

**INTEGRATED CARE AND WELLBEING SCRUTINY PANEL**

**Day:** Thursday  
**Date:** 10 June 2021  
**Time:** 6.00 pm  
**Place:** Dukinfield Town Hall

Item No.	AGENDA	Page No
1.	<b>APOLOGIES FOR ABSENCE</b>	
2.	<b>MINUTES</b>  To approve as a correct record, the Minutes of the proceedings of the Integrated Care and Wellbeing Scrutiny Panel held on 11 March 2021.	1 - 4
3.	<b>HEALTH AND CARE BILL</b>  The Panel to meet Jessica Williams, Director of Commissioning, Tameside & Glossop Strategic Commission, to receive an update on proposals set within the White Paper - Integration and innovation: working together to improve health and social care for all.	5-14
4.	<b>ANNUAL WORK PROGRAMME</b>  The Panel to discuss and agree work priorities for 2021/22.	15-16
5.	<b>CHILDREN'S WORKING GROUP</b>  The Chair to update members on the Children's Working Group and to establish a fixed membership for 2021/22.	
6.	<b>DATE OF NEXT MEETING</b>  To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 29 July 2021.	
7.	<b>URGENT ITEMS</b>  To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Paul Radcliffe, Policy and Strategy Lead, to whom any apologies for absence should be notified.

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## Integrated Care and Wellbeing Scrutiny Panel

11 March 2021

**Commenced:** 6.00pm

**Terminated:** 6.50pm

**Present:** Councillors T Smith (Chair), Homer (Deputy Chair), Alam, Cooper, Drennan, Gosling, Martin, Mills, Owen, Patrick, Wild.

**Apologies for absence:** Councillors Jackson, Welsh.

### 36. MINUTES

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 14 January 2021 were approved as a correct record.

### 37. HEALTH IMPROVEMENT SERVICE

The Panel welcomed Councillor Eleanor Wills, Executive Member, Health, Social Care and Population Health; and Sarah Exall, Population Health Consultant, to receive an update on the consultation and re-commissioning of the Health Improvement Service.

Ms Exall advised members that Pennine Care, in the form of Be Well Tameside, currently provide the Health Improvement Service. Be Well offers a number of wellbeing services which include smoking cessation, healthy weight and diet, community health checks, stress and sleep management and undertake wider community development.

The Panel heard that smoking is the biggest cause of preventable ill health and early deaths in Tameside. There is approximately 32,000 smokers in the borough equating to more than 18% of the adult population. Tameside currently has the second highest smoking-attributable mortality in Greater Manchester.

There are also a number of local challenges and poor health outcomes associated with obesity. Be Well actively supports residents to make improved choices in order to maintain a healthy weight. Obesity remains an issue locally, with Tameside above the England average and this is also a concern for children.

In a six-month period ending October 2020, Be Well made personal health plans with 762 people, with 80% achieving their goals in full or part. During 2019/20, the service has also successfully supported.

- 395 clients to stop smoking
- 1148 households to become smoke free
- 1460 health checks (843 full NHS health checks and 617 mini checks)

It was reported that the current contract with Pennine Care is ending, with a consultation and commissioning exercise to be undertaken, with new contracts to commence from April 2022. This has presented the opportunity to review and reflect on local need and to ensure the offer remains best suited and accessible for residents.

Future proposals for delivery and commissioning set out a refreshed model for the Health Improvement Service with three separate work streams. The future budget allocation for services would incorporate savings towards the financial challenges faced by the Council. The proposed work streams are set:

- Smoking cessation
- Community wellness (community healthy weight and NHS Health Checks)
- Oral health promotion

The consultation and commissioning process will allow the service to build on aspects that have worked well and to make some changes to maximise efficiency and effectiveness of interventions. This includes the opportunity to create a more specialist and bespoke elements to aspects of the smoking cessation service and to reach those residents most in need of help, advice and support.

