

**OVERVIEW AND SCRUTINY BOARD**  
**24/09/2020 at 6.00 pm**



**Present:** Councillor McLaren (Chair)  
Councillors Toor, Jacques, Akhtar, Alyas, Curley, Hamblett,  
Surjan, Cosgrove, Ibrahim, Williamson, Ahmad, Byrne, Haque,  
Harkness, Phythian and Stretton

Also in Attendance:

|                              |                                                                       |
|------------------------------|-----------------------------------------------------------------------|
| Lori Hughes                  | Constitutional Services                                               |
| Rebekah Sutcliffe            | Strategic Director, Communities and Reform                            |
| Mike Barker                  | Strategic Director of Commissioning/Chief Operating Officer           |
| Emma Barton                  | Director of Economy                                                   |
| Lewis Greenwood              | Head of Executive Services                                            |
| Gerard Jones                 | Managing Director Children and Young People                           |
| Anne Ryans                   | Director of Finance                                                   |
| Mark Warren                  | Managing Director Community Health and Adult Social Care              |
| Councillor Zahid Chauhan OBE | Cabinet Member for Health and Social Care                             |
| Liz Drogan                   | Head of Democratic Services                                           |
| Councillor Arooj Shah        | Deputy Leader of the Council and Cabinet Member for Covid-19 Response |

1        **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Taylor.

2        **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3        **URGENT BUSINESS**

There were no items of urgent business received.

4        **PUBLIC QUESTION TIME**

There were no public questions received.

5        **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the Joint Scrutiny meeting held on 3<sup>rd</sup> June 2020 be approved as a correct record.

6        **COVID-19 - SCRUTINY BRIEFING - VERBAL UPDATE**

Councillor Shah, Deputy Leader of the Council and Cabinet Member for the Covid-19 Response opened the meeting. Members were provided with an update on the impact of the pandemic on the Borough which included impact on communities, the increase in the number of residents claiming Universal Credit, how employment had been affected and highlighted those aged 18 – 24, schools returning but where bubbles had been forced to isolate. Members were informed of

the challenge and failure of mixed messages and with the track and trace system. Acknowledgement was given to the Chief Executive and the Chief Officers who had provided support through the challenges presented by the pandemic. This meeting would provide the opportunity for members to scrutinise the approach taken to date and the future.



The Chair of Overview and Scrutiny Board had raised a number of issues in advance of the meeting which provided the basis for the briefing the Joint Committee received.

The following questions and responses were provided at the meeting.

Councillor McLaren asked the following question: “Has the Council been able to maintain a coherent message to the wider community despite the mixed messaging and varied advice emerging from Central Government?” What difficulties has this situation presented?”

The Strategic Director for Communities and Reform responded that this had been a challenge on two counts. The difference between national and local restrictions had meant mixed messages were received by local people. More recently, the Council had to work hard to let people know the new ‘rule of six’ did not apply locally due to the Borough’s enhanced restrictions. Oldham own local restrictions had changed a number of times and although new artwork and messaging was issued each time, old material was still out in the community and there had been enquiries related to the out of date material. Communicating had been difficult, especially with those residents who didn’t use social and digital media as primary sources of information. The Council had tried to use an all household leaflet or letter drop for each change of restriction. However, the lead time for design, print and delivery meant that the leaflets were delivered 10 – 14 days after change of restrictions when the situation could have changed significantly and the example of changes to testing was cited. Since the national testing was in crisis, the approach locally had to be adapted as a result. This left the Council looking out of date or if incorrect information was being shared which reduced trust in messaging.

Councillor McLaren asked the following question: “Finding temporary accommodation for homeless people had been addressed with considerable success. Are steps being taken to find permanent accommodation? To what extent is this programme being supported by Central Government?”

The Director of Economy responded that there was a dedicated housing options team who worked with customers who found themselves in temporary accommodation. Anyone who resided in temporary accommodation was provided with a personalised housing plan to help secure longer-term accommodation. Some examples were via housing association partners in a socially rented tenancy, via the private sector in a longer term private

rented tenancy or if a customer required more support, via a supported housing pathway into accommodation with specific support provided. The Council did receive a limited amount of funding from Central Government to operate the Council's statutory homelessness services. There were a number of initiatives which had been brought forward by Central Government, one of which was the Next Steps Accommodation Programme (NSAP) where funding was available for local authorities to bid into to assist with bringing new 'move on', more permanent accommodation online. The Council had submitted a bid and should know the outcome by the end of the month.

Councillor McLaren asked the following question: "Domestic abuse has been a feature of this crisis. How will this issue be addressed beyond the lockdown? Has Central Government indicated they intend to make sufficient funds available to enable the Council to provide effective support?"

