

TRAFFORD PANDEMIC SCRUTINY COMMITTEE

22 OCTOBER 2020

PRESENT

Councillor D. Acton (in the Chair).

Councillors Dr. K. Barclay, B. Brotherton, G. Coggins, J. Dillon, J. Holden, J. Lamb (Vice-Chair), J. Lloyd, J.D. Newgrosh, R. Thompson, D. Western, A.M. Whyte and B.G. Winstanley.

In attendance

Councillor Hynes	Executive Member for Children's Services
Councillor Slater	Executive Member for Health, Wellbeing, and Equalities
Councillor Harding	Executive Member for Adult Social Care
Martyn Pritchard	Accountable Officer for Trafford CCG
Diane Eaton	Corporate Director of Adult Social Care
Jill McGregor	Corporate Director of Children's Services
Eleanor Roaf	Director of Public Health
Heather Fairfield	Chair of HealthWatch Trafford
John Addison	Statutory Scrutiny Officer
Alexander Murray	Governance Officer

APOLOGIES

Apologies for absence were received from Councillors Miss L. Blackburn, A. New, B. Shaw, and A. Williams.

1. MINUTES

RESOLVED: That the minutes of the meeting held on the 22 September 2020 be agreed as an accurate record.

2. DECLARATIONS OF INTEREST

No additional declarations were made.

3. QUESTIONS FROM THE PUBLIC

No questions were received.

4. PUBLIC HEALTH AND ADULT SOCIAL CARE

(a) PUBLIC HEALTH

The Executive Member for Health, Wellbeing, and Equalities gave a brief introduction to the item and informed the Committee that Trafford were due to go into tier 3 lockdown as of midnight and that new communications would be going out to the public informing them of what the new rules were.

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Following the introduction the Director of Public Health updated the Committee on latest position within Trafford. The Committee were informed that Trafford had seen a slight reduction in the number of new cases but this was a reduction in cases among the younger population and there had actually been an increase in cases among the over 65 population, who were the people most vulnerable to COVID 19. The hospitalisation rates had started to increase and this was expected to continue in the next two to three weeks due to the increase in infections among the over 65 population.

There continued to be high rates of infection across the board with the two highest areas being Clifford ward and Hale Barns ward. Rates were over 400 per 100,000 in all four of the Trafford localities and there were only two wards with rates of less than 200 per 100,000. There was still a delay in receiving test results but there did not appear to be any issues in accessing tests within the area. The rate of people going for testing had dropped and it was thought to be due to publicity around sharing testing data with the police. The percentage of positive results remained high which suggested that the decline in people going for testing was not due to a reduction in the number of cases. Contact tracing was working well locally but there were still issues with the national system. The team were doing a lot of work with schools and businesses when they had cases to determine who was likely to have been infected and whether the school or business needed to be closed.

The cases within schools had been community transmissions with a limited number of transmissions happening within schools. With regards to community engagement members of the team were due to go out in North Trafford the following day to talk to Mosque leaders and to go into shops and businesses to pass on information across the community.

Following the overview Committee Members were given the opportunity to ask questions. Councillor Barclay asked about fines and the involvement of the police and how the Council could counter the impact of that message. Councillor Barclay also asked whether there had been any further development of a local contract tracing system. The Director of Public Health responded that the legislation around the fines stated that it was up to local areas to implement and Greater Manchester would not be sharing data with the police due to the impact it had on people's willingness to be tested. Fines may be issued but they would be for extreme cases such as businesses who continued to operate when they had been told to close. There were plans for a local system across Greater Manchester and additional funding was to be made available for that. However, the Director of Public Health told the Committee that with the current level of infections it was not possible to contact trace effectively. Over 110 people were testing positive per day and there was no way that all of their contacts could be traced and contacted.

The Chair added that contract tracing had been publicised as a solution to the pandemic but now they were being told that this was not the case. The Director of Public Health responded that Track and Trace could work when you had relatively low number of cases where the amounts of contacts were manageable. When numbers reached the levels that were being seen across the country contract tracing was no longer feasible. There was a need for the community to work

together by following the guidance strictly to get the rates down to a point where contract tracing could be effective.

Councillor Winstanley asked what the response had been from those working on the national system when they were told that the data they were producing was not reliable. The Director of Public Health explained that they did not have conversations with the providers but they reported any issues to NHS England. The Director of Public Health added that due to the bad publicity the service had received people were not cooperating with the service which exacerbated the issues.

Following the Committees questions the Chair thanked the Director of Public Health and all of the staff that she worked with both within the Council and at the GM level for the excellent work that they continued to provide throughout the Pandemic.

RESOLVED: That the report be noted.

