

## HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Day:** Thursday  
**Date:** 9 March 2023  
**Time:** 6.00 pm  
**Place:** Committee Room 1 - Tameside One

Item No.	AGENDA	Page No
1.	<b>APOLOGIES FOR ABSENCE</b>	
2.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest from members of the Scrutiny Panel.	
3.	<b>MINUTES</b> To approve as a correct record, the Minutes of the proceedings of the Health and Adult Social Care Scrutiny Panel held on 3 November 2022.	1-4
4.	<b>GMICS UPDATE</b> The Panel to meet Councillor Eleanor Wills, Executive Member (Population Health and Wellbeing); and Trish Cavanagh, Deputy Place Based Lead, to receive an update on the Greater Manchester Integrated Care System and locality arrangements for Tameside.	5-22
5.	<b>PRIMARY CARE ACCESS</b> The Panel to meet Dr Ashwin Ramachandra, Interim Clinical Lead; Martin Ashton, Associate Director; and Tori O'Hare, Head of Primary Care, to receive an update on Primary Care access in Tameside.	23-54
6.	<b>SCRUTINY BUDGET LETTER</b> The Chair to update members on the annual budget letter presented at the joint meeting of Executive Cabinet and Overview Panel on 8 February 2023.	55-56
7.	<b>SCRUTINY ACTIVITY 2022/23</b> The Chair to present a summary of activity undertaken during the 2022/23 municipal year.	57-58
8.	<b>CHAIR'S UPDATE</b> The Chair to provide a verbal update on activity and future priorities of the Panel.	

Item No.	AGENDA	Page No
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**9. DATE OF NEXT MEETING**

To note that this is the last formal meeting of the Scrutiny Panel for the 2022/23 municipal year.

**10. 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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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.

## Health and Adult Social Care Scrutiny Panel 3 November 2022

**Commenced:** 6.00pm

**Terminated:** 7.15pm

**Present:** Councillors N Sharif (Chair), Owen (Deputy Chair), Bowden, Drennan, Newton, Patrick

**Apologies:** Councillors Affleck, Cooper, Warrington

### 16. DECLARATIONS OF INTEREST

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

### 17. MINUTES

The minutes of the meeting of the Health and Adult Social Care Scrutiny Panel held on 22 September 2022 were approved as a correct record.

### 18. TAMESIDE & GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

The Panel welcomed Karen James OBE, Chief Executive, Tameside & Glossop Integrated Care NHS Foundation Trust, to receive an update on health system recovery, pressures and locality plans, including the planning and delivery of neighbourhood and community health care.

Members received a comprehensive update and overview of the delivery plan for tackling the Covid-19 backlog of elective care. The targets include:

1. Eliminating one year waits by March 2025.
2. Reducing diagnostic waiting times – 95% of patients to receive tests within 6 weeks by March 2025.
3. Delivering the cancer faster-diagnosis-standard, with at least 75% of urgent cancer referrals receiving a faster diagnosis within 28 days by March 2024.
4. Reducing outpatient waiting times by transforming the model of care and use of technology.

Data on recovery performance detailed the local position regarding the elective backlog, diagnostics, cancer and outpatients. Discussion focused on waiting lists, cancer treatment pathways and the improved use of technology in supporting telephone and virtual outpatient appointments and follow-up.

It was reported that the Trust had met performance targets prior to the pandemic and it remains important to keep patient and staff safe, with the need to treat patients according to priority. Tameside is starting in a good position with regard to integration and partnerships, with next steps to review areas in order to meet national requirements

A summary of pressures included the significant challenges faced in urgent care and attendances to A&E, resulting in reduced performance and increased waiting times for patients.

Ms James updated members on admission avoidance and discharge models, with examples and data provided on the follow services:

- Virtual wards
- Community falls response service
- Digital Health service hubs

- Tameside Living Well
- Prevention and early identification

Tameside Living Well+ will identify and proactively work with people who have attended A&E more than 5 times in the previous 3 months. Despite the breadth of health care access points and support, over 2400 people have attended A&E five or more times within the past 12 months, resulting in over 15,000 separate attendances.

Tameside and Glossop was nominated for the Phase 1 roll out of a national targeted lung health check programme. This is offered to people throughout Tameside aged 55 to 74 who smoke or have previously smoked. Launched in July 2021, over 9500 lung health checks have been completed, with evidence of the success in early identification of cancer.

Tameside Provider Partnership will seek to represent a single view of providers. This will provide leadership across providers on collaboration to deliver improved outcomes and to reduce health inequalities. The partnership will develop its work programme in line with population health improvement and respond to specific health and wellbeing priorities of the borough

Neighbourhoods are the building blocks for the system and Tameside will only achieve its intended objectives with strong connections to people and communities.

Ms James responded to a number of questions on:

- Current backlogs and impact of long waiting lists - elective backlog of over 1000 patients waiting 52 weeks
- Demand on emergency care and presentations – prevalence of mental health conditions
- Improvements in the use of technology for outpatients
- Workforce pressures – absence, health and wellbeing support, vacancies and recruitment challenges
- Wider pressures within the health and social care system
- Future inspection timetable for the Trust

Ms James thanked for attending the meeting.

## **19. RESPONSE TO MID-YEAR BUDGET UPDATE**

The Panel received for information, a letter of the Scrutiny Chairs to Councillor Jacqueline North, First Deputy (Finance, Resources and Transformation), in response to the mid-year budget update sessions held on 3 October 2022.

## **20. CHAIR'S UPDATE**

The Chair updated members on next steps to progress activity on Learning Disability Health Checks. A meeting of the working group to take place at 5pm on 9 November 2022. The Chair and Deputy Chair to join the group along with Councillors Affleck, Bowden, Drennan and Patrick.

The Panel to receive an update and overview of Primary Care access at the next panel meeting on 12 January 2023.

## **21. 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 2022.

## **22. URGENT ITEMS**

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

**CHAIR**

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# Greater Manchester Integrated Care System

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**Health & Adult Social Care Scrutiny Committee**  
**Trish Cavanagh – Deputy Place Based Lead**  
March 2023

Agenda Item 4

# Aims of the Session

The aim of this session are to:

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Explain the structures within the Greater Manchester Integrated Care System



Describe the arrangements in Tameside Locality



Share outcomes of engagement with Tameside residents and links between this and work of the Tameside Strategic Partnership Board



# White Paper and Health and Social Care Bill



Greater Manchester  
Integrated Care

The White Paper: *Integration and Innovation - working together to improve Health & Social Care for all* and subsequent Health and Care Bill set out legislative proposals for changes to the health & care system.

Triple aim:

- Better health & wellbeing for everyone
  - Better quality of health services for all
  - Sustainable use of NHS resources.
- Page 7
- Clinical Commissioning Groups (CCGs), including T&GCCG **were abolished 30 June 2022** with local functions transferring to Greater Manchester Integrated Care (GMIC) & Derbyshire Integrated Care System (for Glossop).
  - Some CCG functions will be undertaken at GM / Derbyshire level and some delegated back to Tameside.
  - **Shift away from competition** between healthcare organisations towards a new model of collaboration, partnership and integration.