The Strategic Director for Communities and Reform responded that there had been some enhancement of the partnership offer during Covid-19. Addressing domestic abuse was a significant area of ongoing activity co-ordinated by the Domestic Abuse Partnership which was a sub-group of the Community Safety and Cohesion Partnership. In addition to the immediate police response to reports of domestic abuse, there was an ongoing partnership officer which included, but was not limited to:

- Any partner organisation who received a disclosure of domestic abuse should complete a Domestic Abuse Stalking and Harassment Checklist (DASHRIC) and any domestic related referral to MASH should include a DASHRIC which enabled the risk to be assessed. All high-risk cases should be referred to the Multi-Agency Risk Assessment conference with Daily Risk Management meetings taking place in MASH to agree the immediate partnership response to high risk cases.
- Children's social care work with families to safeguard children where there was domestic abuse.
- Domestic abuse team within Early Help which included Independent Domestic Violence Advisors, an Engagement Worker who supported some medium risk cases and the GM Project Choice Team.
- Early Help teams in the Council or Positive Steps provided support to cases at lower level of risk.
- The Safeguarding Partnerships had a domestic abuse training offer for partners and additional training was currently being delivered to professionals around healthy relationships and the impact of abuse on children.
- A part-time worker was delivering awareness training about healthy relationships in schools as part of wider awareness raising and preventative activity around domestic abuse.
- The Freedom Programme and Stepping Stones courses delivered to survivors of abuse. Face-to-face delivery was ongoing with reduced numbers despite Covid-19.

- Oldham had a Women's and Children's supported housing commission which included the refuge and some move on accommodation.
- In addition to the work with convicted offenders by Probation Services, the partnership had agreed funding to extend the Reframe programme (working with higher risk perpetrators who had not been convicted of offences) and options were being explored to train staff locally to deliver a lower level perpetrator offer.
- The Community Safety Partnership had agreed £50k of funding for a consortium of VCFSE groups to develop a strengthened peer support offer for survivors of abuse.
- The Council was in the final stages of adopting a workforce domestic abuse policy related to supporting staff who experienced domestic abuse or who were identified as perpetrators of abuse.

Parts of the domestic abuse offer were funded by the Government. This included one IDVA post, the Project Choice Team (funded by GMCA using Home Office funding) and activity funded through GMCA community safety funding which included some of the Reframe funding, the £50k for VCFSE activity and the education work in schools. The Domestic Abuse Bill was currently under consideration in Parliament and was expected to receive Royal Assent later in 2020. The Impact Assessment published alongside the Bill estimated the cost of the measures in the Bill applied to England and Wales at between £137m - £155m per year once fully implemented. A small reduction (0.2%) in the prevalence of domestic abuse would be required for the benefits of the Bill to outweigh the costs. Under the New Burdens doctrine, the net additional cost of additional duties on local government should be fully funded by Government to avoid transferring costs to Council taxpayers.

Councillor Hamblett asked about what support was available for those from same sex relationships or from an abusive household but not female.

Members were advised that all measures were applied equally to men and women who were victims of abuse in a relationship. The policy related to everyone.

Councillor McLaren asked the following question: "The Council has worked hard to co-ordinate the delivery of food to those who are vulnerable, shielding or self-isolating with support from the voluntary sector. How has this been sustained? What help has been received from local businesses? Has there been any contribution from Central Government?"

The Strategic Director for Communities and Reform responded that as at 17 September 2020 the helpline hub had answered 8,503 calls. There had been 4,545 referrals received since 27<sup>th</sup> March 2020 which resulted in 5,683 support requests. This included 3,685 food support requests and 574 medication support requests. There had been 9,048 individuals (5,691 adults; 3,357 children) had been supported with food vouchers

(3,887 vouchers fulfilled). There had been significant outbound communication activity taking place with shielded individuals via phone, email and text/SMS with a high success rate. The work was being maintained through the continuation of the helpline and community hubs, with the call centre staff and district teams managing this work. Although demand into the helpline and subsequent referrals had reduced, they were picking up test and trace calls along with wider and door-to-door engagement undertaken by the District Teams. The teams were also in a state of readiness should further restrictions for Oldham be brought forward which included significant effort on support for those shielding if reintroduced. During the lockdown period, extensive support had been received from the business sector, particularly related to emergency supplies around food, essential items and support with transport. In addition, a local supplier had provided essential deep cleaning services reacting to urgent needs to enable patients to be moved into care settings. The supplier also provided a deep cleaning services for the Integrated Care Centre (ICC) and Transport Vehicles used for hospital discharges.

