not been prioritised for receiving the vaccine in our area.

People with a learning disability should receive greater priority than they currently have, as they already face significant obstacles to accessing healthcare. This has meant more adverse outcomes from COVID-19.

In fact, people with a learning disability in England are more than 6 times as likely to die from coronavirus than the general population.

We know from research that women with a learning disability die 27 years earlier than the general population. That means that a 53-year-old woman with a learning disability is in a similar position as an 80-year-old without a learning disability. The 80-year-old is being vaccinated now, which is absolutely right; but the person with a learning disability is not and may not get access to the vaccine until May. This isn't right.

Currently, adults with Down's Syndrome and people with severe and profound disabilities will receive the vaccine as a priority (priority groups 4 and 6, respectively). However, there is no indication that people with mild or moderate learning disabilities will also be prioritised.

This is troubling, as evidence from the Learning Disabilities Mortality Review shows that 65 per cent of people with a learning disability who have died from diagnosed or suspected coronavirus had a mild or moderate disability.

Whilst it is essential that other vulnerable members of the community are able to receive the vaccine as soon as possible, not prioritising everyone with a learning disability endangers those who are left out.

Priority for the vaccine is advised on by the Joint Committee on Vaccination and Immunisation (JCVI), but we believe if the Government considers not only the data from PHE but also the social and health inequalities putting lives at risk, they will reconsider the need to prioritise all people with a learning disability, regardless of the severity of their needs.

Mencap estimates that prioritising people with mild and moderate learning disabilities will only result in an additional 100-200,000 extra people being vaccinated, once those with underlying health conditions are factored in. Therefore, including all people with a learning disability will not overwhelm the rollout programme.

That's why I'm supporting Mencap's call for priority access for all people with a learning disability. Please will the NHS HMR CCG use its influence to lobby the Secretary of State for Health and Social Care, Matt Hancock to call for all people with a learning disability to be a priority for the vaccine.

If you have further questions, you can check out Mencap's FAQs on the issue: <https://www.mencap.org.uk/vaccinefaqsformps>

And you can find out more about how COVID has affected people with a learning disability with Mencap's latest report: www.mencap.org.uk/covidreport

Response provided 26 February 2021:

On 24 February 2021, the Government announced the revision to vaccine roll out and requested that NHS prioritise as detailed within the link below:

<https://www.gov.uk/government/news/jcvi-advises-inviting-people-on-learning-disability-register-for-vaccine>

A few weeks ahead of this announcement, locally the wider LD population were invited to attend for vaccines across the Primary Care Network sites.

Question received from member of public AW 23/2/2021 @ 10:44 submitted to NHS HMR CCG for attention of Integrated Commissioning Board

On Friday 15th January 2021, Homeless Friendly wrote to Matt Hancock asking him to prioritise people who are homeless for COVID vaccinations. This letter was co-signed by Homeless Link, Emmaus UK, DePaul UK and The Big Issue.

On February 21 2021 Homeless Friendly partnered with 18 organisations to ensure that people experiencing homelessness are made a priority to receive the Covid-19 vaccine. A letter to that effect was sent to local authorities on 23 February 2021. On February 22 2021

The Big Issue reported that:

Ministers are being urged to launch an inquiry into homeless deaths after a grassroots campaign group revealed a person without a stable home died every nine and a half hours in 2020.

The Museum of Homelessness' (MoH) survey counted 976 deaths across England, Wales, Scotland and Northern Ireland in 2020 – a 37 per cent rise on the numbers reported in their 2019 count.

The MOH-fronted Dying Homeless Project Coalition – a group of experts, frontline workers and journalists, including The Big Issue – is now calling for a national inquiry into how homeless deaths can be prevented.

The moral, ethical, medical case for vaccination of homeless people is now overwhelmingly made.

We know that the latest public data available (Rochdale Borough Housing) shows that in 2020 B&B accommodation was used locally for 384 clients including 272 singles & 90 families. The number of households open to homelessness fleeing domestic abuse throughout the pandemic was 159. This does not include the large number of transient sofa surfers. Many of these people will not be registered with a GP so consequently are not being contacted for their Covid-19 vaccination. Like many vulnerable people in local hostel accommodation they risk falling through the net during the Vaccine roll out - in some cases they do not even exist on NHS records since they are not registered with a GP Practice or medical Centre.

In a completely unscientific poll over the course of last week I spoke to ten rough sleepers locally (adopting social distancing protocols throughout) Not one was registered with a GP. All of them wanted to know how they'd be contacted for vaccination purposes.