Councillor Wills and Ms Exall responded to a number of questions from the Panel on:

- Healthy weight of our children and young people, including support for schools and family networks.
- Community engagement and awareness raising of health inequalities across communities within Tameside. To include targeted work for protected equality groups.
- Monitoring health outcomes and sources of data and statistics for Tameside.
- Improving reach within communities regarding males accessing support to lose weight.

**Resolved:** That Cllr Wills and Ms Exall be thanked for attending the meeting.

### **38. GREATER MANCHESTER SCRUTINY**

The Chair provided a verbal update on activity of the Corporate Issues & Reform Overview and Scrutiny Committee meeting that took place on 9 February 2021.

### **39. CHAIR'S UPDATE**

The Chair thanked all members for their participation and contribution for the 2020/21 municipal year. Scrutiny has adapted well, all meetings undertaken remotely with efforts made to ensure the work programme, activity and reporting has continued. Next step will be inform the work programme for June onwards to update priority issues and topics.

A report presented at the joint meeting of Cabinet and Overview Panel on 10 February included a summary of the Scrutiny Panel's activity during the year. Work undertaken on:

- Feedback and learning from communities on Covid-19
- Public Health response to Covid-19
- Tameside Hospital
- GP Patient Survey
- Children's Services
- Tameside's Early Help Offer
- Domestic Abuse
- Impacts of Covid-19 on Education in Tameside
- Follow up on recruitment and retention of foster carers
- Response to Healthwatch Tameside Covid-19 survey
- Ombudsman complaints monitoring
- Budget updates

### **40. DATE OF NEXT MEETING**

To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on 10 June 2021.

**41. URGENT ITEMS**

The Chair reported that there were no urgent items for consideration at this meeting.

**CHAIR**

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# Responding to the White Paper: Integration & Innovation; working together to improve health and social care for all

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Jessica Williams, Director of Commissioning



**Integration and Innovation:  
working together to  
improve health and social  
care for all**

Presented to Parliament  
by the Secretary of State for Health and Social Care  
by Command of Her Majesty  
February 2021

CP 381



# White Paper – Legislative Proposals (1)

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- White Paper: *Integration & Innovation: working together to improve health and social care for all* published February 2021.
- Sets out legislative proposals for changes to the health & care system
- Statutory Integrated Care System (ICS) NHS Body & Board (GM), coterminous with \***GM** LA boundaries and accountable for NHS planning, spend, performance and quality.
- \*This would place Glossop in Derbyshire, not GM. The process for agreeing boundaries is not clear in The White Paper and partners are actively seeking further guidance with the priority to protect the best interest of residents.
- Four overarching aims:
  1. Improving population health and healthcare
  2. Tackling unequal outcomes and access
  3. Enhancing productivity and value for money
  4. Helping the NHS to support broader social and economic development.

*\*Explicit confirmation from the Secretary of State recorded in Parliament that the White Paper will support the successful integrated care system currently in place in GM.*





## White Paper – Legislative Proposals (2)

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- CCGs will be abolished from April 2022 with functions transferring to GMICS.
- Shadow arrangements are expected from September 2021.
- Part of expected wider reforms to social care, public health and mental health.
- Flexibility around local ‘place based’ arrangements with no legislative arrangements at place-based (T&G) level.
- NHS organisations expected to continue to develop relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health.
- All partners within systems will have a duty to collaborate across the healthcare, public health and social care system.
- Shift away from competition between healthcare organisations towards a new model of collaboration, partnership and integration.
- Significant changes to procurement and competition law.



