

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Day: Thursday
Date: 3 November 2022
Time: 6.00 pm
Place: Committee Room 1 - Tameside One

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE	
2.	DECLARATIONS OF INTEREST	
3.	MINUTES	1-4
	To approve as a correct record, the Minutes of the proceedings of the Health and Adult Social Care Scrutiny Panel held on 22 September 2022.	
4.	TAMESIDE & GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	5-28
	The Panel to meet Karen James OBE, Chief Executive, Tameside & Glossop Integrated Care NHS Foundation Trust, to receive an update on health system recovery, winter pressures and locality plans, including the planning and delivery of neighbourhood and community health care.	
5.	RESPONSE TO MID-YEAR BUDGET UPDATE	29-30
	To receive for information, a letter to Councillor Jacqueline North, First Deputy (Finance, Resources and Transformation), in response to the mid-year budget update.	
6.	CHAIR'S UPDATE	
	The Chair to provide a verbal update on activity and future priorities for the Panel.	
7.	DATE OF NEXT MEETING	
	To note that the next meeting of the Health and Adult Social Care Scrutiny Panel will take place on Thursday 12 January 2023.	
8.	URGENT ITEMS	
	To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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Health and Adult Social Care Scrutiny Panel 22 September 2022

Commenced: 6.00pm

Terminated: 7.35pm

Present: Councillors N Sharif (Chair), Owen (Deputy Chair), Affleck, Bowden, Cooper, Drennan, Patrick, Warrington

Apologies: Councillors Newton, Pearce

10. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by members of the Scrutiny Panel.

11. MINUTES

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 28 July 2022 were approved as a correct record.

12. POPULATION HEALTH

The Panel welcomed Debbie Watson, Director of Population Health; and James Mallion, Assistant Director, to receive an overview of strategic priorities for local health outcomes and inequalities, considering the broader impacts of deprivation and poverty.

Members received an overview of health outcomes in Tameside, with data highlighting local challenges related to the healthy life expectancy of residents and wider health determinants. The indices of deprivation shown included a breakdown of ward boundaries and Lower Super Output Areas (LSOAs). It was reported that across a deprivation decile of 1 to 10, with 1 being most deprived and 10 being least deprived, over 50% of Tameside's LSOAs are position within groups 1 to 3.

Mr Mallion advised that life expectancy and wider factors of population health are complex by nature. The majority of personal health is influenced by a person's start in life, the place they live, their education, job and income. While the health and care system is important, this contributes around 25% to the overall health outcome.

It is therefore important to assess and review certain outcomes deemed avoidable, unfair or systemic. This is especially pertinent at the point of death, with approximately 1 in 4 considered avoidable. Inequalities can arise in a number of areas:

- Health status – life expectancy, long-term conditions, mental health
- Access, quality and experience of healthcare
- Behavioural risks to health such as smoking, alcohol
- Wider determinants that include education, employment, housing, access to green space

The Panel heard that the GM Population Health Framework details a set of core characteristics along with locality conditions and functions. The intention is for more of the work undertaken across Tameside to follow regionally agreed population health principles that aim to tackle health inequalities and address the wider determinants of health.

A self-assessment against the framework will be completed through the Health and Wellbeing Board (HWB). Priorities set within the framework include;

- Leadership and culture
- Mobilising and involving people and communities
- Sustainable investment in Population Health
- Health protection and tackling inequalities
- Shaping healthier environments

Ms Watson advised that a number of the priorities are already present in Tameside, with some identified as being more of a challenge and will take time and resources to become effective and established.

Poverty is a particular challenge in Tameside, with the borough located in the top 20% most income deprived areas nationally and with approximately 1 in 3 children living in poverty. Key areas of focus will assess how rises in the cost of living may adversely affect a range health outcomes, with the need to project principles of equality, equity and justice.

The HWB will have greater oversight of the wider social, environmental and economic factors that impact on health and will start to work more closely with a range of partners in relation to housing, employment and many more. There is also a need for the board to link with the Integrated Care System, to how decisions are made in close proximity to local communities. Based on work with partners, three local priorities will allow the HWB to progress. These are:

- Poverty
- Work & Skills
- Healthy Places

The Director and Assistant Director responded to a number of questions on:

- Delays to the availability of health system data. Reassurance provided on tracking of local data by services, outside of national reporting timescales.
- Strategic priorities to address and minimise the impacts of the cost of living crisis and other external factors on the health resilience of individuals and households.
- Partnerships and health improvement programmes that target our most vulnerable residents.
- Priorities for the allocation of resources and additional funding opportunities to support programmes.
- Lasting and associated impacts of Covid-19 on health. Examples provided around local approach to learning disability health checks and primary care access.

13. CHAIR'S UPDATE

The Chair updated members on the following matters.

- Chair invited members to express an interest in joining a working group to review Learning Disability Health Checks in Tameside. It was agreed that the Chair and Deputy Chair to join all working groups, with the addition of Councillors Affleck, Bowden, Drennan and Patrick.
- All Scrutiny members were invited to attend a training session on 5 September, delivered by Ian Parry from the Centre for Governance and Scrutiny.
- All Scrutiny members have received an invitation to attend a Mid-Year Budget session on 3 October. Two sessions are available 3.30pm and 5.45 pm.
- The next meeting of Overview Panel is on 26 September at which recent Scrutiny activity will be reported.

14. DATE OF NEXT MEETING

To note that the next meeting of the Health and Adult Social Care Scrutiny Panel will take place on Thursday 3 November 2022.

