

NHS Heywood, Middleton and Rochdale responses to public questions received during December 2020

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 7 December 2020 (by a member of the public AW)

1 Covid 19 and Rochdale Care homes :

'Our response to COVID-19 must respect the rights and dignity of older people.' stated UN Secretary General António Guterres.

Whilst Britain's Health Secretary , Matt Hancock, pledge to throw a ' ring of steel ' around England's care homes and rapidly make more funding available appears to have degenerated into a rather rusty barbed wire entanglement designed more to keep concerned relatives out whilst allowing patients discharged untested from the NHS in.

The Health Secretary also pledged to ' make visiting possible in every care home by Christmas '. It is also clear from the evidence of national and local media coverage that there are clear and apparent failures to do either :

UK: Older people in care homes abandoned to die amid government failures during COVID-19 pandemic (4 October 2020) UK: Older people in care homes abandoned to die amid government failures during COVID-19 pandemic | Amnesty International High Court allows legal challenge over 'devastating failure' to protect care homes from coronavirus (20 November 2020) High Court allows legal challenge over 'devastating failure' to protect care homes from coronavirus | The Independent Over third of Covid-19 outbreaks reported to Public Health England last week were in care homes (19 November 2020) Over third of Covid-19 outbreaks reported to Public Health England last week were in care homes | Evening Standard

In light of recent local media coverage on Care Homes will NHS Heywood, Middleton and Rochdale Clinical Commissioning Group , be asking Rochdale Council and other local health providers to support calls for made by Amnesty International in their Report ' As if Expendable the UK Government's failure to protect older people in Care Homes during the Covid-19 Pandemic' (October 2020) for :

(1) A full independent public inquiry

We're calling for a full independent public inquiry without further delay. But these take time and so to protect people through winter, an immediate initial phase of this Inquiry needs to report back . This inquiry must involve people in care homes and their families, including bereaved families.

Response: Provided by Adult Care Colleagues RBC

The focus will continue to be to work with care homes through the pandemic to ensure residents are safe. Following Government guidance, we continue to work with the care home sector to facilitate safe visiting arrangements, support homes with both the testing and vaccination programmes. Regular video meetings with the homes have been ongoing since the start of the pandemic and provide a forum to discuss the logistics and practicalities of delivering these programmes. We will work with the sector, residents and families and cooperate fully in any inquiry that looks at how the pandemic was managed.

- 2 and (2) Regular testing for people in care homes and their families.

We demand that regular testing is made available for care home residents, staff and visitors to ensure people in care homes can be safely visited by their loved ones. Regular testing can help break the isolation that is so damaging to people's physical and mental health and could mean the difference between families being torn apart for months again.

Response: Provided by Adult Care colleagues RBC

Testing for care home residents and staff is being delivered as per the Government guidance. Care homes staff are being tested on a weekly basis with residents tested on a monthly basis.

- 3 Adequate PPE must also be provided to better protect people from COVID-19. [1]. & [2].
Lack of testing in Rochdale Care Homes:

Who, specifically, is responsible for lack of testing in care Homes at local level, the Westminster Government or Rochdale Council and what steps, if any, have been taken to remedy this failure since it was reported on 27 November 2020 in Rochdale Online & Manchester Evening News that:

Response: Please see response to question 2.

- 4 Lack of testing in Rochdale Care Homes:

Who, specifically, is responsible for lack of testing in care Homes at local level, the Westminster Government or Rochdale Council and what steps, if any, have been taken to remedy this failure since it was reported on 27 November 2020 in Rochdale Online & Manchester Evening News that:

Lack of testing capacity was behind a 'significant increase' in coronavirus outbreaks in care homes, says councillor Rochdale News | News Headlines | Lack of testing capacity was behind a 'significant increase' in coronavirus outbreaks in care homes, says councillor - Rochdale Online

Response: Please see response to question 2

- 5 Roll out of Covid-19 vaccinations in Rochdale Care Homes:

I understand that the roll-out of Covid-19 vaccinations has already begun for over 80's in care homes in Todmorden & Calderdale.

What is the envisaged plan for the roll-out of Covid-19 vaccines here in Rochdale starting with the over 80's then cascading down through the local population?

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

- 6 Who will be responsible locally for the continued roll-out of Covid-19 vaccinations thereafter?