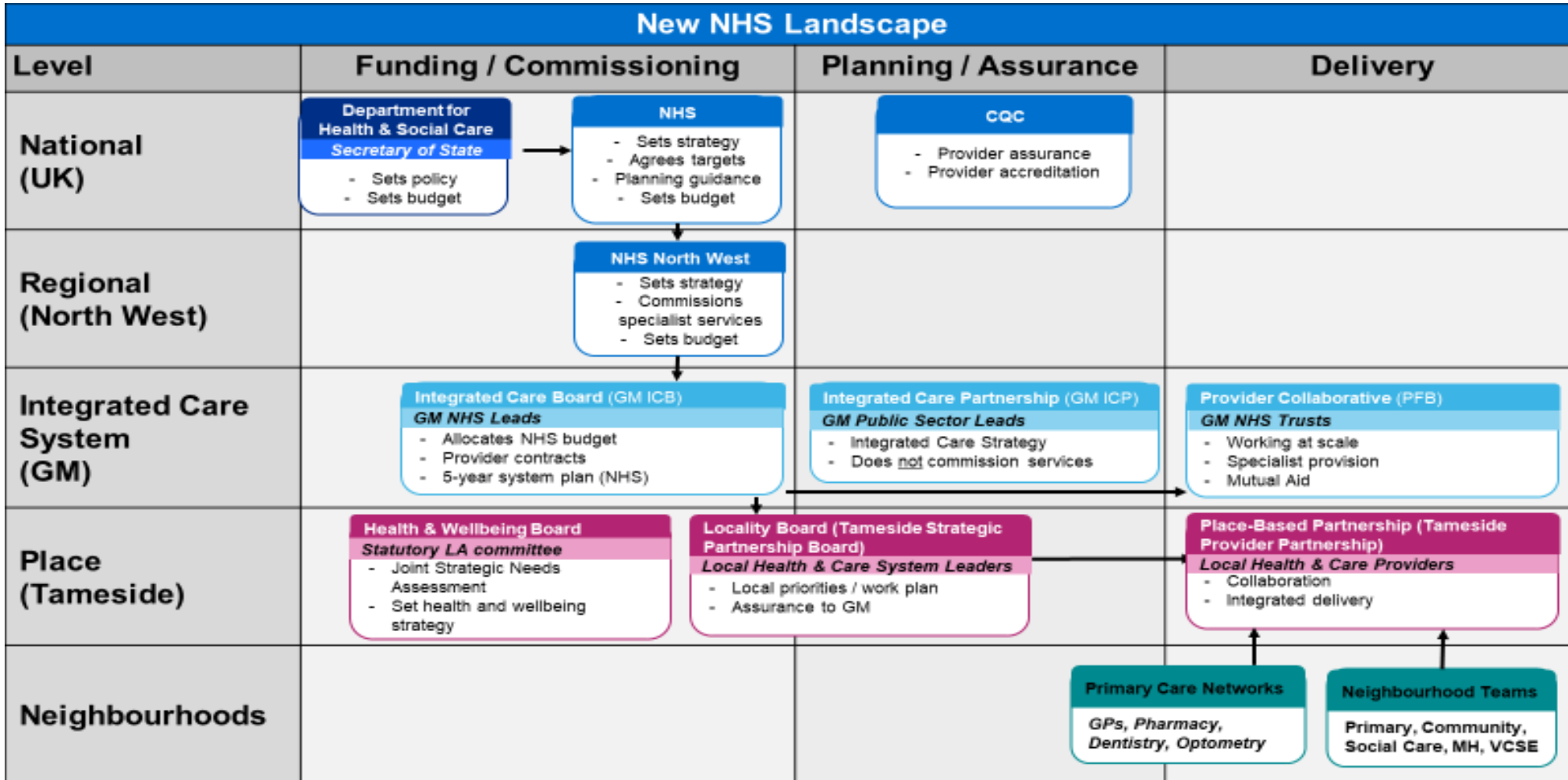


**Integration and Innovation:  
working together to  
improve health and social  
care for all**

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

GP 381

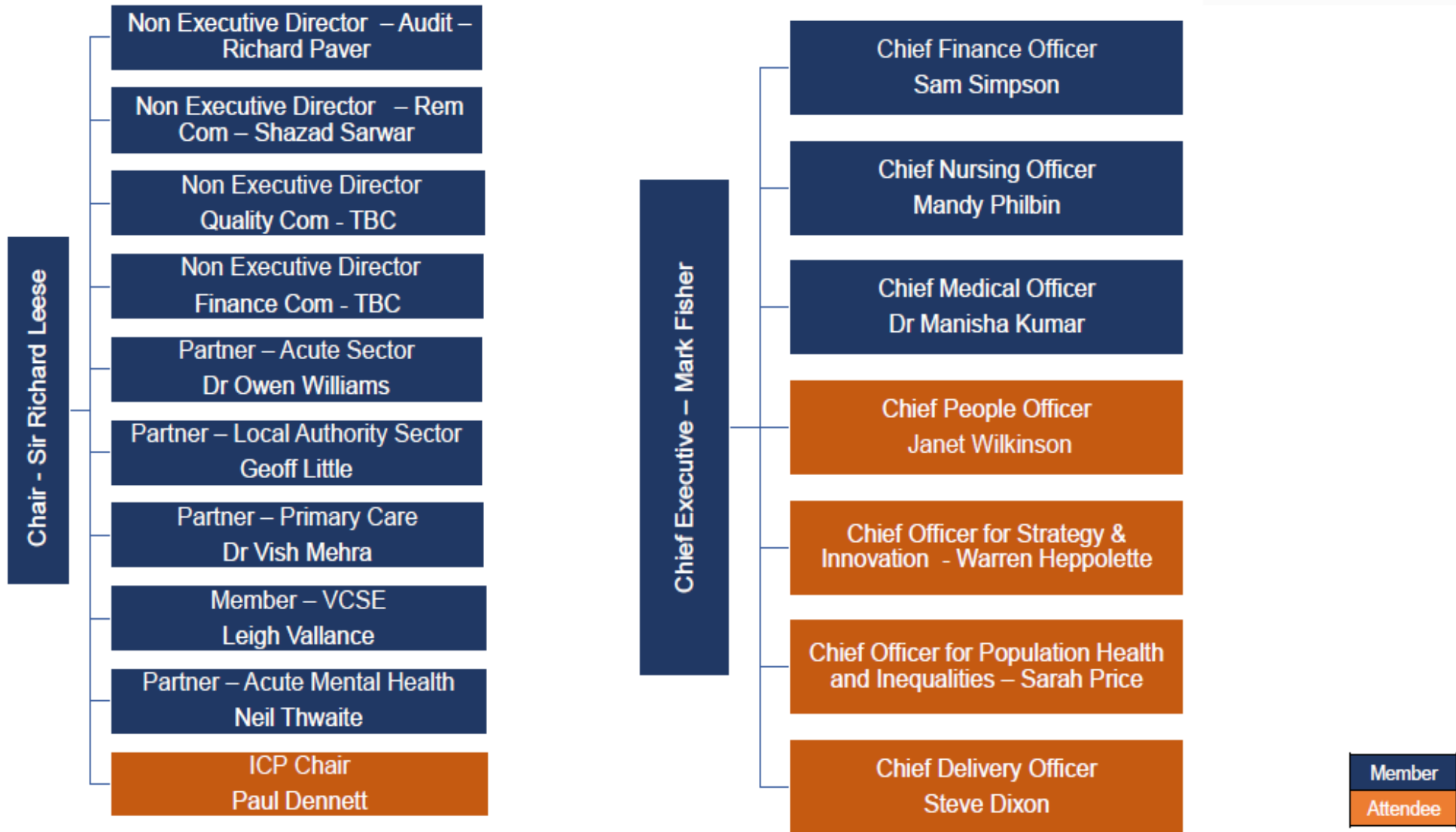
**Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population.**