15. URGENT ITEMS

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

CHAIR

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TAMESIDE HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Health and Care Update - November 22

Karen James, OBE

Chief Executive Officer,

Tameside and Glossop Integrated Care NHS Foundation Trust

Agenda

- System Recovery
 - On-going pressures/admission avoidance/discharge
 - The role of Tameside and Glossop ICO FT in the planning and delivery neighbourhood and community health care (Provider Partnership)
-



RECOVERY

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Delivery plan for tackling the Covid-19 backlog of elective care

1. Eliminate one year waits by March 2025

- **No two year waits by July 2022.**
- **No patient will wait over 18 months by April 2023**
- **No patient waiting over 65 weeks by March 2024**

2. Reduce diagnostic waiting times, with the aim of least 95% of patients receiving tests within 6 weeks by March 2025.

3. Deliver the cancer faster-diagnosis-standard, with at least 75% of urgent cancer referrals receiving a faster diagnosis within 28 days by March 2024 (support NHS Long Term Plan and early diagnosis).

- **Return the 62 day backlog** (waiting more than 62 days) to pre-pandemic levels by **March 2023.**

4. Reduce Out Patient (OP) waiting times by transforming the model of care and use of technology

- Work with patient groups and stakeholders to **better monitor waiting times and patients experience** of waiting for first OP appointment over **next three years**

Recovery Performance

1 - ELECTIVE BACKLOG

As at 16th October:

- 0 patients are waiting **104** weeks or more,
- 37 patients are at **78** weeks and
- **1032** patients are on the list who have waited **52 weeks**

Plan to achieve the restoration requirements on activity numbers overall and to eliminate one year waits by 2025.

2 – DIAGNOSTICS

As at Sept 22:

- **85.8%** of patients received their diagnostic test within **6 weeks** for a diagnostic test (which is a 4% improvement from August 22)

Trust is at 116% recovery to reduce waiting times by March 2025.

Recovery Performance

3. CANCER - In July 22:

- **58.23%** patients were treated within **62 days** from suspected cancer referral to first treatment (Standard of 85%)
 - **77.17%** patients were seen within **28 days** from suspected cancer referrals to receiving their first definitive treatment for cancer (GM 61.39%) following an urgent referral. Faster Diagnosis Standard target 75%.
 - **86.06%** patients were seen within **2 weeks** from referral for suspected cancer (GM 74.57%) Standard of 93%
- on track to return 62 day backlog to pre-pandemic levels by March 2023 and deliver the FDS by March 2024*

4. OUTPATIENTS - In Sep-22:

- **22.7%** of Outpatient Attendances were carried out as **Telephone or Virtual Activity**.
- **2%** of outpatient appointments were on **Patient Initiated Follow Up** pathways (target 5% by March 23).
- The Trust provided Advice & Guidance for **18** cases per 100 requests for outpatient appointments (target is 16 per 100 or more)

25% Reduction of outpatient follow up appointments by March 23 very challenging



PRESSURES

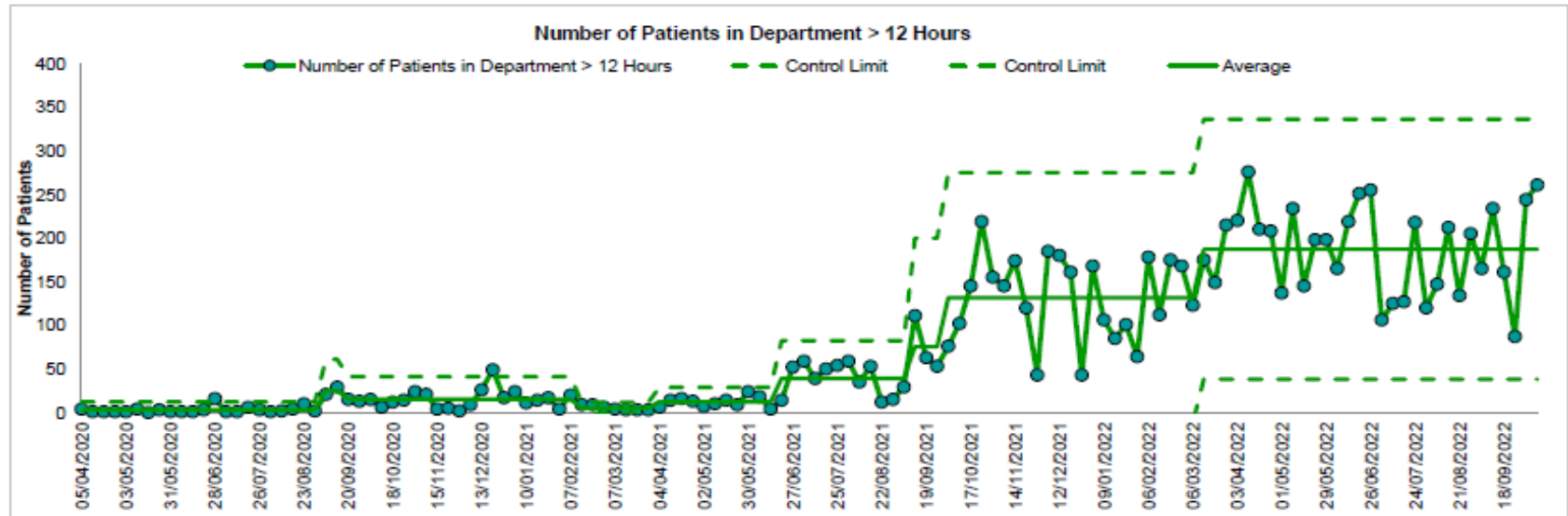
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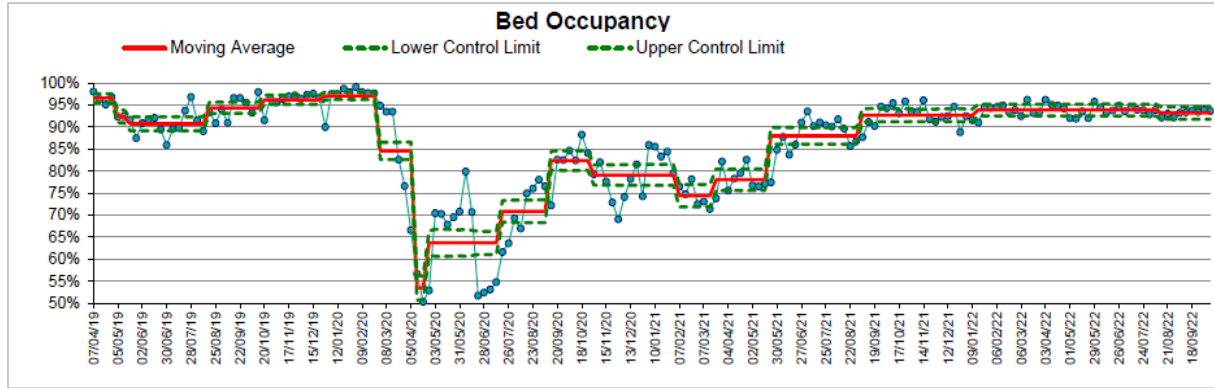
Urgent Care