(b) ADULT SOCIAL CARE

The Executive Member for Adult Social Care informed the committee that they were keeping close contact with the Corporate Director of Adult Services around the infections within care homes. This was something that the Council had been working hard to prevent since the start of the pandemic. The Executive Member for Adult Social Care informed the Committee that she would be happy to come back to the Committee to provide updates on what the care home sector over the winter period. The restrictions around visits were continuing work was ongoing within the Council and with partner organisations to attempt to identify a safe way for visits to be conducted.

Following the introduction from the Executive Member for Adult social Care the Corporate Director of Adult services gave an overview of the presentation that had been circulated with the agenda. The Committee were asked to look at the modelling displayed on the third slide of the presentation which compared the first and second wave of the pandemic. In the first wave people were in hospital for around 10 weeks before discharge whereas in the second wave most of the people infected were younger and so were recovering quicker which required a different model of care.

Slide four set out the guidance and the requirements for a winter plan and a NHS wave three plan. Trafford had decided to create a single integrated plan which covered all of those aspects. Slide five set out the challenges over winter slide 6 addressed the NHS phase three work and surge planning. Slide 7 moved onto adult social care and the work that was ongoing to prevent spread throughout care home settings and those living at home. Slide 8 covered the local care organisations response who had been tracking their capacity across all of the support pathways.

The Director of Adult Services informed the Committee that a whole programme of work was in place, which had been developed with all partners, to deal with the

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demands of winter. The hospital discharge policies that had been in use since the start of COVID had been updated in line with changes to the legislation made in August and funding changes made from the 1st September. A number of discharge to assess beds had been commissioned in care homes across Trafford and work had been done to ensure that any infection risks were minimised. Trafford were negotiating with Manchester about the use of a provider who would be able to look after patients who are COVID positive on discharge from hospital. The CQC had introduced an inspection requirement for homes used in this way and the Council had plans in place for these inspections to be carried out. Additional rapid discharge support was being commissioned to aid people to be discharged to their own homes and colleagues who provided therapy and nursing support were also increasing their capacity in line with the projected need. Work was also ongoing with health colleagues around support for the long term effects of COVID 19 such as breathing or mobility issues.

Following the overview the Chair asked Members whether they had any questions but none were raised.

The Executive Member for Adult Services gave clarification to the Committee regarding some reports that had been made about people who were COVID positive being placed in care homes. The Committee were assured that the Council was performing tests to make sure that people were not being discharged into care homes with COVID 19. Trafford were looking to provide provision to COVID positive patients but this was separate to the standard provision of care.

RESOLVED: That the presentation be noted.

(c) HEALTH SERVICES

The Accountable Officer for Trafford CCG spoke about how well the Corporate Director of Adult Services and the Director of Public Health had worked with health services and that it had been a truly integrated approach taken throughout the Pandemic. Accountable Officer for Trafford CCG then handed over to the Director of Commissioning for Trafford CCG who gave an overview of the slides that had been provided as part of the agenda pack.

During the early phases of the Pandemic the CCG had worked with general practices to ensure that people were able to access services in a safe way. A total triage model where initial triage was provided remotely before an appointment was given had been introduced. IT support had been supplied to GPs to allow them to work from home to prevent infection among the workforce. Special provision was put in place to provide support to patients who may have had COVID 19. Supplies of PPE had been increased to ensure that there was an adequate amount to deal with the elevated demand. GPs had been given more flexibility in the hours of their contracts to allow them to work as best suited the demand. A suite of priority pathways were put in place including discharge to assess, virtual wards, end of life support, care home support, and urgent care pathways, which provided wrap around support for GPs and CCG staff had been redeployed to keep frontline services running within GPs. The next phase of work involved looking at GP networks and how GPs could work together to be more resilient. There was a

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CCG winter plan which linked directly with the Adult social Care winter plan and the flu vaccination plan.

The majority of mental health services had remained operational throughout the pandemic, although they changed how they delivered their services. The CCG were working with providers to prepare for the expected increase in demand. Providers across Greater Manchester were looking at ways they could work with and support each other to make the system more robust.

The elective programme had been stepped down at the start of the pandemic to allow hospitals to deal with the increased demand from COVID 19 and the focus had since been on recovery of the programme. The CCG had been working with MFT on how to get the services back up and running through the use of remote working, support from GPs and by working with patients to ensure that they needed the procedures that had been cancelled. The wait times were much longer with the number of people waiting over 52 weeks being expected to be over 6000 by March 2021 and the CCG were looking at possibilities of how they could manage this in different ways.

Urgent care activity had been greatly reduced during the original outbreak all the way through to the end of lockdown. Since the end of lockdown this had been increasing and was almost back to pre-pandemic levels. Lots of work was on going to enable patients to access urgent care without people queuing within waiting rooms in a similar way to how GPs have worked by putting a virtual service in place so people could access those services safely. Community services had been stepped down but were nearly back to pre-COVID levels, although the role had changed greatly.