Response: *Rochdale Health Alliance, Heywood Primary Care Network, Middleton Collaborative of Practices and Pennines Primary Care Network*

- 7 Frontline staff & key worker data on seasonal influenza & work related -vaccination uptake:

Are any records kept locally of the numbers of frontline staff & key workers in NHS & Social Care and their uptake of seasonal influenza & work-related vaccination uptake?

Response: *There are local records within Practices and Trusts and there is work Nationally to develop a recording system for all vaccines given and to which groups it has been given to.*

- 8 When I began in Adult Social Care some thirty years ago most reputable providers proactively advised, promoted and in many cases actually paid for vaccinations, for staff in Social Care, NHS, Homeless Hostel & Care Homes if their role put either themselves or their service users at risk of transmission of diseases such as TB, Hepatitis, Tetanus, Seasonal influenza, Pneumonia, etc.

In fact, I recall for some providers this was mandatory before staff could take up employment. Why does this vaccination culture appear to have changed?

Response: *Multiple reasons – including individual choice, staff shortages, discrimination laws*

9. and would Rochdale Healthwatch feel that post Covid-19 such good practice should be reinforced, reintroduced or made mandatory once again?

Response:

Healthwatch Rochdale board of directors are unable to respond, as it would be inappropriate to comment on/answer as it is out of their remit. Changes to vaccines happened years ago, before HW came into power. HWR have received no feedback relating to any vaccinations over the last 9 months.

Any future question related to HWR would need to be presented directly to them.

10. I have been shocked by the number of workers in the local workforce who steadfastly refuse to get vaccinated against a wide range of easily avoidable diseases for the protection of themselves, their service users and or their own families. How does the workforce in Rochdale compare for example with those in London for uptake of employment related vaccinations?

Response: HMR CCG are not aware of any comparable figures recorded.

11. Surely it is a considerable yet totally unnecessary risk to vulnerable people in Care Homes and elsewhere who have low or no immunity if staff remain unvaccinated against diseases the transmission of which can be mitigated if not stopped entirely through a local vaccination programme for all key workers?

Would NHS Heywood, Middleton and Rochdale Clinical Commissioning Group, consider calling for a compulsory ' Immunisation Passport ' for all workers in our area working with vulnerable client groups unless they have a genuine medical reason for exemption?

Response: No - This is not within the remit of the CCG

12. Covid19 Vaccination & Misinformation:

What proactive steps locally, and who is directly responsible, for challenging the misinformation on social media & by word of mouth about Covid-19 Vaccinations?

Response: Misinformation about vaccinations is an international issue and it can affect public confidence and create misperceptions about the safety of vaccines. The CCG and council have been sharing information and views of trusted clinicians to vouch for the highest of safety standards on vaccines in general and in relation to the covid vaccine. All the nationally approved sources of information have been shared through communication channels.

13. For example, people are sharing information that vaccination will be ' another Thalidomide '. Despite the fact that Thalidomide was a pill and not a vaccination. And therefore, they are not comparing like with like. Having had conversations with local ' Vaccine-Hesitant ' people who in some cases believe all kinds of wacky & bizarre theories on the cause of Covid-19 from ' little green aliens ' to ' G5 mobile phone masts '!

Amongst the ' Vaccine-Hesitant ' one cannot help but realize, that there is a body of work to be done countering some of the most dangerously bizarre misinformation doing the rounds locally about the efficacy and safety of the new vaccines.

Will NHS Heywood, Middleton and Rochdale Clinical Commissioning Group, be lobbying local providers to ensure clear, concise, scientific information is available in all community languages, geared at all reading ages & literacy abilities (not just digitally) to actively promote maximum community take up of vaccines with a view to hopefully eventually having the value of science & vaccines added to the UK National Curriculum?

Response: The CCG works with providers to ensure that information about services is provided in ways that suit the needs of recipients, but it is not possible to provide all information in all formats that could conceivably be required. Throughout the

pandemic the CCG and council have made available all nationally translated information in different languages and formats and requests for information in certain formats would be considered and actioned as necessary.