- **60.9%** performance week ending 9th October; 2,467 attendances up by 6.8%
- Significant numbers of patients waiting **> 12 hours in ED**
- **Average** Ambulance Handover waits –25 mins (2nd in GM).

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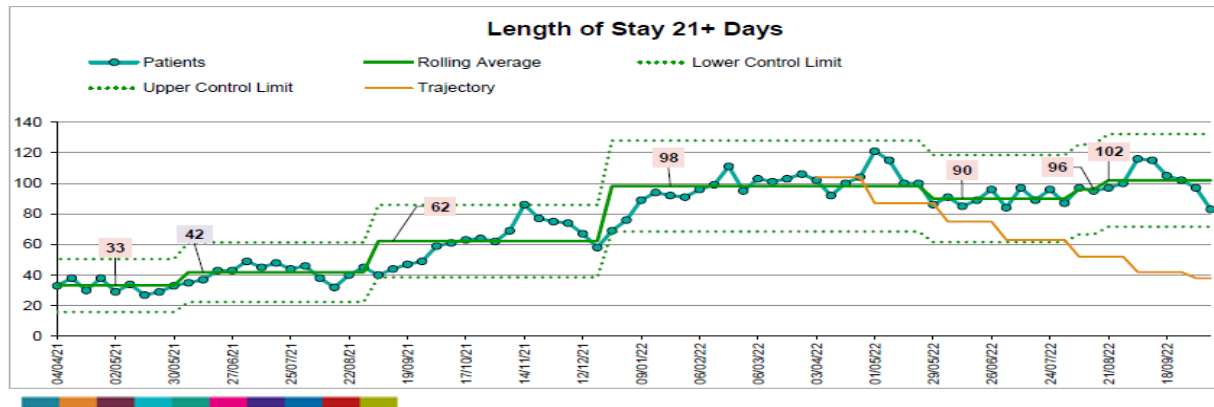
Bed Occupancy and Delayed Transfers of Care



•Adult General and Acute bed occupancy of 98.7% since April 1st; **99%** week ending 16th October.

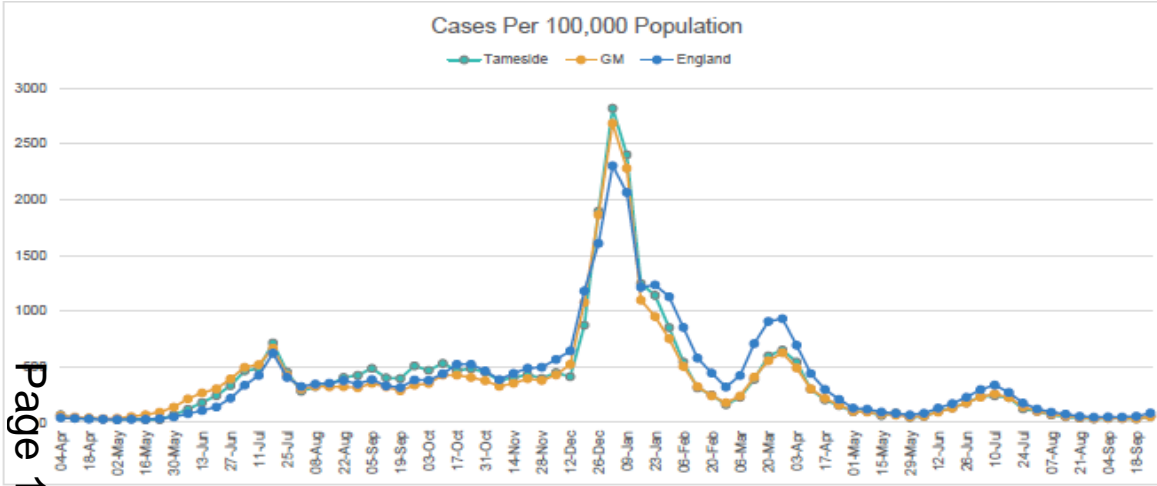
Day	17/10/22	18/10/22	19/10/22	20/10/22	21/10/22	22/10/22	23/10/22	Average
No Criteria To Reside	51	56	60	60	59	56	54	57

•**57** patients with ‘no criteria to reside’ average for week commencing 17th October



•**88** patients with LoS of 21+ days as at 13th October. Both metrics improving.