# Greater Manchester Integrated Care Partnership (ICP)

- In July 2022, Greater Manchester's Integrated Care Partnership was established. The partnership brings together all the different organisations which support people's health and care.
- Members of the Partnership come from all ten parts of Greater Manchester (GM), including all NHS organisations, councils, GM Combined Authority, organisations from across the voluntary, community, faith and social enterprise sectors (VCSE) and others all working together to help achieve a shared vision.
- The partnership will work with people and communities to create and oversee the region's overall integrated care strategy (five-year plan).

# NHS Greater Manchester Integrated Care Board



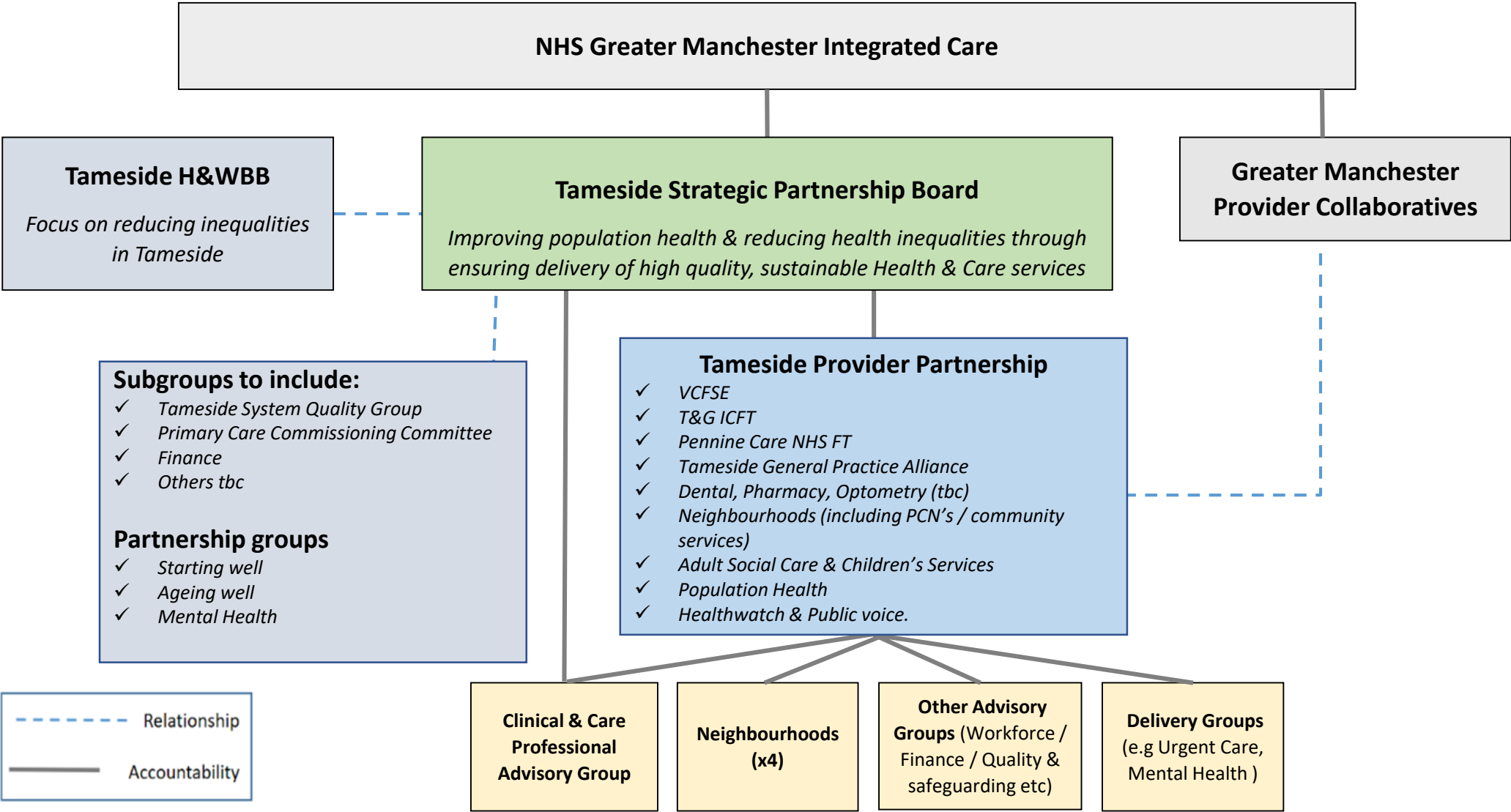
# Aims and objectives

The operating model for Greater Manchester emphasises three main elements:

1. **The Locality Approach** – establishing place based integrated care at the neighbourhood and district level supported through strong partnership governance
2. **GM Provider Collaboratives** – providers working at scale across multiple places.
3. The establishment of **GM Integrated Care and the GM Integrated Care Partnership**

In order to deliver this changes were made to the “architecture” of how partners would work together.

# Emerging Governance



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: Executive Member – Population Health & Well-Being
    - 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.

# Tameside Strategic Partnership Board

## Composition

- Single strategic entity which provides a forum for decisions and investment in Tameside within delegated limits.
- Builds on longstanding arrangements of an Integrated Commissioning Fund and Section 75 arrangements.

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Members include:

- **Chair: Cllr Wills**
  - Place-based lead: Chief Executive TMBC
  - TMBC officers and elected members
  - GMIC Tameside Delivery Lead
  - GMIC clinical lead for place
  - Provider Partnership Chair
  - GP Alliance Chair
  - VCFSE Alliance & wider partners, including Healthwatch.
- Scheme of accountability and delegation in development with GMICB.

## SUMMARY OF FUNCTIONS

Foster shared common purpose across H&C system in Tameside to improve the health and wellbeing of the population.

Safeguard local funding by establishing integrated investment model to connect the place-based budget which seeks to maximise the population health benefit of all local investment.

This will include a visible commitment to investment into earlier intervention, prevention and proactive care.

Identify and agree shared outcomes for the system and oversee implementation and delivery of shared priorities.

Maintain the commitment to an equal partnership with the VCFSE.

Clear commitment to the need for co-design and co-production.

Strategic forum for strategic clinical, professional, managerial, voluntary and resident oversight.

Establish strategic priorities for the system

Establish and support the conditions to consistently implement proactive delivery models.

System champion for People-powered health and place-based models of care.

System oversight of quality, safety and safeguarding across Tameside.



