

# TRAFFORD PANDEMIC SCRUTINY COMMITTEE

29 JULY 2020

## PRESENT

Councillor D. Acton (in the Chair).

Councillors S.B. Anstee, Dr. K. Barclay, Miss L. Blackburn, G. Coggins, J. Dillon, J. Holden, J. Lamb (Vice-Chair), J. Lloyd, J.D. Newgrosh, A. New, R. Thompson, D. Western, A.J. Williams and B.G. Winstanley.

### In attendance

Councillor Harding	Executive Member for Adult Services
Councillor Hynes	Executive Member for Children's Services
Jill McGregor	Corporate Director of Children's Services
Diane Eaton	Corporate Director of Adult Services
Jane Le Fevre	Corporate Director of Governance and Community Strategy
Eleanor Roaf	Director of Public Health
Michelle Irvine	Director of Performance and Quality Improvement, MHCC and Trafford CCG
John Addison	Statutory Scrutiny Officer
Alexander Murray	Governance Officer

## APOLOGIES

Apologies for absence were received from Councillors B. Shaw and A.M. Whyte

## 21. MINUTES

Councillor Winstanley noted that he was not listed as being in attendance at the meeting on the 1<sup>st</sup> July and asked that this be amended.

RESOLVED: That, following the above amendments, the minutes of the meeting held 1 July 2020 and 15 June 2020 be agreed as an accurate record.

## 22. DECLARATIONS OF INTEREST

Councillor Thompson declared an interest with regards to her membership of the Trafford Parents Forum mentioned in relation to agenda item 6.

## 23. QUESTIONS FROM THE PUBLIC

The Chair of the Committee read out questions that had been submitted from a Trafford Resident for the meeting. The questions were in relation to item six on the agenda. The questions posed were;

*“Does there need to be a more granular focus in the plans?”*

*Given BAME students are disproportionately represented in SEND stats and exclusion, does there need to be more detail in terms of students ethnic background and postcodes so that limited resources can be razor sharp on*

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*those students who are more likely to require targeted intervention and support? Other minority groups such as those with English as an additional language, children in care, and children from gypsy traveller communities, young offenders, may also benefit from a specific focus. The plans are very generic. Does there need to be a focus on families, who have not historically engaged well with services and a rethink of how, when and where the engagement occurs, who is in control?*

*The vision and ambitions set out in the documents are quite general and I am not sure how we will know things have improved/changed, how will this be measured? How will you know it is working?*

*Is there enough health representation on the Partnership Board, do we have a DMO/DCO?*

*How will all this be communicated throughout the Children's Workforce so that they know what the expectations are on them as partners with families?*

*How does this document link into the JSNA, Trafford Together Locality Plan and the Social Care Children's improvement plan?"*

The executive Member for Children's services gave a response to each of the questions posed. In response to the first question around BAME the Executive Member for Children's Services answered that the Council was aware of the work that needed to be done around the BAME community although it was in the early stages. An educational psychologist had set up a group to develop an understanding of how to engage with BAME children in a way that did not re-enforce inequalities.

In response to the question about the vision the Executive Member for Children's Services pointed out that there were detailed sets of plans and task and finish groups in place to ensure the vision was delivered. While the vision was general the plans and Task and Finish groups went into more detail including how success was to be measured.

There was health representation on the Partnership Board with the Councils DCO and paediatrician as part of the membership for the last year. Regular meetings were also held with the EHC managers so their views were heard.

The expectations that the Council had of staff were communicated through the communications and engagement group who then disseminated the information to the rest of the workforce and the wider partnership. The Executive would continue to monitor this going forward to make sure that the mechanisms set in place were adequate.

In response to the question about how the plans linked into other Boards and Plans the Executive Member for Children's Services answered that the plan was interconnected with the Trafford JSNA and the Start Well Board which the Executive Member for Children's services chaired.

The Chair noted that it was a detailed response and they hoped that it addressed the entire of the resident's questions.

RESOLVED: That the public questions and responses be noted by the Committee.