- 14 Priority of Rough Sleepers & Homeless for Covid-19 vaccinations:

Will NHS Heywood, Middleton and Rochdale Clinical Commissioning Group, be able to lobby local NHS Service Providers & GP Practices to prioritise the position of local homeless population in line with calls from campaigners such as Homeless Friendly who have stated only recently that:

' Currently the homeless lie sixth in line for inoculation behind care home residents, health workers and older folks. They would likely be classed as, "vulnerable adults under 65" by medics, as their average life expectancy is just 45 years-of-age. [The] founder of the Homeless-Friendly health charity Dr Zahid Chauhan OBE believes that their omission from the higher echelons demonstrates once again how the government has ignored the homeless throughout COVID – and has needed cajoling all the way to actually remember their plight.' [1].

Response: Please see response to question 5

- 15 Given that some Rough -Sleepers & Homeless people have considerable difficulty registering with local GP to access GP prescribed medication & NHS support they could be missed out from the local roll-out of Covid-19 vaccines.

Who would be, or is, directly responsible for ensuring that Rough sleepers, hostel dwellers, street homeless, Sofa Surfers & those in Bed & Breakfast accommodation are not missed out or excluded from being vaccinated?

Response: This is a problem that needs a National solution. The current vaccination programme is based on patients registered with a Practice. 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.

- 16 Testing of homeless people in Homeless hostels and moving between hostels in Rochdale

Who , specifically , is responsible for the testing of homeless people in Homeless hostels and of monitoring the health of those moving between hostels in Rochdale and what formal safeguarding policy or strategy is in place to reduce transmission of Covid-19 or to manage the risk of a Covid-19 outbreak between residents in the local hostel . bed & breakfast, ABEN & ' Everybody In ' hotel environment?

Response – Please see response to question 5

- 17 (a). Who is responsible for Covid-19 testing and for the roll-out of the Covid-19 vaccination to staff, volunteers, residents in hostels, hotels & night shelters in the Rochdale area since the beginning of the pandemic?

Response – Please see response to question 5

- 18 (b). How many staff or volunteers in the Homeless Sector have tested positive for Covid-10 in Rochdale since the beginning of the pandemic?

Response: Testing within specific settings, as with the Vaccination programme, is subject to National direction. Initially the testing was based on symptomatic patients, then the Care Home sectors, and currently targeted mass testing of asymptomatic residents is being instigated.

- 19 (c). How many homeless people, rough sleepers, hostel residents have tested positive for Covid-19 since the beginning of the pandemic?

Response – The CCG does not have access to this data

- 20 (d). Have there been any fatalities of homeless people attributed to Covid-19 in the homeless / hostel environment or on the street itself in Rochdale since the pandemic began?

Response – The CCG does not have access to this data

- 21 (e). Who locally is directly responsible for ensuring that anyone who has been advised to 'shield' due to an underlying health condition by their GP (such as having no spleen for example) is not still on the street during the pandemic (particularly this winter)?

Response – The CCG does not have access to this data

- 22 Who, if anyone, is directly responsible in Rochdale for collating data for the above?

Response – The CCG does not have access to this data

- 23 Public Health England:

How will the delivery of services formerly provided by Public Health England change in terms of public accountability and in delivery of services to local people from Spring 2020 and will NHS Heywood, Middleton and Rochdale Clinical Commissioning Group , be monitoring and asking for feedback from local patients and service users if there is further & continued widespread transfer of health services to private companies such as SERCO, Sodexo , Sitel , and others?

Especially since it has been reported that:

' By late November 2020, the UK government had awarded £18.6 bn worth of contracts related to the coronavirus crisis to private companies since March, according to data collected by Tussell, a data provider that tracks state contracts across all areas of public services. The vast majority of these contracts have been awarded without a competitive tender.'

' Covid-19 contracts with the private sector', (November 2020)

<https://www.nhsforsale.info/covid-19-contracts-with-the-private-sector/>

Response: The CCG works closely with colleagues in Public Health and seeks feedback from local service users continually – irrespective of whether the services are provided by Public or Private providers.

Any further questions relating to Public Health should be directed to RBC Public Health

- 24** What protection do local patients and service users have that creeping privatisation of the NHS and Public Health England does not reduce the standards of support or reduce direct accountability of those private companies awarded contracts without a competitive tender process?

Response: Please see response to question 23

- 25** Freedom of Information Requests:

(a) How many Freedom of Information Requests did NHS Heywood, Middleton and Rochdale Clinical Commissioning Group receive during 2020?