# GM ICS – Emerging operating model

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The emerging GMICS operating model builds on the existing system but places much greater emphasis on six major programmes of activity and focus:

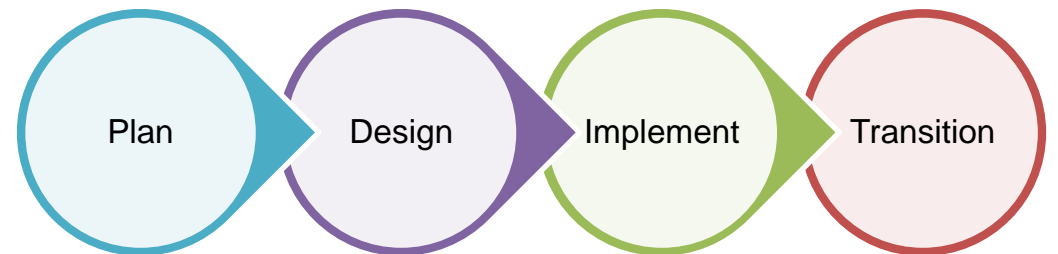
1. Maintaining physical, social and mental wellbeing.
2. Creating more consistent evidence based preventive and proactive primary care.
3. Greater integration of the community based reablement, residential, rehabilitative, palliative and social care services (working to eliminate the traditional divide between hospital and out of hospital services).
4. Coordinating and improving the urgent and emergency care service response by mandating health and care providers to develop more coherent pathways of care and enabling patients to access the right level of care sooner.
5. Delivering more consistent planned care and delivering the planned care recovery programme.
6. Further developing GMs access to and delivery of world class specialised care and building a hugely capable innovation capability in Health Innovation Manchester.



# Programme governance: T&G ICS development and CCG close-down

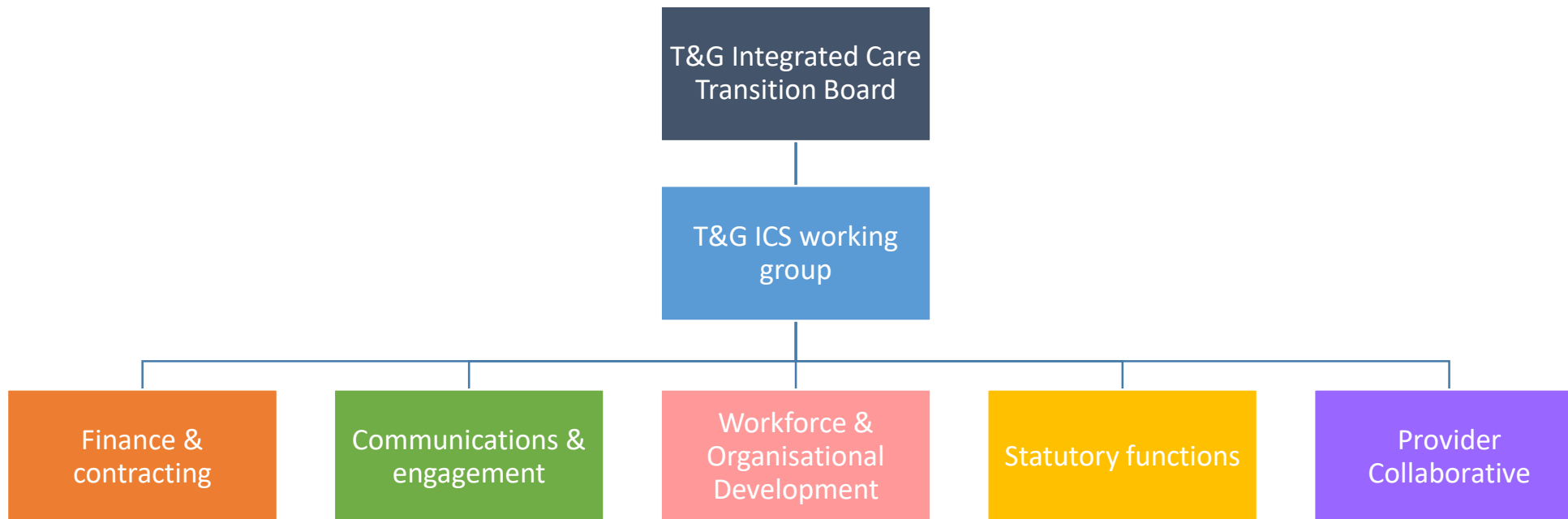
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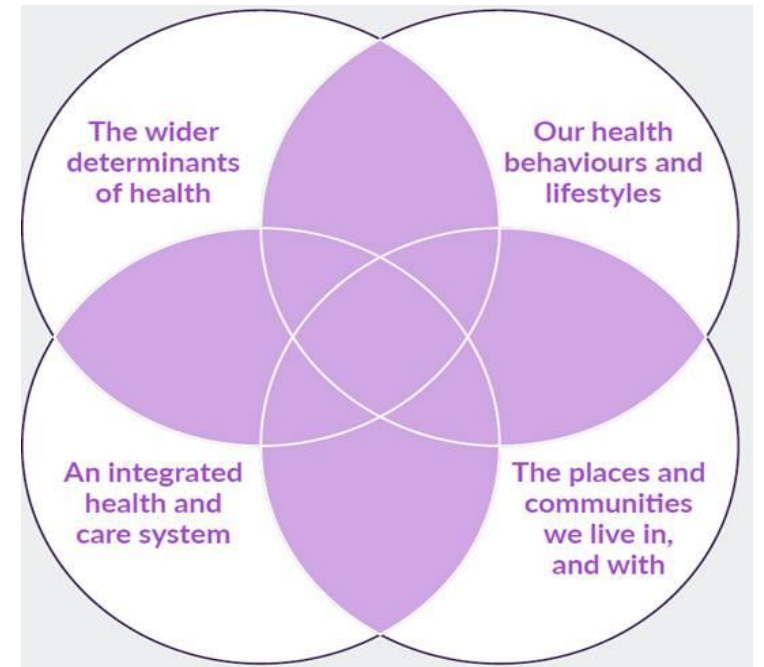
# T&G Integrated Care Transition Board *(from July 2021)*