**24. EXECUTIVE RESPONSE TO CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE REPORT ON SEND**

The Executive Member for Children's services gave a brief introduction to the report that had been circulated to the give the Committee opportunity to ask questions. The Executive Member for Children's Services apologised for the time it had taken for the response to come to the Committee. The Task and finish report originally came to the executive in September 2019 with an original response ready by February 2020 but due to COVID 19 that had been delayed until now. The Executive Member for Children's Services thanked the group who created the report for bringing their findings to the Executive's attention. The Committee were informed that there had been a large number of improvements since the report was made and the Executive supported the additional work to be done by the Task and finish group as outlined in the report.

Councillor Thompson welcomed the Council's commitment to looking at the quality as well as the quantity of the EHCPs. Councillor Thompson asked how they would ensure that the random sample provided to the Task and Finish group was random and representative and whether the sample would be anonymised or if permission would be sought to provide names in line with GDPR.

The Executive Member for Children's Services responded that the request was for anonymised plans and the service had agreed to share them with the Task and Finish Group as long as it met GDPR requirements. The Executive Member for Children's Services welcomed the Committee reviewing the plans to provide additional assurance as to their quality. The detail of how the plans would be selected and shared had not been worked out yet but it would be agreed between the Task and Finish group and officers. Councillor Western added that the group would be happy receiving an anonymised sample containing both highly detailed plans and low detailed plans. The Task and Finish group would also like to see the outcomes from the EHCPs. The Corporate Director of Governance and Community Strategy Added that for the quality assurance it would normally be anonymised unless there was a reason that having the names would aid in providing assurance.

The Corporate Director of Children's Services stated providing assurance was a complex question. It was part of the EHCP manager's job to review the plans on a regular basis and the Director of Children's Services supported the task and finish group in providing additional assurance. However, the service was looking at providing external assurance through a multi-agency response. The Executive Member for Children's Services informed the Committee that the data could be randomised by taking a random sample of cases using the case ID number.

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Councillor Dillon asked about section 2.5 around the legal test that was done and the anxiety of parents whose children were in years 6 and 7 when applying for support for their children. The Executive Member for Children's services responded that there was not anyone at the meeting who could provide an answer to that question but that an answer could be provided after the meeting.

The Chair added that the monitoring of the performance was something that scrutiny would be interested in receiving.

Councillor Western asked whether the system was robust enough to deal with an influx of applications that may come in as children go back to school.

The Corporate Director of Children's Services responded that the Council had tried as best as possible to continue business as usual and so it was hoped that there would not be a large influx when the schools went back after summer. However, the Council had conducted a surge planning exercise to ensure that additional resources would be available if needed.

**RESOLVED:**

- 1) That the response be noted.
- 2) That a response to Councillor Dillon's question be provided after the meeting.
- 3) That Scrutiny is to receive performance monitoring updates around EHCPs going forward.

**25. HEALTH AND ADULT SOCIAL CARE**

The Director of Public Health Stated that Trafford had been steady around 3 cases per day and then from the 17<sup>th</sup> July Trafford started to see an increase in the number of cases. The increase was among the younger population including people in their late teens and early twenties with only a couple of cases among people over forty. The teenager numbers had started to reduce but there were still higher levels overall with the highest infection group shifting to people in their thirties and children.

3% of people tested were positive in Trafford up from 1%, which was the national average. Trafford did have a good level of testing compared to other areas and additional testing sites were available. The Director for Public Health told the Committee that there was an app which tracked testing and a link to the app would be shared with the Committee. Despite the increase Trafford was still below the 50 cases per 100,000 people per week and 5% positive rate. While Trafford's overall numbers were low they were still a concern and were higher than had been projected by national modelling.

The Chair noted that Trafford had been listed in the top 5 areas of concern and the Director of Public Health responded that while Trafford were in the top areas of concern this was due to having an increase from a low base rate. The actual numbers were still relatively low and were not near the levels of the other areas of concern.