Response: Between 1 January and 31 December 2020, the CCG received 140 Freedom of Information requests.

- 26** (b) How many Freedom of Information Requests did NHS Heywood, Middleton and Rochdale Clinical Commissioning Group answer during 2020?

Response: Of the 140 Freedom of Information requests received by NHS Heywood, Middleton and Rochdale CCG between 1 January and 31 December 2020, 4 requests were subsequently withdrawn by the requester. The CCG responded to 134 requests with the 2 remaining requests ongoing at the time of collating data to respond to this question.

- 27** (c) How many Freedom of information Requests did NHS Heywood, Middleton and Rochdale Clinical Commissioning Group not answer?

Response: Please see the response to question 26.

- 28** (d) Who is the individual or department tasked with processing Freedom of Information requests from members of the public to NHS Heywood, Middleton and Rochdale Clinical Commissioning Group?

Response: Freedom of Information requests received by NHS Heywood, Middleton and Rochdale CCG are processed by the CCG's Patient Services Team. Information about how to submit a Freedom of Information request to the CCG can be found on our website, at the following link: <https://www.hmr.nhs.uk/get-in-touch/freedom-of-information/>

Questions submitted on 8 December 2020 (by a member of the public AW)

- 29 (1) . New analysis published yesterday (07/12/2020) by the progressive IPPR and IPPR North [1] think tanks reveal how cuts to public health budgets have disproportionately hit the Midlands and North of England.

The North West with a population of 7.3 million has had a Public Health Cut (£, real terms, like for like, 2014-2021) of £111,000,000 amounting to £15.3 per person in our region .

APPENDIX:

[1]. 'In fact, the 20 per cent of local authorities with the highest Covid-19 mortality rates experienced £1 in every £4 cut from the public health grant between 2014 and today. That is twice as much as was cut in the 20 per cent of local areas with the lowest mortality rate (£1 in every £8). As IPPR have previously highlighted, public health budgets are key to resilience against health shocks ' (Thomas, 2020).

Levelling up health for prosperity (ippr.org)

How will the increases in Health spending needed to meet the challenges of meeting (just as one example) the increased need for local mental health support services post Covid-19 be found with significantly less funding in the Rochdale , Heywood and Middleton areas with a reduced financial budget for Public Health ?

Response: Through Partnership working with our Public Health Colleagues, local providers of Physical and Mental Health services, innovative commissioning processes and robust monitoring and challenge – though accept that within the overall Locality financial envelope providing all the services we would like to all the residents in all areas of the borough to a high standard will be a challenge.

- 30 Is Rochdale in the ' 20 per cent of local authorities with the highest Covid-19 mortality rates '?

Response: This data is variable, please refer to gov.uk website [here](#).

- 31 What part has the '£1 in every £4 cut from the public health grant between 2014 and today. ' played in ensuring that our area has had a higher mortality rate from Covid-19 (particularly in local Care Homes) than would have been the case previously had these cuts not been made at all?

Response: The CCG does not hold this information; it can be accessed by contacting RBC Public Health

Questions submitted on 9 December 2020 (by a member of the public AW)

32 The cumulative effect of Air Pollution on Public Health outcomes in Rochdale:

'In local authorities like Manchester and Salford – but also Rochdale, Stockport and Tameside – more than one-third of monitoring sites are above legal limits. Nine out of the 10 local authority areas had at least one site with annual averages higher than legal limits. Trafford is the only local authority area which has no monitoring site with an illegal annual average for 2016.'

In a ground-breaking new analysis, King's College London (KCL) has estimated that: ' 1.6 million life years will be lost in Greater Manchester in the coming century due to its poisonous air. This is equivalent to each of us having our life expectancy reduced by six months. Using the 2011 baseline, NO₂ pollution alone was estimated to have caused up to 1,781 premature deaths in Greater Manchester and particulate matter pollution up to 1,906 premature deaths. Devolution allows the Greater Manchester mayor to take responsibility for this clean air agenda and do more, much more quickly, but the national government must act urgently too to give the mayor the tools necessary to save lives and the £1 billion annual cost to the Greater Manchester economy. The levels of air pollution in Greater Manchester are lethal and illegal'.