Following the overview the Committee were given the opportunity to ask questions. The Chair thanked both the Accountable Officer for Trafford CCG and the Director of Commissioning for Trafford CCG for the way that the report was written as it was easy to read and understand.

Councillor Thompson asked about the mental health urgent care centres and what the plans were to open them. The Director of Commissioning for Trafford CCG responded that the service would not look very different to patients and would be co-located in A&E or urgent care departments. The centres would function by people who presented at those departments being triaged and then streamlined straight into those services rather than waiting while the mental health team made their way to see them. The centres were not really new but more of a different way of delivering the same service due to lessons learned from COVID 19.

Councillor Barclay asked what the likely hood was that the nightingale hospitals would be used. The Chair added to the question asking whether the hospitals had capacity to deal with the predicted increase in demand. The Director of Commissioning for Trafford CCG responded that there were plans to reopen the nightingale hospital although it would be predominantly be used for patients who were COVID negative but needed step down services to provide more rehab therapy and support to free up hospital capacity. The hospitals would be able to cope with the increased demand but they would have to adapt their plans

regularly. The peak was expected to come in the second week in November and was expected to be higher than the original modelling suggested. Changes had been made to hospitals plans to ensure that there were enough beds available to cope with COVID patients and ICU patients. There may be a need to look at triggers for when elective procedures would be cancelled but this was being coordinated at a GM level to avoid causing health inequalities across the region. While the increased demand was going to be challenging there were clear plans in place for how the hospitals were going to cope through the second wave.

Following the questions the Chair of HealthWatch Trafford told the Board that their report on COVID 19 was due to be published soon and that there were a few elements that would be of interest to the Committee. HealthWatch Trafford had seen almost double the number of visits to their website in the six months since the outbreak of COVID 19 than had been seen in the previous year. The feedback that HealthWatch had received was that most people wanted to know about test and trace, the new119 number, and whether they could get a free test on the day. Youth watch Trafford wanted to know at what age they could visit a GP alone, about the mental health hubs, information on young parenting, and going back to school. HealthWatch had come up with 7 main findings and recommendations within the full report, which would be circulated shortly.

RESOLVED:

- 1) That the report be noted.
- 2) That the HealthWatch Trafford COVID 19 report be circulated to the Committee.

5. OFSTED UPDATE

The Executive Member for Children's Services stated that the report had been brought to the Committee as regular updates had been provided to the Children and Young Peoples Scrutiny Committee prior to the Pandemic. Since the last update a large amount of work had been done and progress had been made by the Council. Despite that progress there were still a many improvements to be made within Children's services. The outbreak of COVID 19 had brought additional challenges to completing the Council's improvement plan, such as keeping contact with vulnerable children and young people while sticking to the guidelines regarding contact.

Following the Executive Members opening remarks the Corporate Director for Children's Services provided an overview of the report which had been circulated with the agenda. The report had provided a high level of detail for the Committee due to the amount of time that had passed and the amount of work that had to be covered. Broadly speaking the findings of the Ofsted report were based upon the leadership and management of Trafford's Children's services and what they understood about frontline services. In response to this Trafford had strengthened management arrangements, re-evaluated the role of what management was, and how it supported frontline staff. Issues around consistency of service provided to families across the borough had been identified and needed to be addressed. To tackle this Trafford had put new leadership arrangements in place from top to bottom of the service. An important element was making sure that all staff

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members had manageable caseloads and were receiving adequate support to fulfil their role.

Prior to the outbreak of COVID 19 the service had planned to hold of a number of workshops to maximise the levels of inclusion in the development of the improvement plan. Those planned workshops were not able to go ahead due to being in lockdown. Ofsted were due to conduct a visit but were also unable to because of the lockdown. A remote review was carried out instead and noted that significant progress had been made around governance, quality assurance, and leadership. Ofsted also noted significant improvements had been made to the front door service and the balance of caseloads for social workers. Ofsted identified the need for Trafford to accelerate their improvement plans and the service addressed this by focusing on getting their approach right by going back to basics with the main focus of the service being to help children and families, to visit children and families, and to talk and listen to them. Multiagency arrangements had been kept in place throughout the pandemic and partners had been involved in refreshing the improvement plan.

The Committee were informed that a new director for early help and children's social care had been recruited in replacement of Cathy Rooney who had retired after many years of service. A strategic lead role for practice improvement and learning had been appointed whose role was to implement a model of coaching and support for front line practitioners.

Work had been carried out to ensure that the quality assurance framework was making a difference. An independent consultant had been hired to review service managers' skills around quality assessment. The outcome was that there was now a detailed plan of support for each manager in place at every level. There were elements of practice that still needed to be strengthened thorough meeting with children, young people, and families to understand what life was like for them. The service also needed to have oversight of every contact and interaction with the front door.