The Government had announced an emergency fund of £63 million to be distributed to local authorities in England to help those struggling to afford food and other essentials due to Covid-19. The funding was a one-off contribution for the 2020/21 financial year and is made under Section 31 of the Local Government Act 2003. The grant had been allocated on the basis of population weighted by a proxy measure of needed, the Index of Multiple Deprivation (IMD) for the authority area. The grant received by the Council in July was £361,208.27. This was a ringfenced grant which the Council must use for the purpose intended although there was some flexibility to align with local need. The funding was being used in the main to support initiatives which included the provision of food which the Council had already initiated.

Councillor McLaren asked the following question: “Grants to local businesses have been widely publicised. How many businesses have been supported? Would it be possible to publish a list of recipients?”

The Director of Finance responded that the Council had supported 4,202 businesses via the Small Business Grant and Retail, Leisure and Hospitality Grant Schemes. This amounted to a total payment of £47.585m. The Discretionary Grant Fund had also supported 260 businesses amounting to a total payment of £2.475m with further commitments bringing spending up to £2.501m. The Council had already published the information on the website.

Councillor McLaren asked the following question: “Has the situation regarding the number of furloughed employees becoming any clearer? How many have been made redundant or become unemployed? To what extent has the situation changed during the period since early June 2020? How many are claiming Job Seekers Allowance or Universal Credit?”



The Director of Economy responded that the Council had clarity around the estimated value for the number of employees furloughed in Oldham based on a combination of government data from the Coronavirus Job Retention Scheme (CJRS) and the Self-Employed Income Support Service (SEISS). The latest data was from claims up to the end of July 2020 which showed 32,000 on the CJRS and 8,900 claims made for SEISS. This gave a total of 40,900 employees on furlough. Based on Government data the total number of available employees for work in Oldham was 99,900, which gave Oldham a furlough rate of 40.94%. The national level redundancy rate was 1%. If the same held true for Oldham, there would be around 1,000 who had been made redundant. However, redundancy rates were not available at a local authority level and it was expected for redundancies to be higher given the economic challenges in Oldham. The latest unemployment rate stood at 9.6% which was a 1.5% increase since April 2020 (8.1%). There were currently 13,985 claimants in Oldham compared to 11,675 reported in June to the Joint Committee. Unemployment had increased by 6,455 claimants in 5 months due to the Covid-19 economic shock. This was a 4.2% increase from March 2020. Of the 13,985 claimants in Oldham, 13,100 were on Universal Credit and 885 on Job Seekers Allowance.

Question received from Councillor McLaren: "Central Government has suggested that local authorities will have to 'share the burden' of the cost of addressing Covid-19 despite an earlier suggestion that all necessary financial support would be provided. To what extent has this situation been clarified?"

The Director of Finance responded that to date, the Council had received unringfenced allocations from Central Government of £16.638m and would receive further grant compensation in respect of sales, fees and charges. No further general announcements had been made. The month 4 financial monitoring report would be presented to Cabinet on 28 September showed that the anticipated costs to the Council (lost income and increased expenditure) resulting from Covid-19 would exceed the £16.638m grant by £15.556m. The sales, fees and charges would be compensated on the basis of the Council financing the first 5% of the budgeted loss and then receive a grant to the value of 75% of the remainder of the actual loss. The extra grant would close the gap, but not fully. The Council would submit its first sales, fees and charges compensation claim on 30 September. It was important to note that there was no compensation for commercial income losses e.g. rental income from the Council's property, so the Council was standing this loss in full. There had been a range of other Government grants for specific initiatives, e.g. Test and Trace grant support of £1.560m. Whilst this was welcome, the ringfenced nature of the funding meant it could not be used to offset the overspending on COVID related activities. The Council was also seeing a reduction in Council Tax and Business Rates incomes as Council tax payers and businesses were struggling to pay due to the prevailing economic environment. The Government had promised support but had

not yet provided full details, however, it had indicated that this would not cover the losses in full.

Councillor Ahmad asked a question related to communications with staff and what communications had there been and how was it being ensured that staff were staying safe? Members were involved that there were regular communications to a number of groups and members. There were regular communications with staff. Colleagues were working with Public Health and Human Resources for a comprehensive risk assessment process, safe manner to access buildings, comprehensive package of support aimed at health and wellbeing, and increasing recognition on the impact on people's morale and wellbeing and being factored into ways of working. Managers had been contacted to have personal contact with colleagues and open channels of communication.

Councillor Surjan asked a question related to the publishing of grants awarded to businesses and people and if it was in breach of GDPR. Members were informed that advice had been sought and with the guidance provided, the information was able to be published.

Councillor Harkness asked a question related to the 'sharing the burden' element as discussed at the Performance and Value for Money Select Committee and now that there would not be an Autumn Statement, were there any further details on what would happen? Members were informed that she was as surprised as everyone else, the budget influenced the Comprehensive Spending Review which was assumed would be going ahead. The Comprehensive Spending Review, in turn, informed the Provision Settlement and only when that settlement was received would there be certainty on funding for the 2021/22 financial year to inform the budget setting process.