The 2018 findings on air pollution in : Atmosphere - Towards a proper strategy for tackling Greater Manchester's Air Pollution Crisis , (Institute for Public Policy Research, North , Ed Cox & Dom Goggins , June 2018) at : https://www.ippr.org/files/2018-06/1528816909_gm-air-quality-june18.pdf

In 2018, the High Court ruled that air pollution in the UK be reduced to below legal limits within the shortest time possible. The proposed plan expects to reach legal compliance by 2024 - so a child born in Rochdale in 2018 will be seven before they can breathe 'legally safe' air. Unfortunately, air pollution levels in our Borough remain on target to get progressively worse rather than improving as are associated costs of not taking action to the local council. There is also increasing independent evidence that air pollution could be a driver of reduced life expectancy in poor areas, falling health outcomes and high incidence of Covid-19 making it an urgent social issue as well as an environmental one, [1] & [2].

Now that the UK has left the European Union, Parliament must set new air pollution targets to protect the health of people across the country, and the health of the planet. The Environment Bill, currently at Committee stage, is the opportunity to do this but the targets it proposes do not meet the WHO's recommendations on fine particulate pollution (PM_{2.5}).

Like Covid-19, we are all at risk of damage to our health from air pollution, though some are more vulnerable than others. The Royal College of Physicians and the Royal College of Paediatrics and Child Health has found that air pollution contributes to around 40,000 premature deaths every year in the UK (3). Many health conditions which are exacerbated by air pollution also increase the risk of serious illness and complications of Covid-19.

This comes at a significant cost to the NHS – the health and social care costs of diseases that have a strong association with air pollution, including stroke, child asthma and coronary heart disease could reach £5.3 billion by 2035 unless strong action is taken to reduce this problem (4).

APPENDIX:

- (1).Air pollution may be 'key contributor' to Covid-19 deaths – study | Environment | The Guardian
- (2) 'Covid-19: People in most deprived areas of England and Wales twice as likely to die | The BMJ
- (3) Royal College of Physicians, 2016. Every breath we take: the lifelong impact of air pollution
- (4) Public Health England, 2018. Air pollution: a tool to estimate healthcare costs.

My questions to the Governing Body are:

- (a) . Who individually or departmentally in the Rochdale area is directly tasked with monitoring air pollution levels and the impact of air pollution on Public Health outcomes locally?

Response: The Public Health department of the Local Authority

- 33 (b) . Does the Governing Body agree with the conclusions of the Marmot Ten Years On report which identified 'wide and growing levels of health inequality across England, particularly between north and south? Living in socioeconomically deprived areas is associated with poor health and a shorter life and the direct effect of covid-19 is making these inequalities worse.' And that consequently a Portfolio holder on Inequalities in Public Health should be appointed by Rochdale Council to directly address the issue locally?

Response: The CCG is unable to provide opinion-based responses. The designation of specific Portfolio holders by the Local Authority is outside the remit of the CCG

Questions submitted on 11 December 2020 (by a member of the public AW)

- 34 NHS Coronavirus vaccination programme roll-out in Rochdale, Heywood & Middleton areas

It has been reported nationally that ' Dozens of GP practices in England have chosen not to join the NHS's coronavirus vaccination programme amid concerns their workloads are already too heavy, they have too few staff and that patients could suffer if practices have to cut back other services so doctors can administer the injections.' [1].

APPENDIX:

[1]. ' Dozens of GP practices in England opt out of Covid vaccine rollout ', The Guardian, (11 December 2020)

[Dozens of GP practices in England opt out of Covid vaccine rollout | GPs | The Guardian](#)

[2]. ' join the NHS COVID-19 vaccine team Your NHS needs you '
[Coronavirus » Join the NHS COVID-19 vaccine team \(england.nhs.uk\)](#)

- (a).Has the Governing Body any power to encourage or mandate local GP's to participate in administering the Covid-19 vaccination roll out locally whilst at the same time the NHS nationally is having to recruit & train volunteers and paid NHS/ Social Care staff and others to ensure the vaccine is cascaded to those who need it ? [2].

Response: All HMR GP Practices have signed up to the Covid Vaccination Enhanced service. However, this does not mean that the vaccinations will be provided by all GP Practices as this is currently not possible due to the characteristics of the available vaccines and the supply logistics of the vaccines.