The pandemic had created a number of differences in working practice and guidance and support had been provided to address those changes. Multiagency processes had been maintained during the pandemic and the service had focused on the impact the pandemic upon children in care, especially around placement stability and the wrap around services for placements.

A detailed piece of work had been completed which identified the issues around support for practitioners and a range of performance clinics and auditing had been brought in to embed quality assurance systems across the service. A phased approach was being taken so that it felt as though the goals were achievable while also being challenging. The Committee were assured that the improvement Board continued to meet regularly and provide challenge and scrutiny of the service.

Following the overview members were given the opportunity to ask questions. The Chair asked how the Committee fitted into the performance management of the services. The Corporate Director for Children's Services responded that they would like to be invited back to scrutiny on an agreed frequency to report on

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performance against the key performance indicators listed within each of the ambitions within the improvement plan.

The Chair asked what impact the work of the external consultant had on the service and how staff felt about it. The Corporate Director for Children's Services responded that the work that was done by the consultant represented a change in culture within the service. Many staff members had spoken of the sessions they had as "lightbulb" moments and had generally embraced the new approach. The approach involved a shift towards a coaching model of support and challenge for staff at all levels with the service embracing learning and creating opportunities for learning and growth wherever possible.

The Vice Chair asked what issues were being identified as a result of the pandemic and how well was the Council working with schools. The Corporate Director for Children's Services responded that the Council's relationship with schools had greatly improved throughout the pandemic. The Council had developed a rapid alert system with schools to identify when Children were not attending school. Early help panels were running and schools were providing information to those panels to identify any potential issues. Attendance at multi-agency meetings had been good throughout the pandemic and the service had seconded a former head teacher to aid with the development of the early help work. 85.1% of children in Trafford who had a social worker had been attending school which was higher than both the North West and National average. The work that had been done throughout the pandemic had created a much better understanding of the issues the Council and schools shared and what needed to be done to address those issues.

Trafford's Children and young people in care had been supported by the virtual school throughout the pandemic and that support had been broadened to include children who were involved with social care but still lived with their parents. Some children and young people had responded extremely well to the support being offered during the pandemic and actually preferred accessing the service remotely. The Council had worked with schools to create a film called transitions which was about children's lived experiences during the pandemic and the Committee were encouraged to watch it.

Councillor Thompson asked about the work around recruitment and retention and when it was expected that the Council would see results. The Corporate Director of Children's services responded that the work had only just been completed and had identified some underlying issues that needed addressing. The Corporate Director was not able to provide a time line but informed the Committee of the next steps that were to be taken and how the information gained from that detailed piece of work would be utilised going forward.

Councillor Coggins asked about the level of cases that staff had and how Trafford compared to the LGA benchmark. Councillor Coggins noted the report mentioned that there were still some capacity issues at senior leadership level and asked what that entailed and why. The Corporate Director of Children's services responded that the average of cases loads was still under 20 but there was variance among staff. The service was looking at staff members who had more

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than 20 cases to see why they had more than 20 and to identify the support they needed. The service did have increased capacity through agency staff and this was going to be increased further to deal with the increase in demand for services that had been seen along with some variances in staff levels. In addition to looking at the number of cases that staff had the service reviewed the types of cases that each staff member was working on to fully understand their workload.

The Corporate Director of Children's Services informed the Committee that two senior management positions had only just been recruited to and the candidates were yet to start. The service was also providing additional support to managers to increase capacity through their development.

Councillor Dillon asked how the service was assessing the outcome for children and their families. The Corporate Director responded that currently the performance data that was available was quantitative and they were looking at broadening this to include qualitative data. This would be added through conversational audits, which were conversations with children and families that recorded their feedback on the service, what was working well, and what needed to be improved. This model was used by some teams but it was being rolled out across the whole service.

Following the Committees questions the Chair thanked the Corporate Director of Children's Services and all the staff within the service for their hard work.

RESOLVED:

- 1) That the report be noted.
- 2) That a schedule for updates to the Committee is to be agreed.
- 3) That all Committee Members are encouraged to watch the transitions video available at <https://www.youtube.com/watch?v=cg94Ksp5NDc>.
- 4) That the Corporate Director of Children's Services and all staff within the service be thanked for their hard work.

6. ITEMS FOR FUTURE MEETINGS

The Chair asked Committee Members if they had any suggestions for items to be considered at their next meeting. Councillor Barclay suggested that the ongoing impact of COVID 19 on schools should be an item on the agenda. The Chair confirmed that the annual budget scrutiny sessions would be held on the 1st and 3rd of December 2020.

RESOLVED: That the suggested items be noted for consideration by the agenda setting panel.

The meeting commenced at 4.10 p.m. and finished at 6.06 p.m.

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