Councillor McLaren asked the following question: "The staffing situation remain critical. Covid-19 has had a significant impact on all staff (not least on those who have contracted the virus). Has the pandemic had any impact on the Northern Care Alliance strategy for 'getting to good?'"

The Strategic Director Commissioning / Chief Operating Officer responded that the number of staff off work due to Covid-19 had reduced significantly since the peak of the pandemic. However, there continued to be a significant impact of Covid-19 on all staff, in terms of changes to work, psychological safety and the uncertainty of a second peak. It was clear that the pandemic had had an unprecedented impact across health and social care services across the country. The strategic principles and plans to improve services remained in place. Action plans against the CQC 5 domains continued to be progressed. However, in light of the pandemic there had been a full review and realignment of timescales to allow for delays caused by the pandemic. This was particularly relevant to operational performance of services to adjust to the Phase 3 Recovery Requirements.

Councillor McLaren asked the following question: “To what extent has the pressure on NHS beds and other facilities changed since the first meeting of this committee? Has the provision of intensive care facilities been maintained should there be a second wave of infection whilst emerging from lockdown?”

The Strategic Director Commissioning/Chief Operating Officer responded that there had been an increase in A&E attendance reported since the previous update in June. Type 1 attendances were back to similar levels seen this time last year, however Type 3 attendances remained significantly lower. Bed occupancy levels during April (63%) and May (69%) were at lower levels than the hospital would normally see. Occupancy levels had since increased to over 80% and remained a cause for concern linked to the ability to safely manage infection control and biosecurity in inpatient and urgent care settings. Work was ongoing closely with system partners to reduce acute bed occupancy and focus on a ‘home first’ approach across all services. Significant pressure continued in relation to the access to diagnostic testing, endoscopy procedures and theatre capacity for elective procedures. Waiting lists had grown during the peak of Covid-19 and although recovery plans were underway, capacity was impacted by requirements to ensure procedures were completed in a way that maintained safety for patients and staff.

Intensive care bed numbers had reduced to normal levels to enable recovery of the hospital site and services and to support care of non-Covid-19 patients whilst demand for ICU beds for Covid-19 was not currently present. Escalation plans and processes were in place so that the hospital could respond to any increases in a timely manner. There were linked to the whole system vigilance on overall acute bed occupancy. Winter plans included the ability to flex and respond to increases in ICU capacity due to the increase in patients who required critical care.

Councillor McLaren asked the following question: “To what extent does the downward trend in patient numbers and those testing positive in Oldham reflect the trends in the North West and nationally? To what extent does the R figure in Oldham and the North West vary from the national figure?”

The Strategic Director for Communities and Reform responded that despite a high rate of positive tests within Oldham and across GM, Oldham Hospital had not seen the admission number reported during the peak of the pandemic nor the acuity of patients. From what was understood, this replicated the picture across the country, with recognition that the number of positive tests across GM were particularly high and that the Council and its partners needed to remain vigilant and continue to plan for a surge in demand. As at 15 September 2020, the latest R number for the UK was 1.0 – 1.2, which meant that on average every 10 people infected will infect between 10 and 12 other people. The latest growth rate range for the UK was -1% to +3% per day which meant that the number of new infections



was somewhere between shrinking by 1% and growing by 2% every day. The R value and the growth rate for the North West (1.1 – 1.3 and +2% to +5%) were higher than the values for England, which suggested that the number of new infections may be growing at a faster rate. However, it was important to note that these figures were estimates and therefore there was some degree of uncertainty associated with them. The fact that the ranges overlapped for the North West and England meant that the differences may not be significant. R Rates were not calculated below regional level.

Councillor McLaren asked the following question: “What steps need to continue to be taken in order to ensure that the R figure remains below one? Are you able to give any indication as to how the community are responding to any message? Is there anything that elected members might be able to do to support any strategy?”

The Strategic Director for Communities and Reform responded that in order to keep the R value below 1, it was needed to:

- Limit the amount of contact that people had with individuals who were not part of their household;
- Ensure that everyone was maintain good infection prevention and control; including regular handwashing and use of face coverings and PPE in the case of health and care settings.
- Follow the current self-isolation guidance which included isolating for:
  - 10 days if you have symptoms or test positive;
  - 14 days if someone in your household develops symptoms or tests positive;
  - 14 days if you are a close contact of someone who tests positive;
  - 14 days on returning from a country where quarantine rules apply.Self-isolating meant not leaving the house and not having any contact people with people who were not part of your household.
- Ensure rapid testing was available for people who developed symptoms, and that all individuals who tested positive and their close contacts were followed up by the contact tracing service and provided with advice on self-isolation and transmission prevention.