<b>Purpose</b>	<ul style="list-style-type: none"> <li>▪ System-wide programme board with overall responsibility for setting the direction of the transition programme.</li> <li>▪ Consider, advise and approve future model and governance.</li> <li>▪ Oversee the close-down of the CCG, including appropriate due diligence.</li> <li>▪ Bi-monthly until March 2022.</li> <li>▪ Oversee the transition to a T&amp;G Partnership Board.</li> </ul>	<b>Membership (indicative)</b>  <b>Chair:</b> CCG Co-chair  The ICTB will take place prior to the T&G Strategic Commissioning Board (SCB) and will include all core SCB members.  The following additional non-SCB members will be invited to attend: <ul style="list-style-type: none"> <li>▪ Chief Executive T&amp;GICFT</li> <li>▪ Chief Executive Pennine Care FT</li> <li>▪ Chief Executive Action Together</li> <li>▪ Primary Care Network representative.</li> </ul>	The following will have a standing invitation to attend the meetings of the ICTB: <ul style="list-style-type: none"> <li>▪ CCG / TMBC Single Leadership Team</li> <li>▪ A representative of Derbyshire County Council</li> <li>▪ A representative of High Peak Borough Council</li> <li>▪ A representative of Derbyshire CCG.</li> </ul>
<b>Priorities</b>  Page 10	<ol style="list-style-type: none"> <li>1. Approve local design principles for the system changes.</li> <li>2. Set the direction of the work programme.</li> <li>3. Receive programme updates.</li> <li>4. Manage risk.</li> </ol>		In attendance: *All sub-group leads as required.