# Aims and objectives

## In Tameside our vision & ambition remain the same:

**Vision:** We want to improve the health and wellbeing of all of the residents of Tameside with a relentless focus on inequalities.

**Ambition:** Tameside is a happy, healthy and ambitious place to live, where people choose to live and work.

# Greater Manchester Integrated Care Partnership (ICP)

- Greater Manchester ICP wanted to engage people and communities on its five-year plan. The plan aims to address the health and care needs of the population across Greater Manchester. It includes actions to improve health and healthcare and reduce inequalities in health outcomes, experience and access to services.

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- GM ICP wanted to understand what matters most to people and communities to make sure the five-year plan reflects the needs of Greater Manchester's people and communities.
- Engagement took place in October 2022 and was led by the voluntary and community sector including Healthwatch, GM Equality Alliance and local infrastructure organisations working in partnership with NHS GM engagement leads.

## Summary of the findings for Tameside.

- The three organisations involved in the engagement took different approaches here, with Healthwatch administering a survey, NHS engagement teams using a hybrid event (where participants were giving the choice of attending in person or online), and the local VCSE an online focus group.

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Engagement in the Tameside area<sup>1</sup> reached 135 people – largest response from this locality compared with GM. It was not possible to ‘count’ the characteristics of the groups engaged with from the information provided, however, those facilitating the events and surveys from each of the three organisations reported that all of the different minority groups were represented, with additional representation around those with mental health problems. It was noted that the responses to the Healthwatch survey, which forms the bulk of this analysis, overrepresented females with 70% of responses coming from women.

## Results of the findings for Tameside.

- People were asked what would make the biggest difference to them in terms of being healthier, happier and better. The main themes to occur were almost identical to those raised in Greater Manchester as a whole, i.e.
- **Better access to the NHS** -(to GPs, to NHS dental care, to support and diagnosis around autism and ADHD, face to face appointments, shorter hospital waiting times; less reliance on online services which not everyone is able to use)
- **Healthier lifestyles** (better diet, weight loss, more exercise, increased mobility)
- **Mental health support** (reduced stress, better access to support; support specifically for those who are not so poorly they need to go to A&E)
- **Wider determinants** of health (enough money to be able to retire early, time for hobbies, better environment, more green spaces, off road cycling, public transport, including links to hospital, job opportunities)
- **More funding and resources for health and care** (including care in the community)

# SYSTEM OVERSIGHT & WIDER DETERMINANTS

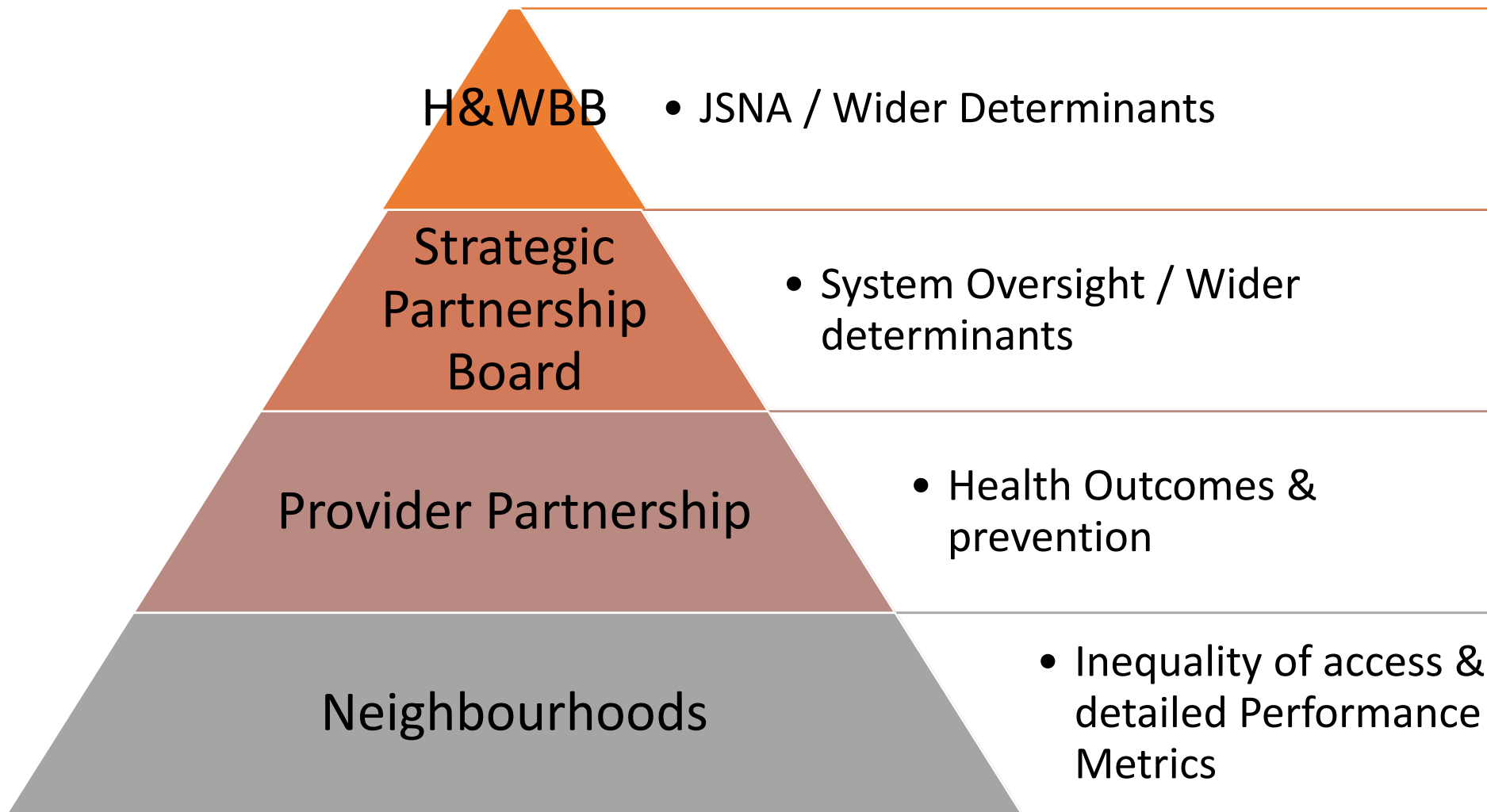
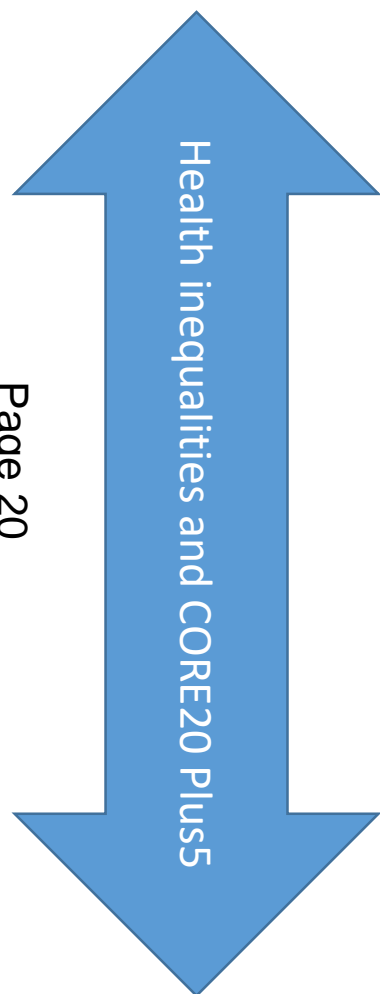
Strategic  
Partnership Board