- 35 (b). Will it be possible for local NHS patients to see which local GP practices have chosen not to participate in administering the Covid-19 vaccination roll out locally and their reasons for not doing so?

Response: N/A – please see response to question 34

- 36 (c). How does GP's saying their 'workloads are already too heavy, they have too few staff and that patients could suffer if practices have to cut back other services so doctors can administer the injections.' reflect on the current standard of NHS patient services and GP support delivered locally ?

Response: The CCG is unable to provide opinion-based responses

Questions submitted on 12 December 2020 (by a member of the public AW)

- 37 CCG mergers and Integrated Care Systems

Campaign Group We Own It have reported on 10 December 2020 that : ' NHS England (NHSE) has pushed through a policy to merge what were 210 clinical commissioning groups (CCGs) created by the Health & Social Care Act 2012 (HSCA) into 42 merged CCGs coterminous with the 42 geographically-based integrated care systems (ICSs) that NHSE is imposing by 2022. Not all areas have agreed CCG mergers and only 18 ICSs are in existence to date. Those areas where CCGs have not yet merged or refused to do so, are being coerced into doing so.' [1].

APPENDIX:

[1]. 'Dangerous NHS restructuring to go ahead despite Covid' (10 December 2020)

<https://keepournhspublic.com/covid-nhs-restructuring-ics/>

(a). Can the Governing Board tell the public whether or not they have been approached or 'coerced' for merger with other clinical commissioning groups (CCGs) in the North of England?

Response: NHSE have run a consultation regarding the future of Commissioning services across England which finished on the 8th January 2021. The CCG has not been approached or Coerced to merge with other CCGs in the North of England.

- 38 (b) What concerns or reservations does the Governing Board have about possible CCG mergers that may result in reduced local accountability and transparency for local NHS patients?

Response: We have concerns regarding the lack of direct Accountability for services locally, the possible lack of local patient representation in larger structures and the flow of sufficient financial resource to deliver the services we need to deliver to our local residents

- 39 (c). What concerns the Board has about possible ' large scale loss of local services ' as a result of any such merger now or in the future? (d). How will local NHS patients be able to hold NHS decision makers to account locally in the event of a merger?

Response: As it has not yet been determined if or what any new Commissioning structures will be the route by which decision makers will be held accountable to patients has not yet been determined.

- 40 When are more local NHS Inpatient Detoxification Units to be commissioned for the Heywood? Middleton and Rochdale Area?

The nearest NHS Inpatient Detoxification Unit to Rochdale is in Prestwich Hospital, Manchester. The NHS Addictions Provider Alliance have pointed out that there are currently only 5 NHS Inpatient Detox units operating in the entirety of the UK, which equates to less than 100 beds.

The other four NHS units in the UK are:

ACER - Blackberry Hill Hospital, Bristol Edward Myers - Harplands Hospital, Stoke-On-Trent
Bridge House - Maidstone
Merseycare- Liverpool

All of these units are forced to operate on a commercial model where local authorities pay per bed. As such, all the remaining units are facing financial difficulties meaning that they are perilously close to closing. The result of this is that some of the most vulnerable patients that the NHS supports are either unable to access treatment or have to travel long distances away from their support systems in order to access a bed.

I am deeply concerned about this issue and I believe that if the gradual erosion of these units continues then many more of the most vulnerable people will not be able to access adequate treatment. I have worked with a number of individuals with addiction issues recently who have relapsed before they have been able to access support in a unit despite support from local addiction services, many of which have, or will be, facing funding cuts. All of whom have cited delays in accessing a place in a unit as being one of the contributory factors (amongst others) in their relapse.

Response: These services are not in the remit of HMR CCG to be able to Commission and we are not aware of any plans to commission such a unit specifically for HMR residents

- 41 (a). Are there any plans to fund a NHS Inpatient Detoxification Unit for Heywood? Middleton & Rochdale area to meet local demand.

Response: Please see response to question 40

- 42 (b). What is the current average waiting time to access NHS Inpatient Detoxification Units in Heywood? Middleton & Rochdale area?

Response: The CCG does not hold this data. Please see response to question 40

- 43 (c). How many people are currently on waiting lists for a NHS Inpatient Detoxification Units for Heywood? Middleton & Rochdale area?