# Integrated Health & Social Care in T&G

- For many years partners in T&G have made significant progress towards establishing a comprehensive integrated H&SC system, but the complexity and the scale of our ambition means that we are still only at the start of the journey.
- There are still significant improvements to be made to improve the health and wellbeing of our population and develop a sustainable system.
- Responding to the pandemic provided us with a shared purpose and together we achieved great things.
- As we recover and respond to The White Paper we are provided with a renewed opportunity to reset and redefine a shared Common Purpose.
- An integrated health and care system is only one of the four pillars of population health. Improving population health requires action on all four of the pillars. Our neighbourhoods should be built around supporting this wider system delivery.



# Our local principles

Principles	We will...
Partnership	<ul style="list-style-type: none"><li>✓ We will be accountable to the local population and to each other.</li><li>✓ We will co-design and co-produce services with residents and community partners.</li></ul>
Powered by people	<ul style="list-style-type: none"><li>✓ We will empower our population and support them to take responsibility for their own health and wellbeing.</li><li>✓ We will recognise and develop resident, voluntary, clinical, political and managerial leadership.</li><li>✓ We will empower our workforce to work in collaboration across organisational, professional and service boundaries.</li></ul>
Person-centred	<ul style="list-style-type: none"><li>✓ We will take a proactive and preventative approach, intervene early and respond to the person in the context of their community.</li><li>✓ We will develop place-based approaches to tackling the social determinants of health that build on the assets within our communities.</li></ul>
Productive	<ul style="list-style-type: none"><li>✓ We will implement ways of working that support collaboration not competition.</li><li>✓ We will work together to make best use of financial, workforce, estate and other resources.</li><li>✓ We will maximise social value and jointly manage the system budget sharing risks, deficits and surpluses.</li></ul>
Progressive	<ul style="list-style-type: none"><li>✓ We will create a 'can do' culture with a focus on innovation and continuous improvement.</li><li>✓ We will develop a strong learning culture where new ways of working are reviewed and evaluated.</li></ul>



# AN INTEGRATED SYSTEM AT EVERY LEVEL IN TAMESIDE & GLOSSOP

ORGANISATIONAL FORM	OVERVIEW
<p><b>DELIVERY:</b>  <b>5 x T&amp;G Neighbourhood Partnerships</b></p> <p><i>*Integrated neighbourhood delivery model</i></p>	<ul style="list-style-type: none"> <li>*Clinical, political, managerial and VCFSE leadership provided by multi-agency partners.</li> <li>*Central role for PCNs.</li> <li>*Development of cross-system neighbourhood priorities.</li> <li>*Multi-agency neighbourhood collaboration recognising wider determinants of health.</li> <li>*Proactive and preventative approach, intervening early and responding to the person in the context of their community.</li> </ul>
<p><b>DELIVERY:</b>  <b>T&amp;G Provider Partnership</b></p> <p><i>*Includes health and care delivery partners</i></p> <p><i>*Mutually accountable to T&amp;G Partnership Board for the delivery of services and outcomes.</i></p>	<ul style="list-style-type: none"> <li>*Collaborative of T&amp;G services, principally based in communities.</li> <li>*Identifies and agrees priorities for neighbourhood partnerships and holds them to account.</li> <li>*Provides infrastructure for neighbourhood partnerships including workforce, estate and digital infrastructure.</li> <li>*Drives proactive and preventative approaches to the wider determinants of health &amp; Public Sector Reform.</li> <li>*Provides, sub-contracts and commissions services with partners</li> <li>*Collaboration not competition; build not buy.</li> <li>*Vehicle for receiving funding, transforming and delivering services.</li> </ul>
<p><b>DESIGN:</b>  <b>T&amp;G Partnership Board</b></p> <p><i>*System design board to address all determinants of health</i></p> <p><i>*Integrated governance holds system to account</i></p>	<ul style="list-style-type: none"> <li>*Strategic partnership board to include political, clinical, managerial and VCFSE leadership.</li> <li>*Oversight of financial allocations to further strategic priorities and ensure system financial sustainability.</li> <li>*Population health management.</li> <li>*Understands and responds to the role of the wider determinants of health including education, employment, crime, housing, leisure, transport etc.</li> <li>*Incorporates integrated strategic commissioning function including Quality, assurance, policy and transformation.</li> </ul>
<p><b>DESIGN:</b>  <b>Greater Manchester Integrated Care System (ICS)</b></p>	<p><b>GMICS: Statutory NHS Body and Board:</b> Responsible for the day to day running, planning and resource allocation, accountable for NHS spend, performance and quality. Board to include as a minimum ICS Chair &amp; Chief Executive, NHS trusts, General Practice, Local Authorities.</p> <p><b>GMICS Health and Care Partnership:</b> *Wider system integration (may additionally include VCFSE, Housing, Social Care etc.).</p>