2. Can I take this opportunity to ask the NHS HMR CCG Integrated Commissioning Board to confirm in writing that it is aware of / received the letter from Homeless Friendly to Local Leaders / CCG's dated 23 February 2021 on the Prioritising of homeless people in the Covid-19 vaccine roll-out programme locally and further ask what discussions have taken place on the issue and what to raise the issue of steps NHS HMR CCG have taken to prioritise the vaccination of homeless people in Heywood, Middleton and Rochdale area in hostels , bed & breakfast accommodation or rough sleepers at today's Integrated Commissioning Board (ICB) / Rochdale Borough Council Meeting this afternoon ?

Response: The ICB are only able to respond to questions within the Board's remit relating to commissioned services. As detailed in the responses provided in January 2021:

Details of the vaccine programme locally can be found on Rochdale Borough Council's Public Health site at <http://www.rochdale.gov.uk/covidvaccine>

The programme is following national directive from the Joint Committee on Vaccination and Immunisation (JCVI) and the vaccination of homeless people is being done as part of the current cohorts and work is underway with local support services to reach people.

Further to the above, Rochdale Health Alliance have been leading a "roving" vaccination model to the homeless, working with a local charity Petrus.

There is information available in the public domain here:

<https://www.petrus.org.uk/news/hart-nurses-vaccinate-57-homeless-individuals-at-petrus-hub-4155>

Question received from member of public AW 23/2/2021 @ 13:22 to NHS HMR CCG for attention of Integrated Commissioning Board

3. Do the two tragic deaths within weeks of each other in Rochdale Town Centre of people jumping from buildings less than 100 metres away and a few weeks apart reflect on the lack of 1:1 face to face mental health support services due to Covid restrictions to services for people in crisis locally?

Response: The CCG / ICB are unable to provide opinion-based responses or comment on individual cases.

For any death, due process needs to be followed and as part of the inquest process, it is the role of the Coroner to determine cause of death and make any comments or recommendations in their findings to help prevent similar deaths in future.

It is also being discussed locally (though not independently confirmed yet) that the 38-year-old man run over on Friday (19 February 2021) had been sleeping rough in Springfield Park for some time had mental health issues had ' thrown himself in front of a bus '

This looks and sounds very much like a serious local mental health crisis emergency to many

4. If so, will an investigation be instigated into why these personal tragedies keep occurring with dreadful regularity in our town centre?

Response: Please see response to question 3 above.

5. Are the Independent Commissioning Board (ICB) & Rochdale Council able to discuss this issue at today's ICB/Rochdale Council Meeting with a view to using its power and influence to intervene and see that wherever possible anti-jump street architecture is erected on high buildings in Rochdale Town Centre along with information for support services at such high risk sites on buildings and Multi-story Car parks to avoid similar personal tragedies for the individuals and their families and loved ones in the near future ?

1). <https://www.rochdaleonline.co.uk/news-features/2/news-headlines/139412/man-dies-after-falling-from-a-building-on-newgate>

2) . <https://www.rochdaleonline.co.uk/news-features/2/news-headlines/138740/man-dies-after-falling-from-shopping-centre>

3). <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/man-taken-hospital-serious-injuries-19872438>

Response: Architectural design of buildings and planning permission is not within the remit of NHS HMR CCG or the Integrated Commissioning Board. This falls within the remit of Rochdale Borough Council's Planning Department and your question should be directed to the Council's contact centre using the following email address - council@rochdale.gov.uk

Question received from member of public AW 1/3/2021 @ 10:09. Submitted to NHS HMR CCG for attention of Integrated Commissioning Board - Tuesday, 30th March, 2021 3.30 pm

Covid 19 Vaccination Outreach roll-out to local homeless people

The NHS national has recently issued clear guidance on vaccination of vulnerable people and used Homeless Friendly's example as a good practice guide and used it as a working example of how localities should develop outreach programmes for the vaccination of homeless people

Jon Sparkes, chief executive of *Crisis*, said the guidance did allow local areas flexibility in delivering the vaccine, but the councils needed to know this was possible to speed up the rollout and protect the most vulnerable.

' People who are homeless face severe health inequalities which put them at greater risk of Covid-19, so it is vital they are vaccinated as quickly as possible,' Sparkes said.

'Guidance from the Joint Committee on Vaccination and Immunisation does give local areas flexibility in delivering the vaccine, with concerted efforts having been taken in Oldham, Liverpool and London to vaccinate people who are homeless.' At a speech to the Centre for Social Justice on The Secretary of State , Robert Jenrick said :

' Last night we asked all local authorities to redouble their efforts to safely accommodate as many rough sleepers as they can and to register them with a GP, as a good, but also as a precursor to vaccination,' he said.

Robert Jenrick went on to say that the homeless *' will not be forgotten'* when it comes to vaccination.

' These proactive efforts are vital in reaching people who often face barriers to healthcare.'

' We need the UK government to ensure local leaders across the country know this is possible within the guidance and have the resources to make it happen.'