Response: The CCG does not hold this data. Please see response to question 40

- 44 (d). How many drug, alcohol or substance abuse overdoses and drug related fatalities have there been in the Heywood. Middleton & Rochdale area during 2019 - 2020?

Response: The CCG does not hold this data. Please see response to question 40

Questions submitted on 13 December 2020 (by a member of the public AW)

- 45 45% of parents of children with a Learning Disability (five and under) said they had experienced negativity, prejudice or discrimination by healthcare professionals, accidentally or on purpose and 34% of parents of children five and under) said they think that children with a learning disability do not receive equal hospital care. Whilst Only 51% of the people who replied agreed that children with a learning disability receive equal hospital care compared to children without a learning disability. This despite the law saying that people have a right to reasonable adjustments.

MENCAP have pointed out in their latest report (October -November 2020) that Families of children with a Learning Disability need coordinated support that is suitable for them and have called for hospitals to have a Disability Coordinator role to help families get the support they need from diagnosis onwards.

The charity is campaigning for hospital trusts to create a new Disability Coordinator role to help families get the support they need. Additionally, it has been reported nationally that:

' People with learning disabilities were up to six times more likely to die from Covid-19 during the first wave of the pandemic, analysis shows.

A report from Public Health England (PHE) found the death rate for those with a learning disability was 30 times higher in the 18-34 age group.

The charity Mencap said the government had "failed to protect" a group already experiencing health inequalities.' [2].

APPENDIX:

[1]. Microsoft Word - Children's' Campaign Report Easy Read V4.docx (mencap.org.uk)

[2]. Covid: Learning disability death rates 'six times higher' BBC (13 November 2020)
<https://www.bbc.co.uk/news/health-54924121>

[3]. ' The report highlighted that certain kinds of learning disability, such as Down's Syndrome can make people more vulnerable to respiratory infections. Adults with the condition have recently been added to the government's "clinically extremely vulnerable" list.

Almost half of those with Down Syndrome who died from Covid-19 were living in a care home.

The Down's Syndrome Association said priority must be given "to measures to prevent the spread of Covid-19 in these settings, including regular testing of care staff".

(a). Does the Governing Board agree with the findings and recommendations in MENCAP'S latest report?

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

46 (b). Are there currently any Disability Coordinators in post in the Heywood, Middleton and Rochdale NHS area and if so, how many?

Response: The CCG does not hold this information; this would be a provider role.

47 (c). Who is tasked locally either individually or departmentally for ensuring families with children with a Learning Disability are fully supported in accessing NHS support services?

Response: Any professional supporting the child and family

48 (d). Does the Governing Board agree with MENCAP'S research findings' that there is currently a need for more support for families of young children with learning disabilities and autism '?

Response: Yes

49 (e). Can the Governing Board cite an example of an independent local engagement group made up of and representative entirely of adults or children with Learning Disabilities in the Heywood Middleton & Rochdale area which feedbacks regularly to Heywood, Middleton and Rochdale CCG on local NHS services?

Response:

Though there is no local engagement group made up entirely of adults or children with a learning disability that regularly feeds back to the CCG, HMR CCG value the views and experiences of healthcare services from those with a learning disability.

HMR CCG actively seek out the views of these groups on issues that may affect them

The CCG does have links with the following groups who engage with the CCG on a range of healthcare issues:

- ***Parent Carer Voice – this is a group of parents whose children or young people have learning or other disabilities. The CCG Engagement Lead has worked with this group over several years using their lived experience to influence the decision making of the CCG, e.g. parents from the group sat on the tender panel for a children's and young person's mental wellbeing contract and decided in partnership with commissioners which provider would be awarded the contract.***
- ***PossAbilities – a local organisation that supports those with learning disability have a group that agreed to check key CCG documents for accessibility. As soon as current restrictions allow the CCG Engagement Lead will be asking the group to examine easy read versions of the CCG Annual Engagement report, Annual Report and Communication and Engagement Strategy.***
- ***Barnados – Just prior to lock down the CCG Engagement Lead had started a piece of work with young people with a learning disability who are supported by Barnados. This work was the design and delivery of a survey to examine***

the key healthcare issues for young people. The work was planned in partnership with Lowerplace school and the young people supported by Barnados. They had agreed to design, build and carry out the survey. Reporting of the survey results would be through use of film, puppet theatre and song rather than the normal printed report. This project was postponed following early preparatory work due to Covid 19, however the CCG intend to restart the project as soon as is possible.