# Questions

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## **SCRUTINY ACTIVITY AND WORK PROGRAMME – 2021/22 & 2022/23**

### **INTEGRATED CARE AND WELLBEING SCRUTINY PANEL**

Tameside Scrutiny Panels are required to publish an Annual Work Programme of planned activity. The programme of work will cover a two year rolling period that is to be reviewed, updated and agreed on an annual basis.

The annual work programme will aim to reflect priority issues across the Council, Strategic Commission and external partners. Work will continue to improve the flexibility, responsiveness and reporting methods of all scrutiny activity undertaken.

Each year a range of emerging topics and issues may require the attention of Scrutiny. It is therefore important to ensure efforts are best placed to support and influence effective decision-making, with the added focus on improving outcomes for residents and communities.

#### **Scrutiny activity in Tameside**

Work has been undertaken to develop a list of topics for consideration. The Annual Work Programme is to be reviewed and signed off at the next meeting of Overview Panel on 26 July 2021.

There is a range of options available to each Scrutiny Panel as to how activity is planned and undertaken, with a further need to consider timescales and future reporting. The Chair will work closely with panel members in order to determine the best approach for how activity will be undertaken.

Scrutiny activity will continue to adopt a combination of approaches to review service and performance updates, respond to formal consultations, focus reports of the Local Government and Social Care Ombudsman and areas in need of more in-depth review. This includes a responsibility for:

- Research and insight on a particular issue, including desktop reviews
- Review of decisions and recommendations
- Follow-up (from previous review / municipal year)
- Engagement and consultation – to provide responses to pre-decision activity
- Consideration of decisions and reports from the Ombudsman
- Receive updates on key issues as they arise
- Active monitoring of national and regional policy and substantive variation to service change

Plans remain in place to keep scrutiny members informed on the range of engagement and consultation activity taking place both within the Council and across partners. Where deemed appropriate, the wider development of scrutiny may include project support and service development work undertaken at the request of the Executive as a critical friend.

<b>Integrated Care and Wellbeing Scrutiny Panel</b>
• NHS White Paper – implications for Tameside
• Primary care and dental service response and access (post Covid-19)
• Mental health – male suicide rates / mental health offer – scale and accessibility
• Social Isolation and Loneliness
• Support for carers
• Care homes post Covid-19
• Impact of Covid-19 on inequalities
• Children’s Services (to inform priorities of the Children’s Working Group) <ul style="list-style-type: none"> <li>- Complex safeguarding</li> <li>- Health services for cared for children</li> <li>- Care leavers / transition to adulthood</li> <li>- Educational services / SEND</li> </ul>
• The Panel to receive regular updates during the year regarding new and emerging areas

<b>Follow-up on past activity</b>
• Domestic Abuse
• Hospital and health system recovery (including workforce)
• Tameside Health Improvement Service
• Children's Services - <ul style="list-style-type: none"> <li>- Sustainability projects</li> <li>- Ofsted</li> <li>- Recruitment and Retention of Foster Carers</li> </ul>

<b>Cross Panel</b>
• Continued monitoring of Covid-19 recovery
• Poverty and welfare support
• Budget updates – annual and mid-year
• Feedback and learning from complaints (LGSCO)
• Performance monitoring against corporate priorities