6. Does NHS HMR CCG believe that NHS HMR CCG and Rochdale Council have so far taken sufficient steps to develop a working outreach programme and are adopting the necessary ' proactive efforts are vital in reaching people who often face barriers to healthcare.' Are these actions ensuring that the vaccination needs of homeless people and other vulnerable people across the Borough such as those with Learning Disabilities are being sufficiently met?

Response: Please refer to responses previously provided to questions submitted in relation to the vaccine roll out to various cohorts within the locality. The response to a question submitted in February 2021 specifically relates to people with learning disabilities and the locality approach to vaccination of this population ahead of the Government announcement on 24 February 2021.

*As noted above - Details of the vaccine programme locally can be found on Rochdale Borough Council's Public Health site at <http://www.rochdale.gov.uk/covidvaccine>
The programme is following national directive from Joint Committee on Vaccination and Immunisation (JCVI) and the vaccination of homeless people is being done as part of the current cohorts and work is underway with local support services to reach people.*

Further to the above, Rochdale Health Alliance have been leading a "roving" vaccination model to the homeless, working with a local charity.

There is information available in the public domain here:

<https://www.petrus.org.uk/news/hart-nurses-vaccinate-57-homeless-individuals-at-petrus-hub-4155>

7. *Will vaccination clinics along the lines of those promoted by the Homeless Vaccination Campaign be advertised locally, as is currently happening in Manchester, (please see attached poster), to ensure homeless people, rough sleepers and sofa surfers are aware of vaccination clinics in our area?*

Response: *Please see above responses.*

8. In terms of outreach how will unregistered rough sleepers and sofa surfers be contacted in the process given that many of them remain unregistered with local GP services and Medical centres. Or have out of date contact details at surgeries they were previously registered with if they have moved hostels or changed mobile phones which is a common issue due to the transitory and hard to reach nature of local homeless people?

Response: *Please see above responses.*

Those living on our streets do not receive their information from news bulletins or via social media platforms or smart -phones and therefore the Government must utilise other forms of communication, preferably urgently and preferably in person. We know too for example that the latest public data available for Rochdale (*Rochdale Borough Housing*) shows that in 2020 B&B accommodation was used locally for 384 clients including 272 singles & 90 families. The number of households open to homelessness fleeing domestic abuse throughout the pandemic was 159.

9. *How will these individuals and families in crowded communal housing or DV Shelters be affected disproportionately by Covid-19 transmission and how will they be prioritised & contacted for vaccination purposes?*

Response: *Details of the vaccine programme locally can be found on Rochdale Borough Council's Public Health site at <http://www.rochdale.gov.uk/covidvaccine>*

10. *Will NHS HMR CCG be able to examine, publicise and clarify their public response to the letter of 24 February 2021 from the Chair of Homeless Friendly, Zahid Chauhan, OBE , to all CCG's (including NHS HMR CCG), and local Authority Leaders , (please see attachment) and see that it is published and placed in the public domain for scrutiny and consideration ?*

Response: The CCG did not receive a letter from the Chair of Homeless Friendly, Zahid Chauhan.

A letter was sent by NHS England / NHS Improvement to all Accountable Officers on 24 February 2021 and the CCG will respond to this in line with NHS England / NHS Improvement requirements.

Question received from member of public AW 1/3/2021 @ 13:08. Submitted to NHS HMR CCG for attention of Integrated Commissioning Board –

Duplicate question also submitted by AW 2/3/2021 @ 10:38 NHS HMR CCG public question

Privatisation of NHS GP surgeries and practices

Centene Corporation, an American health insurance giant, has just taken over 49 NHS GP surgeries and practices. We Own It! Campaign has already called on the 13 Clinical Commissioning Groups involved to stop Centene taking over the 49 GP surgeries and practices.

11. Has the NHS HMR CCG been approached by private companies or had any input into the NHS HMR CCG Board decisions making process, lobbied or made any communication with a view to taking over any GP surgeries and practices in the Heywood, Middleton and Rochdale area?

The BMJ has recently raised concerns that further privatisation of the NHS in line with US models will mean:

'Transparency, scrutiny and local accountability will suffer. Although current local accountability requirements and mechanisms (such as they are) are based mainly around CCGs and local authorities, in reality these bodies will no longer be the decision-makers. Actual decision-making will be de-coupled from legal functions and the effectiveness of local accountability will be diminished in the process '.

Response: No, NHS HMR CCG has not been approached by private companies or had any input into the decision-making process, lobbied or made any communication with a view to taking over any GP surgeries and practices in the Heywood, Middleton and Rochdale area.

GP Practices are private businesses, independent of the CCG.