As at 11 September, 7341 houses and 72 shops had been visited through the door-to-door engagement. This had resulted in 50.4% of conversations being held and 819 individuals tested. Door-to-door engagement messaging was extremely well received. Teams on the ground were having direct conversations with residents around key messages of keeping safe which was being backed up by door-to-door testing. Targeted engagement with young people was taking place with the delivery of key Covid-19 safety messaging and support as part of the Council’s wider youth offer. Sentiment on social media was another indicator of identifying how communities were responding to the messaging. In Oldham, the situation

was very mixed which was in line with what other areas were experiencing. Some residents were clearly choosing to disregard any and/or all messaging around Covid-19, with a vocal minority suggesting this was scaremongering and/or fake. The majority of feedback supported restrictions and public health interventions, but acknowledged widespread non-compliance, which lessened the impact on behaviours. Fatigue and over communication (generally around Covid-19 on all media channels) was a growing problem and less engagement was increasing on Covid-19 messaging.

The Council were currently carrying out focus groups with groups of residents to understand the impact of Covid-19 messaging and determine what may act as a lever for behaviour change now, after six months of restrictions. Sessions would be taking place with younger and older working age people as there were the key groups currently affected, but different drivers and challenges were suspected.

The District Teams were already engaging with elected members then they were doing door-to-door engagement in targeted areas. Elected members had been working alongside teams having community conversations. This had been extremely helpful and demonstrated community leadership. The teams would continue to liaise with members to ensure they were fully sighted on plans around engagement.

Councillor Hamblett asked a question related to Accident and Emergency and if patients needing to book had been introduced in Oldham? Members were informed that there were a variety of emergency access points which included call before you book and tests were being done.

Councillor Akhtar asked a question related to messaging in terms of the local infection rates and the position made by given on figures on the actual infections rates by ethnicity. BAME residents had been abused and victimised. Had any other authority taken a similar route and what support was available to those who were racially victimised?

Members were informed that the decision had been taken to publish at an early stage to be open and transparent on the impact on Covid-19 and also in response to a number of Freedom of Information requests whereby the Council was obliged to respond and all areas now published that data. There was some learning on how the information was published without explanation. Any form of hate crime or racism was unacceptable. The data had been used as an excuse for those who were inclined to behave in that manner. The Council had been clear that this was unacceptable and responded to the hate messaging and worked closely with Greater Manchester Police. The Strategic Equalities Group had a role to respond proactively and to work with communities to respond to racism.

Councillor McLaren asked the following question: "How is the programme to test, trace and isolate progressing in Oldham? How many people have been asked to self-isolate? How many other people have had to be contacted as a result of various

people testing positive? Has this process presented any particular challenges?”



The Strategic Director for Communities and Reform responded that ‘Test and Trace’ was a national programme. Locally, the Council had responsibility for working with the national and regional teams to put local testing sites in place and for the follow up of complex cases/settings. There was a Greater Manchester team who provided contact tracing for complex cases. The Council had also taken on the responsibility for contacting people who tested positive and did not make contact with the national contact tracing service within 24 hours of a positive test. Local arrangements were working well, although the increase in the numbers of positive tests had created significant additional demand on the teams involved in this work. Between 28<sup>th</sup> May and 14<sup>th</sup> September, 2,067 residents were advised of a positive test and contacted by the national contact tracing system. These was a total of 5,122 contacts for these cases. Where the national contact tracing made contact, all these cases and contacts which met the definition of a close contact would have been directly advised to self-isolate. There were significant challenges with the current national system for NHS Test and Trace. Testing capacity was not meeting demand and impacted on the ability of Oldham residents to access testing. Whilst the Council did receive some data from the national contact tracing service, the Council did not receive detailed information on every case which would support the Council to more effectively understand the sources of transmission and put preventative measures in place. In addition, there were delays in the local system being notified of cases by the national system which inhibited the ability to provide a local rapid response.

Councillor McLaren asked the following question: “Issues relation to mental health continue to attract wide publicity. To what extent are steps being taken to address such issues? Is there a role for the voluntary sector in this context?”

Members were informed that significant work had taken place under Covid-19 related to mental health which included:

- The establishment of a 24/7 Trust helpline to support people known to services. This would be expanded to support the 111/Critical Assessment Service (CAS).
- Embedded process within community hubs for people to be supported by Mind when identified with mental health or wellbeing needs.
- Risk stratified patients across teams to identify where face to face contacts were still required.
- Repurposed Crisis Safe Haven as a ‘Mental Health A&E’ to reduce numbers of people who attended the Emergency Department with an updated urgent and crisis pathway.
- Co-ordinated work to overcome barriers to discharge and reduced delayed transfers of care on adult and older adult acute Mental Health wards.