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Councillor Coggins asked about the exceedance report being in the red zone and what this meant. The director of Public Health responded that the monitoring was based on models on the number of new cases projected. Trafford had been doing well and had gone into red in the last two weeks as they were exceeding the number of cases projected. Leicester, for example, was now green on the exceedance indicator despite them having more cases than Trafford as their numbers were high but reducing. 8 out of 10 of the Greater Manchester Authorities were red on the exceedance indicator and the North West was showing the most areas for concern across the Country. The Director of Public Health added that the demographic spread of cases within Trafford was very different to the other areas of concern.

Councillor Coggins asked whether there was a breakdown of tests by age. ER responded that Trafford did not have that data at the moment but they were asking for that information to be provided. Trafford were testing around 131 people per hundred thousand population per day which was around 2000 people per week.

Councillor Western noted that the increase around younger people linked closely to the reopening of pubs in the area. The Councillor asked if it would be likely that there would be a spike when young people go to university and schools re-opened. The Director of Public Health responded that it was not likely that there would be an increase when schools reopened as most of the increases appeared to be from people socialising rather than school exposure. It was important that Trafford got messaging out to people that the pandemic was not over and to ensure people were following the government guidelines around precautions such as social distancing.

Councillor Barclay asked how the Council could maintain contact tracing among younger people. The Director of Public Health responded that the tracking and tracing was done through the national system and it seemed as though many young people had been contract tracing and asking for tests. At the moment Trafford had not seen many cases of people in the same household but the increase was expected to be seen in the next week or two.

Councillor Lamb agreed about the importance of ensuring that the message that was going out to the public was appropriate and suggested that this could be a recommendation by the Committee.

Councillor Barclay also asked about self-isolation and those returning from Spain. The Director of Public Health responded that the Council would be following the national guidance and supporting all those who were in Spain when the quarantine was put in place.

Councillor Blackburn asked about the residents who were hospitalised. The Director of Public Health responded that there had not been an increase in the hospitalisation yet. The Council had been working with Trafford CCG, MFT, and other partners to support those who had been affected badly by COVID 19.

Councillor Blackburn added that she had seen young people congregating in groups outside and not socially distancing. The Councillor asked whether there

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was anything that the Council could do about this. The Director of Public Health responded that it was important to have consistent messaging going out to the public regarding the guidelines and asking people to follow them. It was also important that people understood that if they had been socialising that they should then avoid visiting anyone who was at risk or to take necessary precautions when doing so.

Councillor Williams stated that while there had been an increase among the younger population that there had been an excellent level of buy in among young people and it was good that young people were presenting themselves for testing. While it was concerning that young people were being infected it would be more worrying if it was spread among those who were at a greater risk. The Councillor asked that data be added to the dashboard that was being circulated to councillors on the number of hospital admissions so that they could see the levels of more serious cases. The Director of Public Health responded that the data would be added to the dash board for councillors.

The Corporate Director of Children's Services noted how well the young people had coped with the pandemic and the support that Trafford young people had provided for each other during the pandemic. The Executive Member for Adult Services added that it was important that messaging did not demonise young people and respected the impact the pandemic had on their lives.

The Director of Public Health added that it was important that people did get out of their houses as it was important for their mental health. But it was important that they did so safely.

The Chair asked which areas had seen an increase in positive cases and if extra measures were to be triggered what the process would be. The Director of Public Health responded that it depended on the demographics of the new cases. In last three weeks most cases had been seen in the WA 15, M41, and M33 postcode areas. Trafford had been working with industries to ensure that work places were prepared to prevent the spread of COVID 19. The Public Health team were continually analysing the data to try and work out where contact spreading was occurring and whether it was through workplaces, schools, or social gatherings so that action could be taken.

Councillor Blackburn asked if there was any difference in gestation periods among people of different ages. The Director of Public Health responded that the gestation was around five days on average but it was not known whether there was a difference in gestation period depending on age.