12. How will such proposals affect ***'[t]ransparency, scrutiny and local accountability ' in the Heywood, Middleton and Rochdale STP NHS ' Footprint ' area?***

We Own It! campaign contend that:

(1) The new plans would:

- **Allow private companies like Deloitte to sit on boards** that make decisions about how to spend NHS money.
- **Introduce the American model into our NHS** where unaccountable decision making bodies prioritise profit margins and making savings over caring for people's health. This model is likely to lead to **cuts and closures of NHS hospitals and A&E.**
- **Push more people to go private** as cuts are made. Patients have already been promised greater rights to choose private treatment and have it paid for by the NHS.
- Open the door to **more cronyism** - yet more contracts would be given to government pals like Serco, as we've seen in the pandemic, but without any competition - that's what the government means by 'reducing bureaucracy'.

Response: There will not be a HMR Integrated Care System (ICS), but a Greater Manchester ICS. The full governance arrangements are being developed ahead of the April 2022 start date to ensure transparency, scrutiny and accountability is maintained.

- **13.** Does the NHS HMR CCG Integrated Commissioning Board agree or have an opinion on this possible outcomes ?

Response: This does not fall within Integrated Commissioning Board remit of commissioning of services. As noted above, GP Practices are private businesses independent of the CCG. The CCG is unable to provide opinion-based responses.

- **14.** And if not, why not?

Response: As noted above.

Question received from member of public AW 2/3/2021 @ 10:15 - Submitted to NHS HMR CCG public question

"£1,745,000 funding gap for Rochdale Council in their provision of a public health care "

£1,745,000 funding gap for Rochdale Council in their provision of a public health care

1.4 million older people are currently estimated to have an unmet need for social care, yet despite this there have been dramatic falls in spending on Social Care England with figures showing a 12 per cent decrease per person over the decade to 2018/19.

Unison have identified a projected £1,745,000 funding gap (2021) for Rochdale Council in their provision of a public health care programme for the elderly and for child safety of our Borough post Covid 19 pandemic. Most informed commentators realise that this represents a huge and looming health care crisis as well as a financial one.

15. (a). Does NHS HMR CCG recognise the accuracy of Unisons projected £1,745,000 funding gap (2021) for Rochdale Council?

Response: *Questions relating to Rochdale Borough Council's finance should be referred to the Council's contact centre - council@rochdale.gov.uk.*

16. (b). What proactive steps will NHS HMR CCG be taking to address this crisis in funding to ensure essential local Social Care Services are maintained and that the current public health care model continues to meet the local needs of NHS patients and service users without temporary existing gaps in local NHS provision becoming embedded ?

Response: *please see response above.*

Question received from member of public AW 2/3/2021 @ 11:30 - Submitted to NHS HMR CCG public question

Covid 19 vaccination roll-out to local Gypsy, Roma and Traveller communities

Rochdale Council's own Joint Strategic Needs Assessment (JSNA) identifies key issues affecting the health and wellbeing of Gypsy, Roma and Traveller individuals and communities. According to the 2011 Census from the Office for National Statistics, there are around 200 people in Rochdale borough who identify as Gypsy or Irish Traveller.

Before the Covid 19 pandemic the Health issues seen in Gypsy, Roma and Traveller communities were identified as: Gypsy, Roma and Traveller communities experience some of the worst outcomes of any group across a wide range of indicators. A number of factors contribute to these groups experiencing poor outcomes including deprivation, social exclusion and discrimination. Health outcomes in particular are amongst those affected and include higher rates of mortality, morbidity and long-term health conditions, low child immunisation levels and a higher prevalence of anxiety and depression. Further issues around poor health literacy and a lack of understanding and cultural awareness by health professionals are also thought to create barriers to accessing health care.

17. Given that low child immunisation levels were a pre-existing health outcome issue before Covid 19 with regards to immunisation can I ask what proactive steps have been taken locally by NHS HMR CCG to ensure Gypsy, Roma and Traveller communities are contacted, included in and prioritised for the Covid 19 vaccine roll - out locally ?

Response: *Details of the vaccine programme locally can be found on Rochdale Borough Council's Public Health site at <http://www.rochdale.gov.uk/covidvaccine>*

18. Are there any examples of targeted health materials produced & distributed locally to promote the value of vaccination uptake to the wider Gypsy, Roma and Traveller communities or any Covid 19 information packages produced locally to assist safe practices and social distancing given the low levels of literacy and the transitory nature of traveller communities from a historically hard to reach diaspora ?

Response: *Rochdale Borough Council's Public Health Team are responsible for the local response to the pandemic; you may wish to direct his question to the Council for them to respond.*

19. Are there any plans to promote links to Friends, Families and Traveller or the inclusion Health Self-Assessment Tool for Primary Care Networks?

I have included two examples below.