- Developed dedicated inpatient Covid-19 pods to ensure compliance with guidance.
- Developed and implemented updated pathways under Covid-19 for Memory Assessment, Healthy Minds, Safe Haven/Home Treatment and Liaison Mental Health in hospital.
- A weekly Mental Health System Support call established which included all partners across the CCG, local authority, providers and the third/voluntary sector.
- A bespoke care home staff support offer provided through the helpline and Care Home Liaison Team (now working with the STICH team).
- Silver Cloud online therapy universal support offer rolled out for the Oldham population.
- The Oldham bereavement support offer outlined from immediate support to longer-term counselling offer provided by Healthy Minds

National guidance on Community Health transformation had been published and over the next few months would be outlining proposals for Mental Health integration in Primary Care Networks and improved access routes into Mental Health services. Mental Health Services in Oldham had not been discontinued under Covid-19. However, ongoing adaptations related to digital and face-to-face were implemented. The digital strategy for Mental Health was being worked through, with particular areas of priority such as dementia services. Collaborative arrangements with the third and voluntary sector were already in place in Oldham, with commissioned services in Improving Access to Psychological Therapies (IAPT), CPP and adult Mental Health crisis services including dementia. This put Oldham in a strong position to build on these through the Mental recovery programme. The 'next steps' outlined in 13a would factor in VCSE provision across all developments. The VCSE sector would be represented in the Mental Health Recovery and Transformation Programme with partners which included Tameside, Oldham and Glossop MIND, Age UK and Positive Steps.

Councillor McLaren asked the following question: "This is little doubt that the cost of addressing Covid-19 now and in the future would be considerable. Is it possible to advise on any discussions or representations currently taking place with the Greater Manchester Combined Authority, the Local Government Association or any other body with Central Government on how this cost is to be met?"

The Director of Finance responded that there were discussions at the Combined Authority level about the support that Greater Manchester as a whole required to address the financial challenges arising from Covid-19. The GMCA received reports which presented the costs being incurred and income being lost by all ten GM Council and also the GMCA. This supported discussions with Government that lobbied for the allocation of additional resources for the region. The Local Government Association (LGA) was in constant communication with the

Government looking more broadly at the extra financial support needed by the Local Government sector in order to respond effectively to COVID. It had also been a strong advocate in highlighting the already significant financial challenge resulting from years of austerity. The Special Interest Group of Municipal Authorities (SIGOMA), of which the Council was a member, also engaged in discussions with the Government to outline the financial challenges and lobbied for support. Where there were requests for evidence or examples of specific financial issues being faced, then the Council would, where possible, provide the relevant information.

Councillor Hamblett asked a question related to Test and Trace and referred to a young mother and foster carer who could not get tests for the young children and the confusing information about who could be tested. Would the messaging start to get clearer and the policy for Under 5's?

Members were informed of the disconnect of test and trace at national and local levels. Communications from central government had been disappointing. There were a range of partners who were trying to make the best sense. GPs were committed and working very hard and services were always working to improve communications and take responsibility where problems had been identified. Members were also informed that guidance and communications on testing was changing all the time as the levels of infection rose. There was an emerging feeling that tests were being rationed.

Councillor Akhtar asked about the number of deaths in Oldham and how many were from a BME background?

Members were informed that the figure was not available at the meeting but this could be provided to members after the meeting.

Councillor McLaren asked the following question: "Are adequate arrangements in place to test patients being discharged from hospital for Covid-19 before being admitted (or re-admitted) to a care home?"

Members were informed that in line with national discharge requirement, all patients being discharged to care homes were tested for Covid-19 prior to discharge and, the status of their test result (positive / negative / not known at point of discharge) was included in the discharge documents provide to the care home prior to discharge. This supported the care home in understanding the patient's Covid-19 status and how best to provide care. All care homes were following the Government's Care Home Support Plan, which advised a period of 14-day isolation on admission, working on the basis of an assumption of Covid-19 positivity in order to protect the wider care home population. The service had developed a system wide risk assessment and an individual risk assessment regarding care home admissions (available upon request) which formed the



basis the approach to care home admissions, including where these were directly from the hospital.

Councillor McLaren asked the following question: “How has the situation changed for those who might need to be admitted to a care home for the first time?”