## TAMESIDE STRATEGIC PARTNERSHIP BOARD - PRIORITIES AND METRICS

Category	Sub-Category	Timescale	Priority	Link to Statutory / Regulatory Metrics	Link to NHS SOF
Finance & Use of Resources	Finance	6 months	Agree investment priorities		S027a, S118a, S119a, S120a, S120b
Finance & Use of Resources	Finance	6 months	Financial recovery group established		S027a, S118a, S119a, S120a, S120b
Finance & Use of Resources	Finance	12 months	System efficiency plan in place		S027a, S118a, S119a, S120a, S120b
Finance & Use of Resources	Finance	12 months	Long term financial plans in place		S027a, S118a, S119a, S120a, S120b
People	Growing for the future	12 months	Integrated workforce strategy		S072a, S074a, S075a, S067a, S068a, S121a, S121bS063a, S063b, S063c,
People	Looking After our People	18 months	Development plan for us as system leaders		S060a, S069a
Preventing Ill health and reducing inequalities	Promoting, protecting and improving health and social well being	6 months	Deep dive on the 20% and agree targetted actions		NA - enabling milestone
Preventing Ill health and reducing inequalities	Screening, vaccinations & immunisations	6 months	Screening & prevention trajectories improving	CQC - adult social care services framework - S5, E5	S046a, S047a, S048a, S049a, S50a
Preventing Ill health and reducing inequalities	Prevention and long term conditions	6 months	Review the national core 20 plus five and agree any additional plus metrics for Tameside	Population Health Framework, CQC - adult social care services framework - S5, E5	
Preventing Ill health and reducing inequalities	Prevention and long term conditions	6 months	Provider partnership to focus on pop health metrics (hypertension missed cases/late cancer diagnosis)	Population Health Framework, CQC - adult social care services framework - S5, E5	S046a, S085a, S116a, S116b, S117a, S047a, S010a, S011a, S012a, S110a, S053a, S053b, S053c
Preventing Ill health and reducing inequalities	Maternity and children's health	6 months	Increased early help delivered locally		TBC
Preventing Ill health and reducing inequalities	Maternity and children's health	12 months	Pathways for family hubs operational in each neighbourhood		TBC
Preventing Ill health and reducing inequalities	Prevention and long term conditions	12 months	Reduction in variation in performance of plus 5 metrics	QOF	S046a, S085a, S116a, S116b, S117a, S047a, S010a, S011a, S012a, S110a, S053a, S053b, S053c
Preventing Ill health and reducing inequalities	Prevention and long term conditions	12 months	Increased number of people on disease registers (reduction in unknown hypertension etc)	QOF	S046a, S085a, S116a, S116b, S117a, S047a, S010a, S011a, S012a, S110a, S053a, S053b, S053c
Quality of Care, access and outcomes	Mental Health services	6 months	Mental health offer clearly articulated		S029a, S029b, S030a, S081a, S084a, S085a, S086a, S110a
Quality of Care, access and outcomes	Primary care and community services	6 months	Ageing well agenda well embedded		S105a, S106a, S107a, S031a, S110a, S027a
Quality of Care, access and outcomes	Primary care and community services	6 months	Improved oral health		S109a
Quality of Care, access and outcomes	Safe, high quality care	6 months	WSOA actions reviewed and on track	CQC / OFSTED / SEND	S035a
Quality of Care, access and outcomes	Safe, high quality care	6 months	Adopt adolescent H&WBB	CQC / OFSTED / SEND	S035a
Quality of Care, access and outcomes	Safe, high quality care	12 months	Clear plan for listening to voice of the resident/user	CQC - adult social care services framework - C1, C2, R2, W3	
Quality of Care, access and outcomes	Primary care and community services	12 months	Well established neighbourhood plans		S037a, S105a, S001a, S108a, S106a, S107a, S108a, S108b, S051a, S053a, S053b, S053c, S054a, S055a, S115a,
Quality of Care, access and outcomes	Primary care and community services	12 months	GP plan for reducing variation		S037a, S105a, S001a, S108a, S106a, S107a, S108a, S108b, S051a, S053a, S053b, S053c, S054a, S055a, S115a,
Quality of Care, access and outcomes	Maternity and children's health	12 months	More children offered send support in school	CQC / OFSTED / SEND	
Quality of Care, access and outcomes	Maternity and children's health	12 months	Improve patient/family experience	CQC / OFSTED / SEND	
Quality of Care, access and outcomes	Maternity and children's health	12 months	SEND survey reports improved	CQC / OFSTED / SEND	

# CLEAR METRICS AT EVERY LEVEL



# FEEDBACK

# QUESTIONS

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# Primary Care Access: Health & Adult Social Care Scrutiny Panel

# OVERVIEW

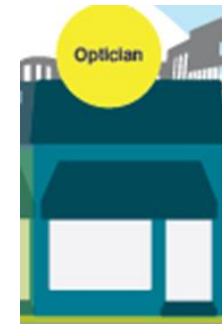
## PRIMARY CARE IN TAMESIDE



31 General Practices

100% CQC Good or Outstanding

Grouped into 4 Primary Care Networks  
*(coterminous with TMBC neighbourhoods)*



20 Opticians



53 Community Pharmacies



27 Dental  
Practices + GM  
Urgent Dental  
Service

# PRIMARY CARE ACCESS – CURRENT CHALLENGES

- Demand exceeds capacity – Nationally 0.44 GPs / 1000 patients (17.5% increase in patients / GP).
- November 2022: 105,818 appointments in General Practice (2019 pre-covid comparator was 107,281 for T&G)
- Significant impact of pandemic on resilience and workforce, high levels of burnout. Impact on perception of NHS as a career and therefore reduced recruitment and training uptake.
- Significant impact of pandemic on elective care waiting times which creates demand in primary care,
  - Eg patient waiting for knee replacement, experiencing ongoing pain and mobility challenges being managed by their GP Practice.
- Pressures & Demand including impact of winter – though winter pressures is now not restricted to a single season.
  - One practice (c7000 patient list) had 281 calls between 8 and 8.30 one day – would need 28 staff to answer all in that half hour period
  - Pharmacies have had to cut back on services or the advice they offer to patients and/or reduce opening hours
  - In a 3 month period autumn 2022 over 350 temporary closures to pharmacies across GM
- Pandemic accelerated pace of some pre-pandemic national strategy and therefore inevitably lost some of the patient engagement and dialogue around such changes and the phasing of implementation e.g. introduction of digital access.

# PRIMARY CARE ACCESS – PATIENT VOICE

Some positive...

“Been here for quite a few years now and I am not surprised that they are rated as outstanding. At 65 and had some quite serious episodes they have been supportive and provided all the care I’ve needed. From the top down the staff really are great.”