Accessing a GP during the COVID-19 pandemic | Friends, Families and Travellers (gypsy-traveller.org) Inclusion Health Tool for Primary Care Networks - Friends, Families & Travellers (inclusion-health.org)

Response: *As previously explained, GP Practices are private businesses independent of the CCG. Primary Care Networks operate separately to the CCG, further information in relation to Primary Care Networks can be found via this link <https://rochdalehealthalliance.co.uk/what-are-primary-care-networks/>.*

Question received from member of public AW 2/3/2021 @ 13:14 - Submitted to NHS HMR CCG public question

Long-Covid: Local NHS Support

It was reported in October 2020 that people suffering 'long covid' symptoms would be offered specialist help at clinics across England NHS chief executive Sir Simon Stevens announced the further investment of £10 million in 2020 in additional local funding to help kick start and designate long covid clinics in every area across England, to complement existing primary, community and rehabilitation care.

20. Have any NHS designated Long-Covid Clinics been established in our area yet and if so, where are they?

Response: *Yes – A post Covid-19 syndrome service has been established for patients in Heywood, Middleton and Rochdale. The service is accessed via GP referral and is provided by Pennine Acute Hospitals NHS Trust and it is based at Rochdale Infirmary, but will also include telephone and video-based assessment and treatment options.*

21. What NHS GP support for Long-Covid patients is currently available in our area?

Response: *All GPs in Heywood, Middleton and Rochdale are supporting people in their recovery from Covid-19 as part of their core role. They are able to request appropriate blood and diagnostic tests to exclude other conditions, provide advice on self-care and refer to a range of relevant local health, wellbeing and social care services that can support people with their symptoms or other issues.*

22. What NHS support for Long-Covid patients is being planned in our area for the future?

Response: *The evidence base on how to best manage post covid-19 syndrome is still emerging and our new service has only very recently been launched (on 11th March 2021). The CCG and Pennine Acute Hospitals NHS Trust are working closely together to understand how many people in the borough have need for this service and what support they require to manage their symptoms. The CCG and Pennine Acute Hospitals NHS Trust expect to adapt the service model over the coming month in response to demand and people's needs.*

23. Are any designated Long-Covid support clinics being planned locally in the future?

Response: As described above, a local service has been developed and is being adapted according to local need.

Questions received from member of public AW 19 March 2021 @11:08

It was superb to hear that HART (Rochdale Health Alliance) have successfully vaccinated 147 homeless & transient people from Heywood Middleton & Rochdale with over 100 more expected in coming weeks. Whilst this brilliant initiative finally brings our area into line with other NHS areas nationally such as Oldham, Manchester, Cardiff & London it of course raises issues on the accuracy of the local Rough Sleeper count which is officially currently just 11 for the Rochdale area, I'd like to ask :

24. (1) What lessons if any have been learnt in establishing a permanent local NHS vaccination model for homeless and transitory groups, including gypsy and traveller families and those claiming Asylum, in Bed & Breakfast accommodation fleeing domestic violence or having NRPF (no recourse to public funds) ?

Response: Questions relating to vaccination programme falls within the remit of Rochdale Borough Council's Public Health service and should therefore be directed to the Council's contact centre - council@rochdale.gov.uk

25. (2). Moving forward will the process finally put in place to vaccinate homeless vulnerable people in the Rochdale , Heywood and Middleton NHS CCG group now continue to be used , and improved upon as a working model for ensuring the homeless and transitory can be vaccinated for their second Covid vaccine dose , future Covid vaccinations in the event of vaccinations being needed more than once , vaccines against mutated variants be needed , and for maximising the role out of the seasonal flu-vaccination which many homeless and transitory people miss each year due to being not registered with a GP ?

Response: Please see response to question 24.

26. (3). Post Covid who will be responsible for collating, collecting, and publishing the number of people from the HMR NHS CCG area from the transitory, rough sleeper or homeless populations who received one or both doses of the Covid Vaccination(s)?

Response: Please see response to question 24.

27. (4). What follow-up work is / will be done by NHS HMR CCG to ensure anyone currently not registered with a local GP from the cohort receiving the Covid vaccine is registered with a local GP practice so they can be vaccinated and access NHS services in the future should they need to in the event of a third or fourth wave of Covid and to help reduce pressure on NHS services next winter by ensuring they get access also to the seasonal flu vaccinations ?

Response: NHS HMR CCG continue to work with relevant statutory and voluntary agencies to promote availability of GP services to all populations, irrespective of personal circumstance and promotion of the opportunity to register with a GP of choice.

28. (5). With a huge spike in homelessness , sofa surfing and rough sleeping being expected once the national eviction moratorium and government furlough schemes are lifted what steps have HMR NHS CCG put in place to try and mitigate the expected increased demands on NHS services (particularly mental health) and access to GP and dental

practices from a newly transitory population with little lived experience of accessing local NHS services once homeless ?

Response: Work continues nationally, regionally, and locally to assess and mitigate the impact of the pandemic in the years to come.