Members were informed that system wide and individual risk assessments were in place. All new residents would need to be able to isolate within their room or zoned area. The priority as a borough was to assess patients to ensure that they received the right care needed in the right setting at the right time. ‘The principles of Managing the Health and Care needs of people in Care Homes in Oldham during the COVID pandemic’ were clarified and updated in July 2020 and agreed by the Senior Health and Social Care leaders, the two Medical Directors and the Director of Public Health. The following principles provided the framework by which patients, residents and staff had their health and care needs managed:

- “We will seek to discharge patients back to their own homes where that is possible.
- Care Homes will be clearly identified as shielded communities.
- Discharges will be managed on an individual patient focussed basis.
- We will respect the care homes independence.
- All patients will be tested prior to discharge to a care home setting.
- We will provide continued support to care homes.”

Councillor McLaren asked the following question: “How difficult has it proved to manage residents suffering from dementia or other degenerative physical or mental conditions in order to maintain social distance or self-isolation?”

Members were informed that care homes had reported that this had and continued to be challenging, particularly where someone living with dementia was unable to understand why they might need to self-isolate, and/or walked with purpose as part of their condition. Many of the care homes in the borough were converted Victorian houses and not purpose built which added a layer of complexity to supporting people who have a form of dementia. Care homes had been supported with an allocation from the Government’s infection control fund, which many had used to zone their care homes (whilst acknowledging the limitations that the physical environment of some care homes might bring) or provided additional staffing and infection control measures to support social distancing and self-isolation. Care homes also had access to the Care Home Liaison Service, which was delivered by Pennine Care Mental Health Trust and provided practical and emotional support to care home providers and residents.

Councillor McLaren asked the following question: “Has it proved possible to maintain the supply of personal protection equipment (PPE) in all settings during the period since the last meeting?”



Members were informed that the PPE hub continued to operate in Oldham and all care providers were still able to access supplies of PPE through the hub if their usual procurement routes were unable to meet their requirements. In addition, providers were able to access financial support with the costs of excess PPE through the weekly finance support panel. The Council had also allocated central government Infection Control Fund monies to providers to support them with their PPE costs. Central Government had also set up a national PPI portal which providers could access to supply free emergency PPE in limited quantities. As at 11<sup>th</sup> September, all care homes had supplies of all types of PPE requires for at least 1 – 2 weeks, with some care homes having stock for up to the next 2 months. There had been no reports of PPE provision or lack of, restricting the ability of care homes staff to provide full support to residents.

Councillor McLaren asked the following question: “How many care homes have survived the crisis (so far) by arranging for staff to live in and also by not accepting visits from friends and relatives during this time?”

Members were informed that at the height of the pandemic in care homes, there were examples of care home managers and staff staying overnight in the care home in order to restrict movement. However, there had not been any recent reports of this. All care homes in Oldham had restricted friends and family visiting in line with national requirements during the course of the pandemic, this having been limited to socially distanced visits in gardens and through open windows. Currently, and in line with current local restrictions, no garden or window visiting had taken place unless in exceptional circumstances, usually associated with end of life. A newsletter was circulated to all care homes on 3<sup>rd</sup> September, reminding them about visiting arrangements at this time.

Councillor McLaren asked the following question: “Has the Care Quality Commission offered any guidance to care homes during the crisis?”

Members were informed that the Care Quality Commission had provided information on the website for providers. They had also been working closely with Public Health England, ADASS, DHSC and NHSE in the development of national advice and guidance.

Members noted that there were several other issues that had been highlighted by the Covid 19 crisis which included the following:

- Those living in impoverished circumstances had suffered a proportionality greater impact.

- Those living in disadvantaged or deprived situations had suffered to a greater degree.
- Those living in urban areas have suffered a greater rate of infection and death.
- Ethnic groups had suffered disproportionately from Covid-19.
- Older people with an underlying health condition had also suffered significant consequences.

Some (possibly all) would need to be addressed during any recovery from Covid-19 and beyond. Oldham would be unable to tackle these issues in isolation but would require a collective effort locally, regionally and nationally.

Councillor Toor referred to care home visits and a family who had not seen a family member since the start of lockdown and why visits were not allowed?

Members were informed that it was an upsetting situation. This was around risk management and cross infection. Ways to have visits was being looked at, but members were advised that 120 people who had lived in care homes had died in this six-month period and did not want this to be repeated. There were concerns nationally. Care Homes did want to provide a way for visits. Visiting guidance was being developed. A policy was being discussed at GM Level. Authorities were working with Care Homes and their registered owners who had accountability and reopening would need to be agreed the national and local decisions.

Councillor Ibrahim asked if Care Homes had enough PPE supplies and if the hub was prepared for a second spike?

Members were informed that yes, Oldham had sufficient stock of all PPE for 3 to 4 weeks and keeping stocks maintained. There was a refined system in place. It was important for care homes to maintain relationships with their own suppliers. There were issues of some suppliers tripling their cost and where identified these care homes were being assisted to find a more reasonable offer.