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“My doctor understands my mental health and is a great help, explains things to me so I know how to look after myself.”

“I received an appointment for the same day re symptoms I informed the care provider of. Treatment was given. Contacted surgery 7 days later by the new electronic system and was given telephone consultation with GP within 24 hours treatment given and a follow up txt after 3 days to check if the treatment was effective. Replied back requesting a further appointment with GP and this was arranged for later the same day. I couldn’t have asked for better treatment well impressed.”

“I've found the service and the staff excellent. The new on-line booking system is good, saves all that queueing as previously. I found the response to any request prompt and appropriate to the urgency that it required.”

# PRIMARY CARE ACCESS – PATIENT VOICE

Some negative, recognition of frequency of patient feedback such as:

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“I rang and was told I could not get an appointment and could either ring at 8am the next day or fill in the email on the site. As there are usually loads of people before you when you ring I decided to email. I filled in where they ask you to put when you are available in the next 2 days on the phone and they rang me twice when I had put I was unavailable. What's the point of asking you if they take no notice.”

“My husband has been trying to get an appointment for over a week. He has been in agony at times. You just cannot get through - I was 11th in the queue and after 10 minutes of waiting was still 11th - that was today at 8.10 - it was engaged before then. This service is extremely distressing for those trying to get an appointment.”

“Tried last week. Felt fobbed off. Eventually told someone would ring 10am. Eventually someone called 3:30pm, promised to ring Monday, heard nothing.”

# PRIMARY CARE ACCESS



- Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS.
- Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services
- Utilisation of range of access points including but not limited to general practice, including:
  - enhanced access (evening and Saturday appointments delivery on a hub basis per PCN),
  - Community Eye Care Service (CUES),
  - Minor Ailments Scheme (MAS) & General Practice Community Pharmacist Consultation Service (GPCPCS),
  - Dental Services including the GM Urgent Dental Service
- Changes in relation to the expanding workforce, increased clinical and non-clinical skill mix recognising the skills and expertise of a range of healthcare professionals across all contractor groups
- Digital transformation strategy predated (though significantly accelerated by) Covid-19 pandemic
- Embed Primary Care in neighbourhood model with focus on population outcomes through collaboration across breadth of Neighbourhood, providers, VCFSE and residents

# GENERAL PRACTICE

# PRIMARY CARE ACCESS – GENERAL PRACTICE

- Primary Medical Services provide proactive, preventative care to their registered population – proactive care such as screening, vaccines, healthchecks and focus on health improvement and admissions avoidance. Naturally sometimes this includes acute and reactive care however it is not the sole focus of contract.
- Core Hours (8am – 6.30pm) plus enhanced access (evening and Saturday appointments delivery on a hub basis per PCN) and Out of Hours provision
- **Demand will always outweigh capacity as proactive work is never finished**
- Importance of care navigation – enables practices to signpost patients to the right place and/or right healthcare professional
  - Reception teams are trained in this role
- Routes of access – practice telephone, online forms, walk in, PCN telephone
- Changes in relation to the expanding workforce, increased clinical and non-clinical skill mix recognising the skills and expertise of a range of healthcare professionals
- Establishment of new enhanced access models and increasing provision through Directed Enhanced Services (including the PCN Contract DES) and Locally Commissioned Services
  - LD and SMI Healthchecks delivered on a hub basis – clinical model varies per PCN

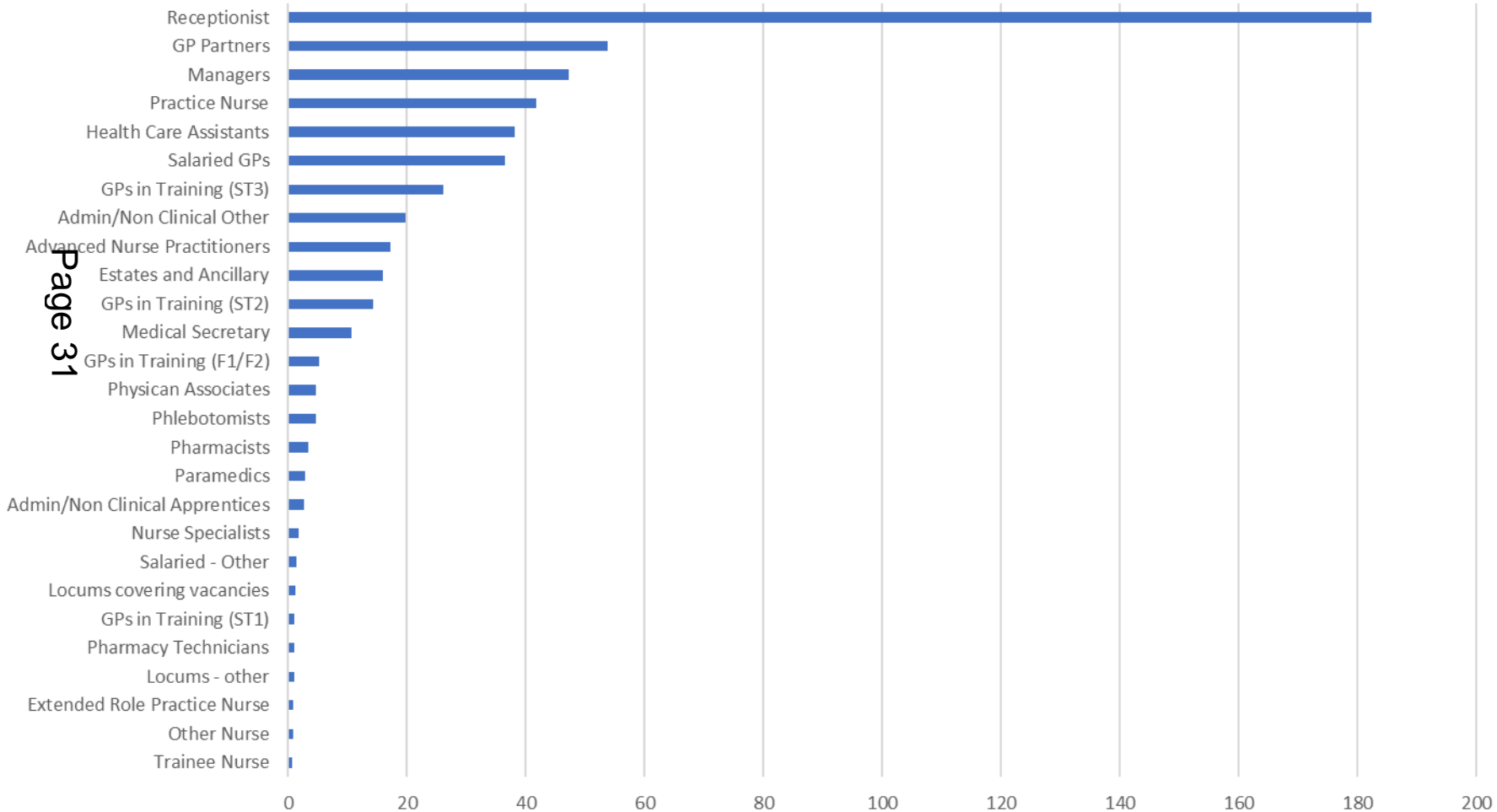


# METRICS – GENERAL PRACTICE WORKFORCE



Greater Manchester  
Integrated Care

Roles in General Practice by FTE



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The chart shows the range of workforce roles employed across the 31 practices in 27 categories.