Questions received from member of public AW 19 March 2021 @11:48

As a supporter of Alzheimer's Society, I wanted to share with NHS HMR CCG a two-page briefing on recovery planning for people affected by Dementia:

https://www.alzheimers.org.uk/sites/default/files/2021-03/Local-authority-briefing_recovery-planning-for-people-affected-by-dementia_March-2021.pdf

This briefing encourages local authorities to place the needs of people affected by dementia at the heart of these recovery plans. The briefing recommends that recovery planning for diagnosis, rehabilitation, and support for people affected by dementia should all be prioritised. Over the last year, people with dementia have been worst hit by the COVID-19 pandemic. Disrupted routines, isolation and loss of support have taken a serious toll on the health and wellbeing of people with dementia and their families.

As a result of social isolation, many people have seen a decline in their dementia, they have been denied visits in care homes disconnecting them from loved ones, and many of the health and social care services they rely on have faced significant interruption. The impact of this cannot be undone, but plans can be put in place to support people affected by dementia as the country recovers from the pandemic. The Alzheimer's Society have asked local authorities to put people affected by dementia at the heart of their recovery plans, with particular focus on improving dementia diagnosis rates, implementing dementia rehabilitation strategies, and ensuring support services are reinstated as soon as possible.

29. As well as writing to my local councillors to make sure they know how important this is to residents in their area, so they use their influence to push forward recovery plans with people affected by dementia prioritised , I would like to ask what steps HMR NHS CCG have taken , or plan to take , to ensure that people with Dementia are prioritised and placed at the heart of any local NHS recovery and support plan ?

Response: Work continues nationally, regionally, and locally to assess and mitigate the impact of the pandemic in the years to come.

Questions received from member of public AW 19 March 2021 @ 13:01

The recent Care Quality Commission report: Protect, respect, connect – decisions about living and dying well during COVID-19 raised concerns that:

If people and health and care staff are not fully informed about advance care planning, or given the opportunity and enabled to discuss DNACPR decisions in a person-centred way, there is a clear risk of inappropriate decision making and a risk of unsafe care or treatment. It also raises concerns that people's human rights and rights under the Equality Act 2010 had not been considered or were at risk of being breached.'

30. (1). Can the NHS HMR CCG give a guarantee that no NHS patient in your HMR NHS area has had their human rights and rights under the Equality Act 2010 breached by having a DNR / DNACPR decision made without their consent or active participation in the process?

Response: *NHS HMR CCG is unable to provide opinion-based responses. The initiating of a DNAR (Do Not Attempt Resuscitation) order should be done in discussion with the Medical teams, the patient, and their relatives.*

Please refer to public question and responses December 2020, Q 57-61, available on the CCG's website:

https://www.hmr.nhs.uk/download/our_organisation/1718_and_1819_papers_ratified_mins/responses_to_public_questions_1819/Public-questions-December-2020-FINAL.pdf

Questions received from member of public AW 21 March 2021 @ 10:53

In 2021, Matt Hancock and Boris Johnson have promised to bring in legislation that will hand over the current organisation of NHS regions to something called 'Integrated Care Systems'. These plans will lead to more of our health services being handed over to private companies.

These new bodies will commission health services for an area, but they could have private companies sitting on their boards. The bodies have been criticised for encouraging under treatment or rationing of services, as members of the board (which could include private companies) will get to keep any money they don't spend, and they will bring an area under tight financial controls.

More private involvement, more contracts to private companies and less funding for the NHS to look after people so that they need other, private options.

It will open the door to more cronyism - yet more contracts would be given to government pals like Serco, as we've seen in the pandemic, but without any competition - that's what the government means by 'reducing bureaucracy'.

While key experts say there will be a reduction of 'accountability and democratic oversight' over our NHS, what's even more concrete and worrying for some is that there is discussion of 'sharing' the 'rewards' with private companies. This means money that could be spent on health services will be leaked as profits to private companies.

31. Q1. How does the NHS HMR CCG envisage the proposed 'Integrated Care Systems' will impact on the commissioning of local NHS service provision and ultimately on the physical and mental health of local NHS payments?

Response: *The full governance and financial arrangements are being developed nationally ahead of the April 2022 start. The CCG is unable to provide an opinion-based response.*

32. Q2. How does the NHS HMR CCG envisage the proposed 'Integrated Care Systems' will impact on democratic accountability and transparency of the decisions made in commissioning of local NHS services?