The Corporate Director for Adult Services provided a short verbal update to the Committee before inviting questions. The Committee were informed that Trafford services were starting to re-open although in limited capacity due to social distancing. Trafford were working with Manchester Foundation Trust (MFT) and Manchester Council around capacity modelling for the future. Currently the Council had adequate capacity within services to manage need and social work activity had seen referrals going back to normal levels.

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Councillor Winstanley asked about rapid discharge from hospital arrangements and if they would be continued post COVID 19. The Corporate Director for Adult Services responded that the Council had used some of Trafford's existing providers in addition to Commissioning a service for four months. The service was coming to an end but the Council were looking to remodel homecare and rapid discharge would be built into the Council's long term model.

Before giving their update the Director of Performance and Quality Improvement, MHCC and Trafford CCG informed the Committee that MFT had 39 inpatients with COVID 19 with 6 in intensive care. At the height of the pandemic it was 474 patients with COVID 19 in MFT hospital beds. The Director of Performance and Quality Improvement, MHCC and Trafford CCG was in attendance to speak about outpatients but was happy to come back to the Committee to discuss the restart of the elective programme in MFT hospitals if the Committee wanted that information.

The Director of Performance and Quality Improvement, MHCC and Trafford CCG gave a brief overview of the information that had been circulated as part of the agenda including the programme of work that was going on and what was still to be done. When the pandemic started there was guidance to cancel all elective surgery so MFT cancelled 130000 appointments. The Committee were informed of how MFT were working through the pandemic how this had started as an internally focused piece of work but had branched out to include wider partners throughout. During April and May MFT reduced outpatient appointments to just 40% of pre-COVID levels in June this was up to about 60% and they were looking to get to 90-100% by September. However, there was going to be a large backlog of appointments due to the months running at reduced capacity.

The programme was in phase one moving into phase two. Phase one was focused on improving the digital offer to support clinicians and patients. Phase two was about collaboration around referrals and making sure that they went to the right place and were triaged properly. Work was ongoing to check whether routine appointments which had been delayed were still needed.

Performance had deteriorated significantly both locally and nationally during the pandemic with many more patients having over 52 week waits, patients waiting over 18 weeks for routine services, and not delivering on cancer standards. The programme had two prongs the first was looking at different ways of managing activity the second was looking at the best way to handle to backlog of appointments that were cancelled at the start of the pandemic.

Councillor Barclay asked what plans were in place to protect the outpatient recovery plans if there was an increase in COVID 19 patients. The Director of Performance and Quality Improvement, MHCC and Trafford CCG responded that providers were looking to deliver a large amount of their services remotely to reduce the chance of infection and to enable services to be delivered in the event of another outbreak. In terms of their estate MFT had created zoned areas and outpatient areas were green zero COVID 19 case areas. A big concern was that if the number of cases did increase then staff would need to be re allocated to be

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COVID 19 facing staff. This was a dilemma and modelling had been done to help in such circumstances.

Councillor Winstanley welcomed that there was recognition of inequalities within the response and asked if there was a trade off between recognising a protected characteristic and clinical requirements. The Director of Performance and Quality Improvement, MHCC and Trafford CCG it was something that was an ongoing concern and a meeting was scheduled to address that balance.

Councillor Thompson asked for a brief breakdown of the procedures that had been postponed. The Director of Performance and Quality Improvement, MHCC and Trafford CCG explained that it was all specialties and it was all clinically prioritised routine patients. When they cancelled the procedures they put people into 4 prioritised areas priority 1 (life threatening), priority 2/3 (cancer and urgent), priority 4 (routine) during the pandemic all priority 1 had continued and there had been some priority 2 and 3 but no routine procedures had gone ahead.

RESOLVED:

- 1) That the updates on Health and Social Care be noted.
- 2) That data on hospitalisations in Trafford be added to the dash board provided to Trafford Councillors.