COVID Pressures



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Tameside & Glossop Integrated is expected to need 16 (3.5%) and will likely not need more than 30 (6.6%) out of the 457 currently open beds for patients with COVID-19 in three weeks time

2022-10-12	+1 week (2022-10-19)	+2 weeks (2022-10-26)	+3 weeks (2022-11-02)
3.1% reported usage*	3.9% expected usage	3.9% expected usage	3.5% expected usage
14 beds	1.8% - 6.3% 18 beds (+4)	1.5% - 6.8% 18 beds (+4)	1.3% - 6.6% 16 beds (+2)

*Reported values may be lower than expected due to missing returns and weekly reporting variations

Valid as of 2022-10-13

- Tameside’s case rate for the most recent week (2nd October) was 66/100,000 of population, compared with a rate of 60 for GM, 98 for England.
- 15 COVID +ve inpatients on 13/10. Last week mean of 22.
- TGH is expected to need 16 beds in three weeks.



Examples:

- Virtual Wards
- Community Falls Response Service
- Digital Health Service Hubs
- Tameside Living Well
- Prevention and Early Identification

- Enhanced Health in Care Homes:
 - Rolled out to all care homes in Tameside & Glossop and expanding to other localities in the North West;
 - To develop a virtual step up pathway to enable closer monitoring of care home residents
- Virtual Wards
- Anticipatory Care
- Rapid crisis response service
- Community response (F2F wound care / Community Response call out)
- Call before you go:
 - Point of contact for bookable ED/UTC via NHS111;
 - Digital Health clinicians would respond to all 111 referrals for further clinical assessment.
- Digital ED:
 - Digital Health clinicians having direct access to refer patients into SDEC or LIVI urgent treatment centre for further assessment and/or treatment.
 - Digital Health clinicians based in ED streaming patients and making every contact count.

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ACTIVITY	BENEFIT 2017 – Mar 22
Reduction in Emergency Department Attendances	9,500 attendances
Emergency Admission reductions	circa 4,500 admissions
Bed days saved	13,700 bed days saved
Number of acute Beds saved	450 beds
GP care home visits saved	7,500 visits
Care Home Hours saved (not spent at ED)	34,000 hours
District Nursing Visits to Care Homes	300 saved
INDICATIVE SAVINGS	£4,100,000

Integrated Urgent Care Team (IUCT)

- IUCT is a multi-disciplinary, multi-agency service which aims to:
 - Provide crisis response within 2 hours of referral.
 - Provide re-ablement to people in their own home within 2 days.
 - Reduce demand on acute services.
 - Reduce length of stay for people by supporting faster discharge using the Home First model.
- Support the reduction of delayed transfers of care by providing the initial wrap-around care for people in their own homes.

The integrated team includes:

- Nurses
- Physiotherapists
- Social workers / assessors
- Assistant practitioners
- Occupational therapists
- Customer care officers / coordinator

Vehicle for delivering two key NHS Long Term Plan Commitments:

- ✓ Provide crisis response within 2 hours of referral.
- ✓ Provide re-ablement to people in their own home within 2 days.

Both standards currently being achieved by IUCT

BENEFIT HIGHLIGHTS:

Since April 17 – Sept 21;

- Total indicative savings £2m
- 13,503 bed days saved
- Saves average of 9 acute beds per month
- Contributed to ED performance



There are a large number of services available in Tameside, but despite the wealth of support, **over 2400** people have attended A&E 5 or more times within the last 12 months, resulting in **15,613** separate attendances.

Launched in August 2022, the Living Well+ service will identify and proactively engage with a rolling cohort of people who are heavily relying on unscheduled services for their health care. The service will predominately work with people who have attended A&E more than 5 times in the previous 3 months but also work with other partners across the system where people are intensely using a service but it may not be the right service for them i.e. our Police and Primary Care Colleagues.

Using a personalised 1:1 coaching approach to uncover the underlying reasons for accessing emergency health care services, the Living Well+ Service will provide a de-medicalised, de-criminalised and human approach to supporting people to navigate what can be a complex health and social care system, standing by their side, until they have confidence to self-manage.

With a focus on practical and emotional support, the service will work alongside people to address social issues, alcohol dependency, mental health, criminal justice, loneliness, and potentially some extremely complex medical presentations. The majority of interactions and support will involve addressing a combination of these factors. The main difference is that the Living Well+ Service will have the luxury of 'time' to spend with people that most other services, under immense pressure, don't currently have.

The by-product of individualising support for people and truly understanding what they need, is that activity to unscheduled, primary and emergency care is dramatically and sustainably reduced

The Living Well + service will be proactive and responsive, it will link with services already in place within Tameside to maximise existing integrated working and a robust network approach across system partners; avoiding duplication or omission where people are falling through the gaps and be an outcome focused service.



Targeted Lung Health Checks



- T&G nominated for Phase 1 roll out of National Targeted Lung Health Check Programme.
- Lung health checks offered to people throughout T&G, aged 55 - 74, who smoke or used to smoke.
- T&G took a collaborative approach to work through the complex interdependencies that exist across GM, and the learning at T&G will help shape the wider GM rollout and further expansions at a national level.
- This programme will help find Lung Cancers early, and at a stage when treatment could be simpler and more successful - ultimately saving more lives.
- Launched in July 2021 – 2 neighbourhoods completed (Ashton & Denton) & partway through Hyde.