Councillor Phythian asked a question related to testing facilities for care home staff and how regularly they were tested?

Members were informed that all staff were tested weekly and this was undertaken through a national portal. There was a challenge in facilitating tests and not getting results back. There were a range of people trying to resolve the situation and this was not just Oldham, all were facing the same issue.

Councillor Hamblett asked a question related to Care Homes Stock and Age and asked how many care homes were looking to upgrade or how many would simply no longer have the capacity and how many just have a life span across the next decade? Members were informed that 70% of the care homes were over 40 years old and very few were purpose built. Owners and operators would form a point of view on viability. Care homes had been supported to operate on a 90% capacity

and being contacted every week. An exercise was being undertaken as to how care homes saw their future taking account of the number of vacancies and sufficient number of care homes with the right quality. Residents wanted to live in care homes that were rated good, there were a number of care homes that required improvement and there were some who provided fantastic high quality.

A further discussion on some or all of these issues would need to be included on any future agenda of this committee.

Members were informed of the development of a local poverty strategy and action plan. The Council was aware that Covid-19 had and would continue to exacerbate poverty in the borough as the economic impacts of the lockdown were felt. Signs were already being seen that the poorest communities were being hit the hardest, for example, unemployment rates had risen dramatically across the borough since March, but particularly so in wards where unemployment was already high. Work was underway to tackle both the symptoms and causes of poverty in Oldham. Key projects and programmes included Warm Homes, A Bed for Every Night, emergency food provision/food banks and the Opportunity Area, which sought to explore and remove barriers in education to social mobility. The Council was also a national pilot for the Children's Society 'Co-ordinating Crisis Support' project which helped to better align resources with those of the VCFSE partners to ensure that no-one fell through the welfare safety net. As a result, the Council was reviewing the Local Welfare Assistance Scheme to ensure a better fit with other sources of emergency support. Whilst it was acknowledged that the Council and its partners were working hard to combat poverty, there was scope for improved co-ordination and alignment of resources across the system. At a strategic level, the Council was developing governance, decision making and operational arrangements which would enable efforts and resources to be better coordinated to both ensure support for people when they needed it and tackled underlying causes of poverty and hardship. The inaugural meeting of the Poverty Steering Group, chaired by Councillor Shah, was scheduled for 30 September. The group would help drive forward the work to tackle poverty, identify priorities and opportunities for action across services and Team Oldham and steer the work of the Poverty Working Group. Both the Steering Group and Working Group would comprise of local authority officers and colleagues from Registered Social Landlords (RSLs) and VCFSE sector. It was essential that the Council listened to, understood and worked with people with lived experience of poverty and to this end, the Council were working with Action Together to establish a Poverty Truth Commission. Draft proposals, including funding tasks, were almost complete. Ultimately, the aim was to develop a Poverty Strategy and Action Plan that supported the delivery of actions in the short, medium and longer term that built upon and were informed by the impacts of Covid-19.

The Council was committed to minimising the impact of Covid-19 across communities. The steps being taken to tackle the

pandemic and the subsequent recovery planning, aimed to support people, especially those groups with protected characteristics who were often most impacted. To support the approach an Equality Advisory Group was established who provided insight and expertise to help capture the voice of lived community experience in the Covid-19 response and recovery planning. The group provided a wealth of experience and were helping to find solutions to any barriers that were presented. The group met regularly to anticipate and identify any discriminatory or negative consequences of the pandemic and helped to positively respond to any disproportionate impact Covid-19 had on the borough's communities. The Community Bronze Group had established five hubs which co-ordinated food, medicines, mutual aid, volunteering and community intelligence and an Emergency Helpline to act as a front door and triage. The volunteer coordinator programme provided support for local people impacted by the pandemic with a range of activities and provided emotional support and contact for people who were self-isolating. The Council's helpline service which offered emerging help for residents had gone live on 27<sup>th</sup> March 2020. The Customer Relationship Management System used by the Helpline and Hub teams had proved invaluable in being able to predict demand and flag repeat customers who were being directed into wider support. The overarching aim of Oldham's Covid response was to prevent premature and avoidable deaths and mitigate the negative impact on the wellbeing and livelihood of Oldham residents as a consequence of Covid-19. A strategy to help Oldham recover from the impact of Covid-19 was currently being developed.

The Chair commented that he hoped members found this information provided by officers useful. There would need to be another meeting in a couple of months. The Chair welcomed suggestions for the next stage of questions. The Chair also commented on progressing how Overview and Scrutiny could support the strategy to alleviate poverty across the Borough.

The Chair provided thanks to all to had participated in the evening's meeting.

**RESOLVED that:**

1. The information provided be noted.
2. The questions and responses provided be noted.

The meeting started at 6.00 pm and ended at 7.58 pm