Response: *Please see my response to question 31.*

Questions received from member of public AW 22 March 2021 @ 09:54

Healthwatch England report on access to GP's by homeless people

NHS guidelines say that GP services cannot refuse to register someone because they are homeless, do not have proof of address or identification, or because of their immigration status. GP surgeries can only refuse to register someone if they are already full or if the person is living outside the practice area – and they must explain this in writing. Healthwatch England's latest report 'GP access during COVID-19 A review of our evidence ': April 2019 – December 2020 points out that:

' Like deregistration, difficulties registering with a GP practice is a long-term issue, particularly for people who don't have the correct identification, despite guidance stating this is not necessary. For example, homeless people have experienced referrals not being processed or being unable to register with a GP because they do not have proof of address. Although Healthcare for Homeless cards have allowed some people to access the support they need, local Healthwatch have consistently reported homeless people encountering difficulties when trying to register with a GP practice.

Being registered with a GP practice is important so that health issues can be diagnosed, and patients referred for treatment where necessary. With certain conditions being prioritised for the COVID-19 vaccination, it is important that people have an up to-date diagnosis of their condition ' (1).

33. Q1. Can the NHS HMR CCG give examples of the practical steps they have taken locally during 2020 to mitigate the reports by Healthwatch who have: consistently reported homeless people encountering difficulties when trying to register with a GP practice?

Response: NHS HMR CCG continue to work with relevant statutory and voluntary agencies to promote availability of GP services to all populations, irrespective of personal circumstance and promotion of the opportunity to register with a GP of choice.

As noted in response to question 15 submitted on 7 December 2020: There are very limited grounds on which a Practice can refuse to register a patient and, as previously mentioned, if specific details could be provided as to which Practices this applies to, we can investigate further.

34. Q2. Has NHS HMR CCG any example of literature given out to homeless or transient people to increase and support their right to access and register with NHS GP practices / NHS Dental Practices locally during 2020 (For example: Groundswell Right To Access GP cards)?

Response: Such literature is available from the relevant support services that are commissioned by NHS HMR CCG; for example, HART and Petrus.

35. Q3. Over 65,000 Groundswell ' My Right to Healthcare ' cards have been distributed across London How many have been distributed across the NHS HMR CCG area in 2020?

Response: NHS HMR CCG does not hold this information as the cards are not distributed by the CCG.

APPENDIX:

(1). Healthwatch England 'GP access during COVID-19 A review of our evidence ': April 2019 – December 2020.

<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final.pdf>

Questions received from member of public AW 22 March 2021 @ 11:18

Responsibility for Asylum Seekers and Refugees in Heywood, Middleton & Rochdale NHS Area?

Healthwatch England's latest report 'GP access during COVID-19: A review of our evidence': April 2019 – December 2020 points out that:

' It has been reported that asylum seekers and refugees who were housed in a local hotel as part of the Home Office's pandemic response, finding that 57% were still not signed up with a local GP. This led to delayed access to free NHS prescriptions and dental care.' (1)

36. Q1. Who locally is responsible for the wellbeing of asylum seekers and refugees who were housed locally as part of the Home Office's pandemic response?

Response: *Rochdale Borough Council is responsible for housing across the borough. You may therefore wish to redirect your question to the Council's contact centre - council@rochdale.gov.uk*

Q2. How many asylum seekers or refugees locally have been?

37. (a). Registered with an NHS GP?

Response: *NHS HMR CCG does not hold this information. NHS England is the lead commissioner of primary care services (this includes GP care, dental care, pharmacists, and opticians) and so you may wish to redirect your question to NHS England. Further information about how to do this can be found here: <https://www.england.nhs.uk/contact-us/foi/>*

38. (b), Registered with an NHS Dentist?

Response: *Please see the answer to question 37.*

39. (c). Been given their first Covid 19 vaccination?

Response: *NHS HMR CCG does not hold this data. This would fall within the remit of Rochdale Borough Council's Public Health service and your question should therefore be directed to the Council's contact centre - council@rochdale.gov.uk*

40. Q3. With which organisation locally does the duty of care and safeguarding for the mental and physical health of Asylum Seekers and Refugees housed locally in the Heywood, Middleton and Rochdale NHS area lie?

Response: *Please see response to Q 36 (Q1) above.*

Questions received from member of public AW 22 March 2021 @ 17:35

The Coronavirus Act & local Social Care provision

It has been announced by civil liberties group Liberty today (23/03/2021) that the Government is scrapping parts of the Coronavirus Act that allowed local councils to cut social care. (1).

41. Q1. Can NHS HMR CCG give a proposed date by which time any local social care provision for vulnerable adults, those with learning disabilities , those impacted by mental health , or those living in Care Home settings that were reduced, impacted or stopped altogether due to the Coronavirus Act will be restored entirely ?