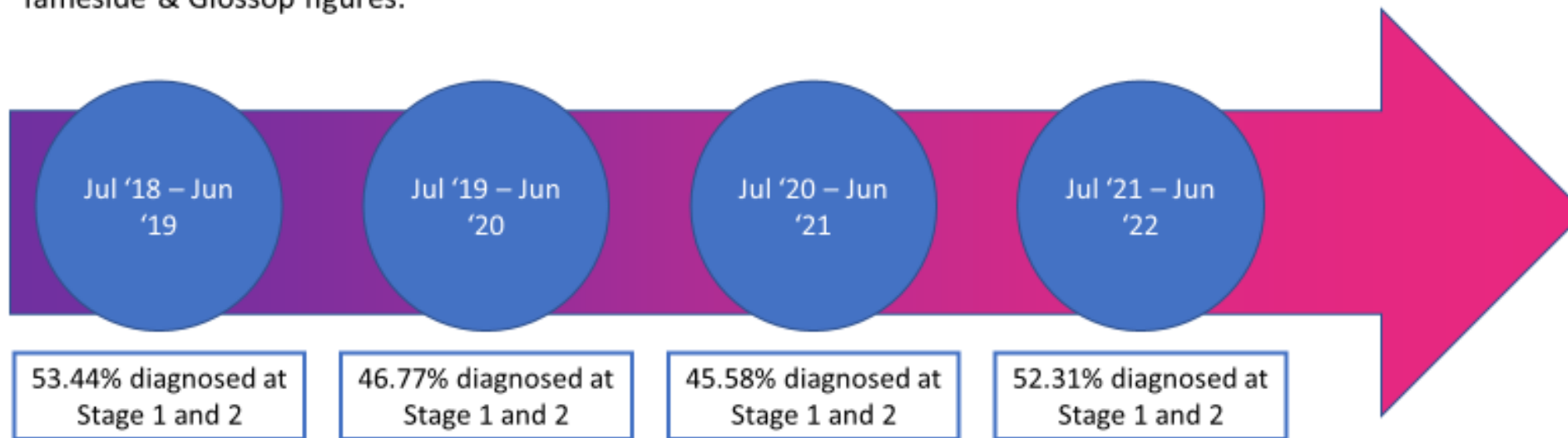
- ✓ 29,270 invited so far (50% of the eligible cohort)
- ✓ 9508 TLHC completed (F2F or telephone)
- ✓ 4847 CT scans completed
- ✓ 102 2ww referrals for possible lung cancer
- ✓ 2450 referrals to CURE programme for smoking cessation
- ✓ 63 lung cancers identified (40x stage 1 (63%), 9x stage 2, 5x stage 3, 9x stage 4).
- ✓ 7 other cancers diagnosed + 135 incidental findings.




Prevention and Early Identification

Long Term Plan ambition: 75% of patients to be diagnosed with cancer at stage 1 or 2 by 2028

Tameside & Glossop figures:

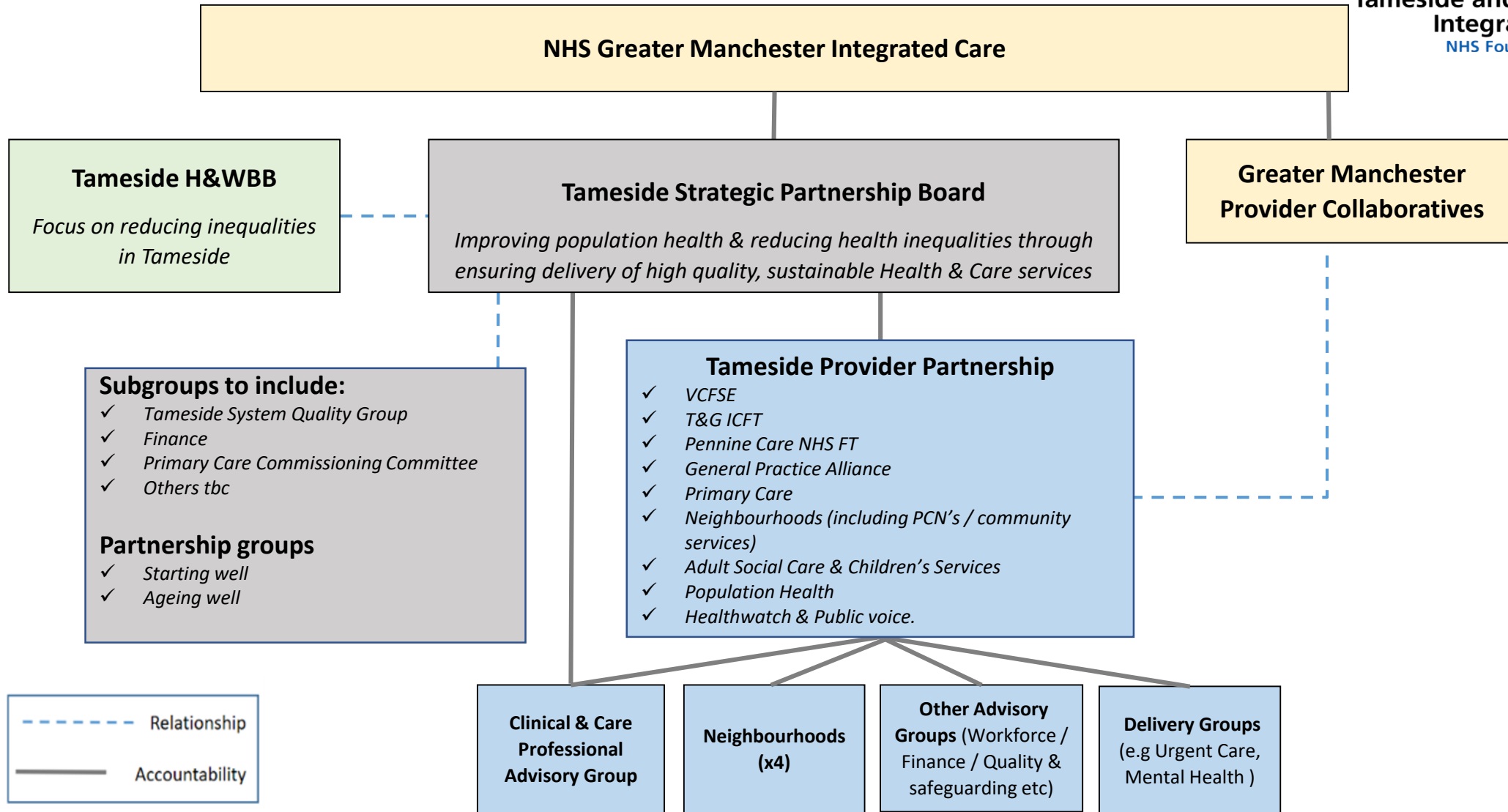


- Demand for Social Care  and is expected to continue to rise
- Short term pressures in terms of domiciliary care to support patient discharges
- Discharge to assess service
- Medium/long term plans to develop the future health and care workforce (Tameside's work in those areas acknowledged by GM)
- Prevention and Early Identification