- *RADDAG (Rochdale and District Disability Action Group) were commissioned to engage with those with a learning disability (in partnership with PossAbilities) to examine the barriers they face accessing healthcare services. The report from this piece of work was presented to the Patient and Public Engagement committee of HMR CCG.*

- 50 (f). Are separate record kept for the number of people classed as disabled or with a disability (mental health or physical) who have Covid-19 listed as cause of death in the Heywood, Middleton and Rochdale CCG area?

Response: The CCG does not hold this data

- 51 (g) Can the Governing Body report back on how many people with Learning Disabilities have been tested for Covid-19 in residential or community settings in the Heywood, Middleton and Rochdale CCG area in 2020? [3]

Response: The CCG does not hold this data

Questions submitted on 15 December 2020 (by a member of the public AW)

- 52 Local waiting times for A&E department beds

APPENDIX:

[1]. ' More patients waited over 12 hours for a bed from A&E in November at hospitals run by Pennine Acute than anywhere else in England ' Rochdale Online (14 December 2020)
<https://www.rochdaleonline.co.uk/news-features/2/news-headlines/138094/more-patients-waited-over-12-hours-for-a-bed-from-aande-in-november-at-hospitals-run-by-pennine-acute-than-anywhere-else-in-england>

(1) . What is the Governing Body's view on recently published data showing ' More than 300 patients waited over 12 hours for a bed at A&E departments run by Pennine Acute Trust last month – higher than anywhere else in the country.' [1].

Response: The Governing Body works closely with Northern Care Alliance to minimise the risk to this happening.

- 53 (2). Does the reported 69% increase since last month indicate a need for rapid investment in local NHS services for local people - particularly A&E's?

Response: This indicates the impact that Covid 19 is having on local NHS services, both directly as a result of ill patients and staff and indirectly due to staff isolating as a result of possible exposure to Covid 19.

- 54 (3). What local factors do the Governing Body feel are responsible for NHS patients in our area having the longest wait of any patients in the country?

Response: Pennine Acute NHS Hospital Trust is one of the biggest trusts in the Country serving a large population with significant deprivation across 4 hospitals. Sometimes headline figures do not reveal the true story.

- 55 (4). Does this data reflect an anomaly or 'blip' due solely to the effects of the Covid-19 pandemic or is the data more reflective of embedded delays & failures that are likely to result in continued restricted access for patients to A&E department beds locally?

Response: There has always been pressure on patients getting admitted to beds from A+E in winter, locally and Nationally, and Covid 19 has exacerbated these challenges

- 56 (5). Going forward what remedial action can be taken to ensure over 12 hour waits for an A&E bed do not continue or even worsen during the Winter 2020 and Spring 2021?

Response: The CCG are working with our Community Providers, Ambulance Providers and Acute Trusts to manage people in the Community where possible, therefore avoid attendance at A+E and if admission is essential then developing early discharge pathways to ensure a supply of available beds for admission into.

Questions submitted on 15 December 2020 (by a member of public MH)

- 57 Following recent reports in the national press regarding the above, it stated that 2 years ago all GP surgeries were advised that to implement the completion of these using a 'Frailty nursing practitioner'. They had to assess all patients over 65 with a marking of 1 - 9 with a view to initiating the DNAR (Do not attempt to resuscitate) to be left on view in the home and also entered on all health records.
My questions and concerns

1. Is this happening in Rochdale, if so, why are we not aware of it?

Response: The use of Frailty scores has been in use in Rochdale for a few years to help Practices determine which patients could be more likely to need additional help and support. It is not used to determine if a DNAR should be initiated. However, it may initiate a discussion with individuals regarding their views on resuscitation

- 58 2. Who gives anyone the right to make this determination?

Response: The initiating of a DNAR order should be done in discussion with the Medical teams, the patient and relatives.

- 59 3. Are people of a certain age being left to die if admitted to hospital?

Response: No

- 60 4. Is this the solution to Bed Blocking and Social Care crisis?

Response: No

- 61 5. Is this Population Control by another name?

Response: No