There are 90.3 FTE GPs (excluding trainees), this equates to **1 per 2447 patients**. (GM rate is 1 per 2821 patients)

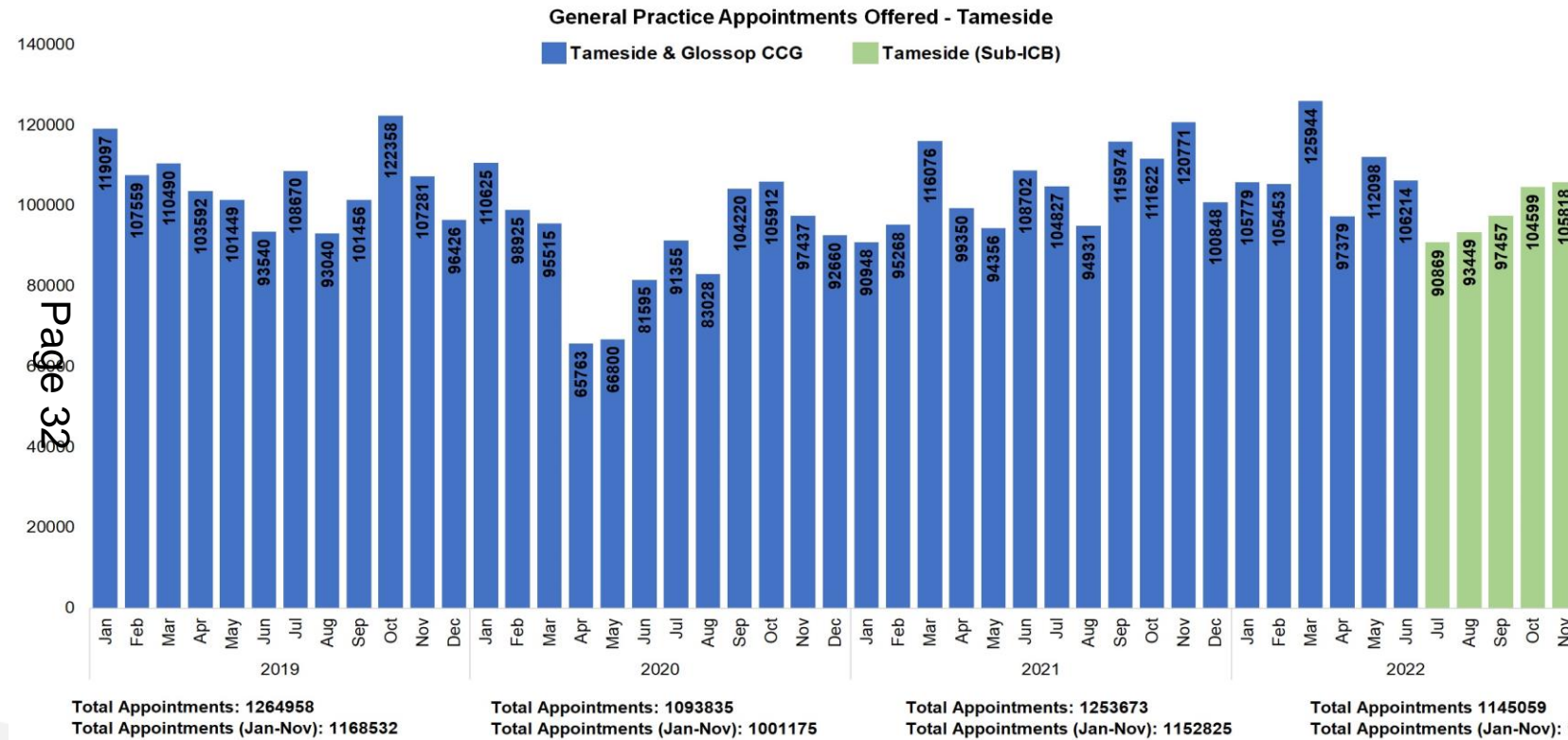
17.3FTE Advanced Practitioners.

57.2 FTE staff employed by PCNs across a range of clinical and non-clinical roles.

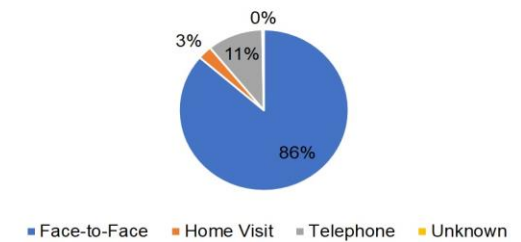
# METRICS – GENERAL PRACTICE APPOINTMENT DATA



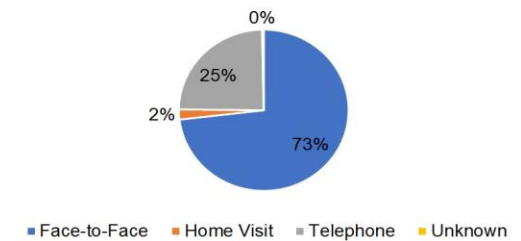
Greater Manchester  
Integrated Care



November 2019 - 107281 Appointments/37 Practices



November 2022 - 105818 Appointments/31 Practices



\*Please note, from July 2022 onwards, data is aggregated to Sub ICB Location, and ICB level. Tameside now reports from 31 practices as opposed to the previous 36/37 practices in previous years.

This is the national extract of appointment data – this does not fully reflect the totality of activity in general practice nor does it reflect the totality of activity within PCNs.

The number of appointments in November across our 4 PCNs was 16,890.

There is further work locally and nationally on appointment data analysis – including providing this at practice level – to date, data has been at locality level.