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Role of Provider Partnership



Strategic plan and health and care priorities set by
TAMESIDE STRATEGIC PARTNERSHIP BOARD



Providers come together through **TAMESIDE PROVIDER PARTNERSHIP** to deliver the objectives



Transformation in Services is delivered in
NEIGHBOURHOODS

Tameside Strategic Partnership Board

- Locality strategic entity which provides a forum for decisions and investment in Tameside within delegated limits (from GM ICB).
- Provides strategic plan and direction for Tameside Health and care providers.
- Members include:
 - Chair: TMBC Leader
 - Place-based lead: Chief Executive TMBC
 - TMBC officers and elected members
 - GMICB Tameside: nursing, strategy & finance
 - Provider Partnership Chair
 - NHS organisations
 - GP Alliance Chair
 - VCFSE Alliance & wider partners, including Healthwatch.
- Scheme of accountability and delegation in place with GMICB and 2-way accountability agreement.

Tameside Provider Partnership

- Initially Voluntary alliance of Tameside Health & Care Providers which will seek to represent a single view of Providers.
- Delivery forum for the strategic plan prescribed by the Strategic Partnership Board.
- Members include:
 - Chair: Chief Executive T&G ICFT.
 - Deputy Chair: VCFSE representative.
 - To include as a minimum representatives of T&GICFT, PCFT, TMBC, Tameside GP Alliance, VCFSE alliance, Healthwatch.
- Constituent organisations to discharge agreed obligations.
- Provides leadership across providers on collaboration to deliver improved outcomes and reduce health inequalities.
- Interface with GM PFB and PCB to discharge place based obligations of these bodies.