Response: provided 23/3/21 @11:58 via email

Thank you for submitting a question to NHS HMR CCG, as this relates to social care and funding, the CCG is unable to provide a response. Rochdale Borough Council are responsible for social care, this should therefore be redirected to the Council's contact centre - council@rochdale.gov.uk

APPENDIX:

(1). One Year Report on the status on the non-devolved provisions of the Coronavirus Act 2020: March 2021 Presented to Parliament pursuant to section 97(8) of the Coronavirus Act 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/971529/coronavirus-act-one-year-status-report-final.pdf

Questions received from member of public AW 23 March 2021 @ 09:48

The NHS's role in tackling poverty Awareness, action and advocacy Deborah Fenney David Buck March 2021 Report stated that:

' The Social Value Act and the NHS: a route to tackling poverty The Social Value Act came into force in 2013 and requires all public sector commissioners – including local authorities and health sector bodies – to consider economic, social and environmental effects in the procurement of services and contracts.'

(Redding and Butler 2017) showed that while almost 6 in 10 clinical commissioning groups (CCGs) stated that they had a social value policy, only around 1 in 8 were judged to be highly committed, evidenced and active in ensuring that their commissioning delivered social value.' (1).

42. Q1. Does NHS HMR CCG feel that they are: ' highly committed, evidenced and active in ensuring that their commissioning delivered social value.'?

Response: Yes - All providers when tendering for the delivery of a service are asked to demonstrate the social value of their bid.

43. Q2. Can you direct me to where online I can read HMR NHS CCG 's Social Value Policy?

Response: The CCG are now procuring services in an integrated way with Rochdale Borough Council, supported by STARS. The Council's policy for Social Value can be found via this link <https://www.star-procurement.gov.uk/Suppliers/Docs/Social-Value-Guidance-Rochdale-Council.pdf>

44. (a). In what other formats is your Social Value Policy available to those without internet access, the digitally excluded, partially sighted blind, braille, easy read versions or translated community languages?

Response: As noted above the policy is owned by Rochdale Borough Council, as such this should be directed to the contact centre – council@rochdale.gov.uk

45. Q3. Can you give me a practical example of how your Social Value Policy was utilised with the regards to commissioning local NHS services in the HMR NHS area during 2020?

Response: *The following question was used in the 2020/21 tenders for Magnetic Resonance Imaging and non-obstructive ultrasound services.*

“We have made a strong commitment to achieving social value through procurement activity. This means that when public money is used to buy goods and services, we ask suppliers to report on what they are doing.

Please detail your organisation’s approach to delivering and measuring social value and how social value is embedded within the aims and governance of your organisation to provide assurance that the approach is working.

Please include any statistics, or case studies to illustrate your work to date.”

APPENDIX:

(1). The NHS’s role in tackling poverty Awareness, action and advocacy Deborah Fenney David Buck March 2021 Report <https://www.kingsfund.org.uk/sites/default/files/2021-03/nhss-role-tackling-poverty.pdf>

Questions received from member of public AW 23 March 2021 @ 10:46

The Joint Council for the Welfare of Immigrants have recently estimated: ' that nearly 1.4m people in the UK have 'No Recourse to Public Funds' (NRPF) stamped on their visa, leaving them without the basics.

New research shows the NRPF policy is a public health risk, and increases the risk of destitution amongst migrant families:

a fifth of migrants surveyed, who were working before the pandemic, lost their job since it started; almost 75% of those were subject to NRPF, unable to access support from the government;44% of those in hard-hit sectors cleaning and hospitality lost their jobs, and all of these were subject to NRPF; migrants with NRPF were 52% more likely to say that it was not possible to safely self-isolate in their home.

Migrants with NRPF unable to self-isolate in their homes42% of survey respondents overall said that if they or a member of their household needed to self-isolate because they were displaying symptoms of COVID-19 or were at risk of having come into contact with an infected person, they would be unable to do so in their home. This was the case for 50% of those who have NRPF and 33% of those who can access benefits, making those subject to NRPF 52% less likely to be able to safely isolate in their homes.

46. Q1. What proactive steps have NHS HMR CCG taken to safeguard the health of migrants unable to safely isolate in their homes locally?

Response: *This cohort population falls within the remit of Rochdale Borough Council and so you may wish to redirect your question to the Council’s contact centre - council@rochdale.gov.uk*

47. Q2. What proactive steps have NHS HMR CCG taken to reassure the 58% of all migrants surveyed who had NRPF said they would be afraid to access health care because

they would be afraid of being charged for care or that their data may be shared with the Home Office ?

Response: Please see the response to question 46.

48. Q3. What proactive steps have NHS HMR CCG taken to reassure the 58% of all migrants surveyed who had NRPF said they would be afraid to access health care to overcome vaccine hesitancy and perceived exclusion from NHS services and are able to freely and safely access Covid 19 vaccinations ?

Response: Please see the response to question 46.

APPENDIX:

(1). Migrants with No Recourse to Public Funds' Experiences During the COVID-19 Pandemic Zoe Gardner (March 2021)
<https://www.jcwi.org.uk/Handlers/Download.ashx?IDMF=17805c35-d3bc-4251-9ada-6dfdae8dbca6>