## **26. SCHOOLS AND EDUCATION**

The Executive Member for Children's Services informed the Committee that schools had broken up for the summer and around 7000 children had gone to school before the break up. There was not an expectation from the Council that schools would provide activities over the summer, however a number of providers including some schools were offering activities. The virtual school was offering support to vulnerable children over the summer holidays. The Schools had been working on plans to bring pupils back in September and the Council had been supporting the schools in this, for example by aiding in the completion of risk assessments. This was particularly challenging in schools that had a limited amount of space available.

The Public Health team had been supporting schools around the implementation of health and safety measures within schools, including what to do if there were any localised outbreaks. The Council noted that there was a lot of anxiety amongst children and parents about returning to school and it was a key priority to address that anxiety and provide assurance that it was safe to return to school. Schools had been communicating to parents and children as to what to expect when they go back. There were a range of tools being used to do this with some schools providing pupils with a virtual tour of the school so that children and parents could see what it would look like and how the one way system would work.

There had been a lot of discussions around catching up on lost learning. The first part of this work was ensuring that children and parents felt supported in going back to school so they were able to start learning again. There were a number of emotional and social aspects of the return to school but there were also some practical steps being put in place around specific areas of focus. Ashton on



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Mersey were leading on a collaborative programme which promoted projects around maths, as that was an area where it was expected children would need specific support.

The catch up funding would not be available until the autumn and would be provided in three tranches. The funding would equate to around £80 per pupil and would only be able to be used on specific things, for example tuition for pupils. The Council were working with TFGM on the transport needed to facilitate children going back to school. This issue was specific to Trafford as pupils tended to travel further for school than in other areas. The Council were also working with SEND pupils including circulation of a survey in order to ascertain what their transport needs would be.

The Corporate Director of Children's Services also provided a brief update of the work ongoing. The Corporate Director of Children's Services had visited some of the Schools in the borough and met with some of the young people and staff. The reality of what the schools looked like in the COVID 19 setting was something that needed to be seen to be fully understood. Schools were being clear that the initial two weeks would be focused upon getting children familiarised and settled in a school environment again. There would still be structured learning but the first priority was getting the setting right. There were a number of initiatives that had been promoted with schools. One piece of work was around supporting the BAME community and the Council had invited an Ofsted inspector to come and work with them. That work was around providing toolkits for schools with a significant piece of work around meeting the BAME community's needs. Councillor Carter had hosted an event with Kate Green MP the previous Friday which was focused on engaging with the BAME Community. Trafford was aware that a lot of work was needed with the BAME community beginning with engagement to find out their needs.

The SEND transport survey had gone out as Trafford had a low level of SEND Children attending school so far due to a number of issues. One key issue was many of Trafford's passenger assistants were part of groups vulnerable to COVID 19 and so only 27% of passenger assistants were available. The Council needed to understand what the need was going to be when the schools reopened so that plans could be in place to meet that need. The Council was promoting the use of personalised budgets and promoting parent and carer choice as to what they thought would be the best way to support their child to get to and from school.

Due to the limited amount of time left in the meeting the Chair thanked the Executive Member for Children's Services and the Corporate Director for Children's Services for their update and asked Committee Members to submit their questions to officers after the meeting.

**RESOLVED:**

- 1) That the update be noted.
- 2) That an answer to Councillor Dillon's question be provided after the meeting
- 3) That Committee Members send their questions to officers after the meeting.

**27. WORK PROGRAMME REPORT**

The Committee were asked whether they had any questions, to note the report and agree the recommendations. No questions were raised and the report was noted.

RESOLVED: That the report be noted and recommendations agreed.

**28. ITEMS FOR FUTURE MEETINGS**

Councillor Coggins requested that active transport be considered by the Committee at their meeting in September. The Chair confirmed that the Committee meeting on the 19<sup>th</sup> August would be going ahead and that finance would be the main item on the agenda for that meeting. Councillor Barclay requested that the Committee put homelessness on the list of agenda items for future meeting.

RESOLVED:

- 1) That active transport was to go on the agenda for the meeting in September.
- 2) That homelessness was to be added as an item for a future meeting.

The meeting commenced at 4.00 pm and finished at 6.00 pm