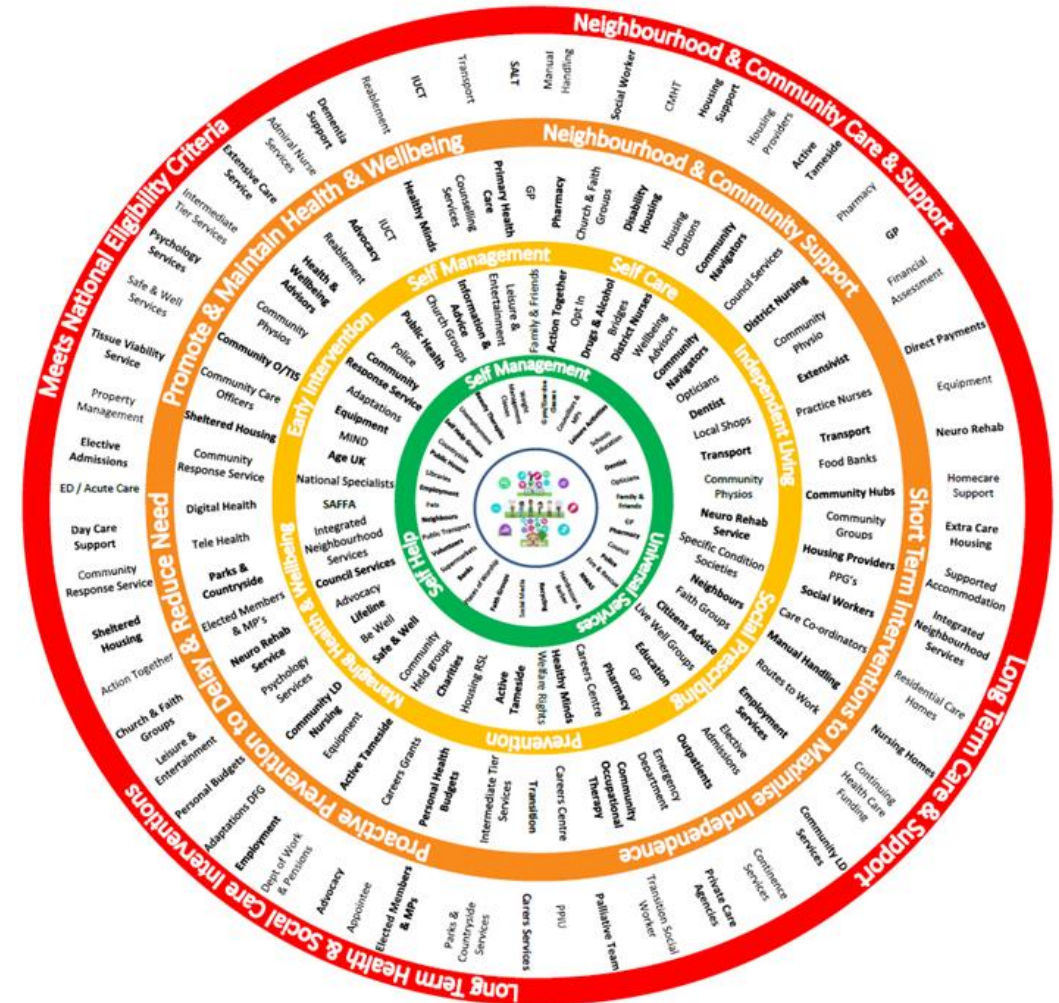


Neighbourhoods are the building block for the system

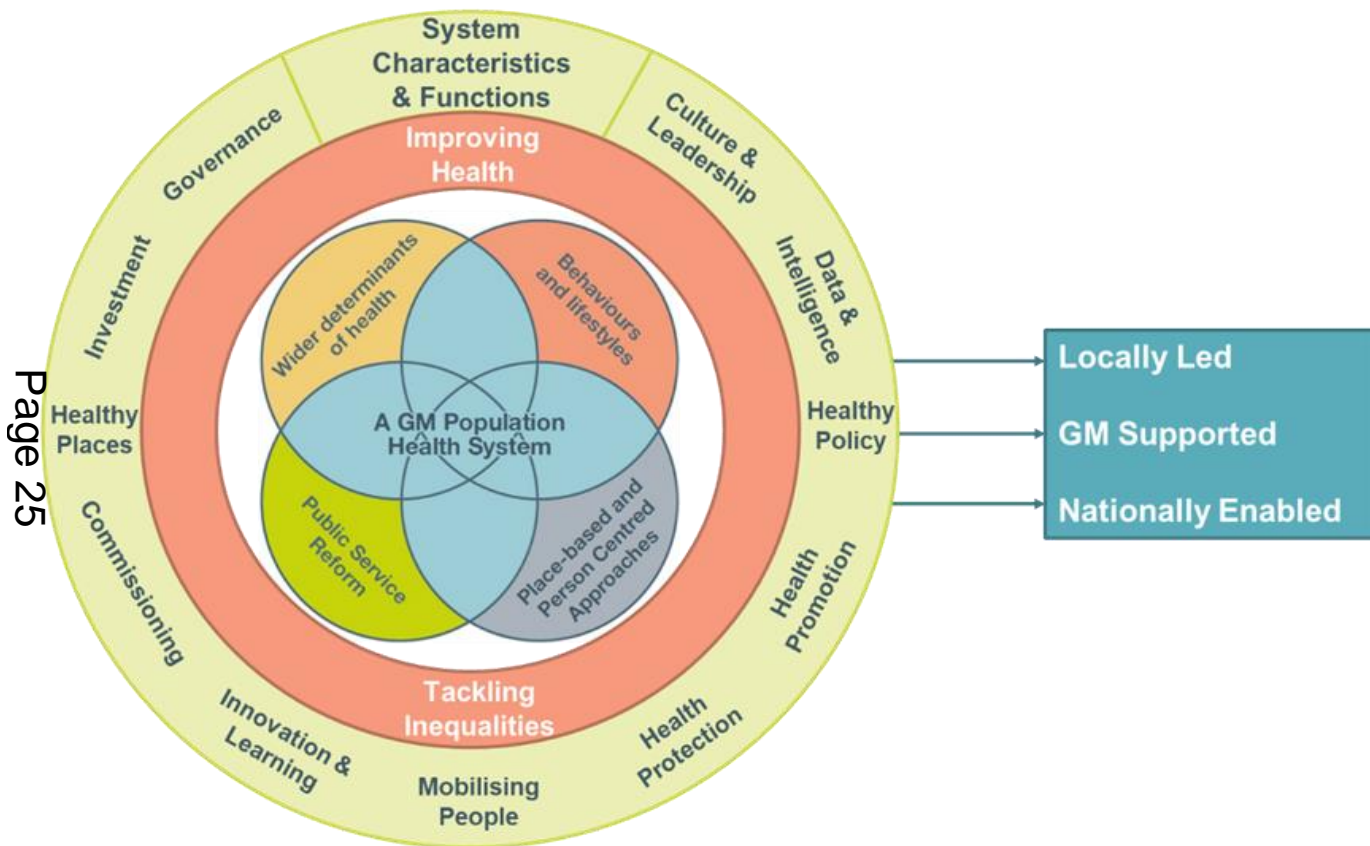
- Tameside will only achieve its intended objectives with strong connections to our local neighbourhoods.
- We are committed to further connect services at the neighbourhood level, co-designed around the needs of people and communities.

We will re-set our neighbourhood model to:

- Comprise a core team with specialist services & partners when needed.
- Deliver integrated services covering the full range of public service.
- Take a proactive and preventative approach, intervening early where needed.
- Be centred around the person (Do with not to)
- Partner with organisations outside of the health and care sector, to ensure that the wider determinants of health and wellbeing are integral to the support people are offered.



Population Health Framework



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- The **Provider Partnership** will develop its work programmes through a lens of 'improving population Health' with targeted work programmes to respond to specific TAMESIDE health and wellbeing priorities (e.g. focussing on prevention and education to reduce alcohol related issues)
- In order to meet our ambitions, our locality system must be designed in a way that incorporates system characteristics which make up a population health system.
- The GM Population Health Framework details the **Core System Characteristics** and the locality/neighbourhood conditions and functions required to deliver these characteristics
- The Tameside Integrated Care System will be designed to support this framework, led by a self-assessment against the characteristics below. Supported by the role of the Health & Wellbeing Board



Progress on health and wellbeing in Tameside

- The health of people in Tameside is generally worse than the England average.
- Tameside is one of the 20% most deprived authorities in England and about 18.9% (8,580) children live in low income families.
- Life expectancy for both men and women is lower than the England average.
- Despite this context we have made significant progress over recent years.

Outcome	Time frame	TAMESIDE		Greater Manchester		North West		England	
		Value	Change	Value	Change	Value	Change	Value	Change
Healthy Life Expectancy	2016/18	60.4 years	↑	60.9 years	↑	61.6 years	↑	63.4 years	↓
	2017/19	61.9 years	1.5 years	61.7 years	0.8 years	61.7 years	0.1 years	63.2 years	0.2 years
	2016/18	58.3 years	↑	60.8 years	→	62.5 years	↓	63.9 years	↓
	2017/19	58.7 years	0.4 years	60.8 years	0 years	62.2 years	0.3 years	63.5 years	0.4 years
Smoking in pregnancy	2019/20	13.6%	↓	11.1%	↓	12.2%	↓	10.4%	↓
	2020/21	10.2%	3.40%	9.8%	1.30%	11.0%	1.2%	9.6%	0.80%
Adult smoking prevalence	2019	18.2%	↓	16.0%	↓	14.7%	↓	13.9%	↓
	2020	15.6%	2.6%	14.9%	1.1%	14.5%	0.2%	12.1%	1.8%
Alcohol specific hospital admissions (per 100,000)	2019	871	↓	878	↓	891	↓	644	↓
	2020	756	13.20%	764	12.60%	795	10.80%	587	8.90%
<75 preventable mortality per 100,000	2019	198.5	↓	186.7	↑	176.1	↓	140.6	↓
	2020	196	1.30%	187.7	0.50%	175.2	0.50%	140.5	0.10%
< 75 preventable cancer deaths	2019	81.5	↓	73.9	↓	67.5	↓	55.8	↓
	2020	80.3	1.5%	71.8	2.8%	65.3	3.3%	54.1	3.0%



QUESTIONS

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Chair of Overview Panel

Chairs of Scrutiny Panels

Councillor Jacqueline North
First Deputy
Finance, Resources & Transformation

Caroline Barlow
Assistant Director of Finance

Tameside One
Market Place
Ashton-under-Lyne
OL6 6BH

email:	paul.radcliffe@tameside.gov.uk
Ask for	Paul Radcliffe
Direct Line	0161 342 2199
Date	19 October 2022

Dear Councillor North,

Scrutiny mid-year budget update 2022/23

We write in response to the mid-year budget update presented on 3 October 2022. The sessions enable members to seek assurance on the Council's approach to managing and mitigating budget pressures, known risks and future uncertainty. The demand on statutory services and the sustainability of budgets beyond the short-term remains a concern for members, along with growing social and economic pressures associated with the rise in living costs and a need to support individuals and families in Tameside.

The Council has demonstrated an unwavering commitment and drive to meet all financial challenges to date. We now find ourselves in a position where further savings are required at a time when the demand on statutory services is at its greatest. It is also important to reflect on the strength and resilience of our workforce and communities during such challenging times that now extend to the aftermath and recovery of a global pandemic.

Members shared concerns on the challenges and uncertainty associated with a repeated one-year funding settlement. This can inhibit the Council's ability to set a more robust medium term financial plan and it is accepted that a greater level of confidence can be achieved should longer funding arrangements be granted by the government to local authorities beyond the next financial year.

Scrutiny forms part of the Council's governance and decision-making process, underpinned by principles that aim to provide constructive 'critical friend' challenge, to amplify the voice and concerns of residents, and to drive improvement in public services. This letter provides an account of discussions captured from the meetings and subsequent feedback received. It is hoped that the collective points can assist with planning for 2023 and beyond.

In response to a previous request of scrutiny members, the update included a section on how the budget aligns with priorities set within the Corporate Plan. Members would have liked to hear more on the savings identification process, but please be assured that the content as a whole was detailed and well received.

Revenue monitoring information highlighted a significant in-year overspend across directorates. This is of concern and likely to have a cumulative impact on the budget, with areas showing a sizeable variance against the opening budget and savings position. This appears to place the authority in a precarious position with limited options to balance the budget for 2022/23. The Place directorate was most noticeable on the non-delivery of savings and income shortfall. It is felt that the strategic direction for growth and investment has an important role to play going forward.

A question that remains for Scrutiny is clarity on the existing financial planning model and processes by which directorates identify achievable savings. Further points include learning from previous years with regard to overly ambitious savings targets and members are keen to ensure future decisions are robustly costed and achievable, without jeopardising service quality or requiring late or unplanned financial adjustments.

With limited options available to the Council to increase income and revenue beyond a rise in Council Tax, the required budget savings are somewhat intensified. Members queried the assumption of a 97% collection rate for Council Tax, with reference to past learning from the pandemic and a pressing need to review the impact of significant rises to household budgets. This also included the assumptions for business rate income and collection given the current economic climate and the historic challenges to achieve growth in an area that has predominantly struggled in previous years.

The Council continues to face high levels of demand across statutory services with concerns on the ability to sustain budget increases in future years. This also includes the practicality and rationale of savings targets applied to such areas. Improving outcomes for children and vulnerable residents remains a pressure, which includes outcomes from past Ofsted inspections of Children's Social Care and SEND. It would be naïve of the Council not to acknowledge that growing economic and financial turmoil within society, most notably on household budgets, employment and housing, may result in added demand on statutory services.

A number of questions touched upon budget monitoring arrangements and existing methods to report and flag known risks and shortfalls in savings as they arise. It was reported that approximately half of savings targets have a projected shortfall, with limited information provided on what can be done to claw this back. Further points include:

- The realistic pace that savings can be made and understanding the opportunity cost of such decisions.
- The savings most at risk of not being met.
- The previous use and reliance of one-off monies, grants and reserves that are no longer accessible.
- Future viability and appraisal of non-statutory and discretionary services beyond 2023/24.
- Asset management strategy, streamlining process for energy savings and costs associated with staff returning to office work.
- Future opportunities to intensify corporate and elected member oversight to monitor agreed savings.

We are pleased to say that the Council's leadership and Executive remain fully engaged with all aspects of Scrutiny activity.

Yours sincerely,

Councillor Jack Naylor – Chair of Overview Panel

Councillor Yvonne Cartey – Chair of Place and External Relations Scrutiny Panel

Councillor Naila Sharif - Chair of Health and Adult Social Care Scrutiny Panel

Councillor Tafheen Sharif – Chair of Children's Services Scrutiny Panel