# METRICS – GENERAL PRACTICE PATIENT SURVEY



land  
integrate

	Response Rate %	Rank of Response Rate	Generally, how easy is it to get through to someone at your GP practice on the phone?	How helpful do you find the receptionists at your GP practice?	How easy is it to use your GP practice's website to look for information or access services?	How satisfied are you with the general practice appointment time that are available to you?	How often do you see or speak to your preferred GP when you would like to?	Were you satisfied with the type of appointment (or appointments) you were offered?	Overall, how would you describe your experience of making an appointment?	Were you given a time for the appointment?	Were you seen at the stated appointment time?	Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?	Last time you had a general practice appointment, how good was the healthcare professional at listening to you?	Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?	During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?	During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?	Thinking about the reason for your last general practice appointment, were your needs met?	Overall, how would you describe your experience of your GP practice?	Avoided making a general practice appointment in last 12 months?	In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?	IMD (2019) Score	IMD (2019) Rank	
LOOSIDE MEDICAL CENTRE	30%	12	5	3	4	1	5	3	1	16	8	4	2	1	2	1	3	1	23	16		27.1	#N/A
AWBURN HOUSE MEDICAL PRACTICE	35%	5	10	4	7	7	3	6	6	23	1	3	10	11	8	5	4	4	20	20		25.7	7
TOWN HALL SURGERY	24%	31	2	1	11	2	4	2	7	31	24	6	15	19	26	9	17	5	31	3		34.6	25
GRASSVENOR MEDICAL CENTRE	26%	25	12	11	9	13	17	17	12	8	5	2	1	3	1	2	8	7	17	13		29.7	13
ST. ANDREW'S HOUSE SURGERY	26%	29	6	12	10	6	9	7	10	22	16	15	13	14	21	30	16	8	19	7		30.0	15
THE BROOKE SURGERY	29%	16	14	18	1	3	14	4	2	27	6	1	4	2	3	7	1	9	29	4		30.7	17
THE SMITHY SURGERY	31%	9	4	2	3	14	7	16	11	6	19	10	11	8	4	31	23	10	25	1		22.0	5
STAMFORD HOUSE	20%	35	11	17	2	9	10	9	9	33	9	21	6	17	24	12	5	11	22	21		39.2	31
DUKINFIELD MEDICAL PRACTICE	23%	33	13	16	24	18	23	10	13	26	2	13	20	21	11	28	22	12	24	35		30.9	18
MILLGATE HEALTHCARE PARTNERSHIP	31%	10	28	13	25	23	18	27	15	21	29	17	9	9	20	13	14	13	10	14		27.7	11
WATERLOO MEDICAL CENTRE	29%	15	21	10	27	25	15	23	21	2	12	31	36	36	31	35	34	15	11	28		32.3	21
PIKE MEDICAL PRACTICE	32%	8	8	14	23	10		11	14	28	11	29	33	29	19	34	13	16	34	17		26.7	10
DENTON MEDICAL PRACTICE	31%	11	18	22	21	16	25	19	19	10	34	16	25	6	15	6	7	17	32	27		31.2	19
CLARENDON MEDICAL CENTRE	36%	3	34	29	26	19	27	13	20	35	10	7	5	10	9	4	11	18	14	11		33.2	24
MILLBROOK MEDICAL PRACTICE	24%	30	15	9	22	21		29	24	9	14	18	24	20	23	19	15	20	15	10		26.2	8
ASHTON GP SERVICE	19%	36	19	25	13	17	13	18	16	13	25	36	29	33	28	32	30	21	2	30		49.4	34
STAVELEIGH MEDICAL CENTRE	30%	13	16	19	6	12	6	14	18	18	27	20	27	32	16	20	36	22	16	6		30.2	16
HT PRACTICE	27%	22	22	26	32	22	20	21	22	3	15	26	30	31	18	17	18	23	33	5		38.9	30
ALBION MEDICAL PRACTICE	28%	19	33	21	12	28	22	22	28	20	28	11	16	23	27	22	26	24	8	23		36.3	27
GUIDE BRIDGE MEDICAL PRACTICE	26%	28	25	28	17	24	24	32	29	17	20	22	12	30	29	11	35	25	5	29		31.3	20
DONNEYBROOK MEDICAL CENTRE	29%	17	26	35	18	30	21	28	26	24	26	28	17	15	25	8	31	26	18	31		32.7	22
GORDON STREET MEDICAL CENTRE	27%	21	24	34	15	26	19	24	23	25	4	14	21	13	6	23	19	27	21	15		39.9	32
MOSSLEY MEDICAL PRACTICE	26%	26	20	24	28	20	8	36	25	1	35	30	19	18	12	14	27	28	28	26		22.8	6
WEST END MEDICAL CENTRE	29%	14	23	30	36	27	11	20	27	34	13	27	31	27	34	26	33	29	3	36		40.2	33
HAUGHTON THORNLEY MEDICAL CENTRES	27%	24	30	23	20	29	12	15	31	30	32	24	14	28	14	33	32	30	9	9		32.7	23
MARKET STREET MEDICAL PRACTICE	29%	18	31	31	31	32	29	34	36	14	30	23	22	24	36	21	25	31	12	25		29.8	14
ASHTON MEDICAL GROUP	23%	32	35	27	30	34	31	25	32	32	7	34	35	34	22	25	10	32	4	32		36.4	28
HATTERSLEY GROUP PRACTICE	21%	34	32	32	33	35	28	33	33	29	3	32	34	25	30	27	29	33	1	34		55.3	35
DROYLSDEN MEDICAL PRACTICE	26%	27	29	8	34	33	26	30	30	11	36	33	32	35	32	18	24	34	7	22		28.8	12
MEDLOCK VALE MEDICAL PRACTICE	37%	2	36	36	35	36	30	31	35	7	33	25	26	16	33	24	21	35	6	33		26.7	9
KING STREET MEDICAL CENTRE	27%	20	27	33	29	31		35	34	12	18	35	28	26	35	16	20	36	13	24		38.0	29

# PRIMARY CARE ACCESS - QUALITY



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- Quality Assurance process – locally and as GM IC – role of
- Quality reporting also via Place Based Primary Care Commissioning Committee (PCCC), Primary Care Delivery and Improvement Group (PCDIG) and Tameside System Quality Board
- Links with Healthwatch Tameside – data, surveys, member of PCCC and PCDIG
- CQC – 100% of Tameside Practices rated Good or Outstanding
- Patient satisfaction markers – eg General Practice Patient Satisfaction Survey, Friends and Family Test data & complaints data
- Appointment data, telephone and online consultations access, NHS111 direct booking
- Focus on addressing health inequalities and unwarranted variation in offer to, and outcomes for, the population.
  - Use of primary care dashboards and data, in addition to the CQC, patient satisfaction and appointment data this also includes, but is not limited to:
    - screening uptake, vaccine uptake, LD & SMI healthchecks etc, smoking prevalence, Quality Outcomes Framework (QOF) and Investment and Impact Fund (IIF) indicators
    - Use of Core 20 plus 5

# PHARMACY & MEDICINES OPTIMISATION

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## DENTAL

## OPTOMETRY

# PRIMARY CARE ACCESS – COMMUNITY PHARMACY & MEDICINES OPTIMISATION



Greater Manchester  
Integrated Care

- In addition to dispensing prescriptions, community pharmacy can provide advice on a range of health issues with no need for an appointment.
- Across GM, over 95% of community pharmacies now have a private consultation room from which they can offer advice to patients and a range of services.
- Establishment of new enhanced access models and increasing provision Locally Commissioned Services.
  - General Practice Community Pharmacist Consultation Service (GPCPCS): This is a referral by a General Practice to the Community Pharmacy, with patient consent, for a range of illnesses and conditions.
  - Minor Ailments Scheme: Patient can self present to a pharmacy for a range of common illnesses and conditions such as coughs, headlice, conjunctivitis.

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Increasing the return on investment in medicines through **medicines optimisation**, making sure medicines remain clinically-effective and cost-effective. Empowering, Engaging and Educating people to get the right medicines, at the right time, in the right place to help patients to:

- ✓ improve their health outcomes;
- ✓ take their medicines correctly
- ✓ avoid taking unnecessary medicines
- ✓ reduce wastage of medicines
- ✓ improve medicines safety and minimising harm
- ✓ improve sustainability

# METRICS – COMMUNITY PHARMACY CONSULTATION

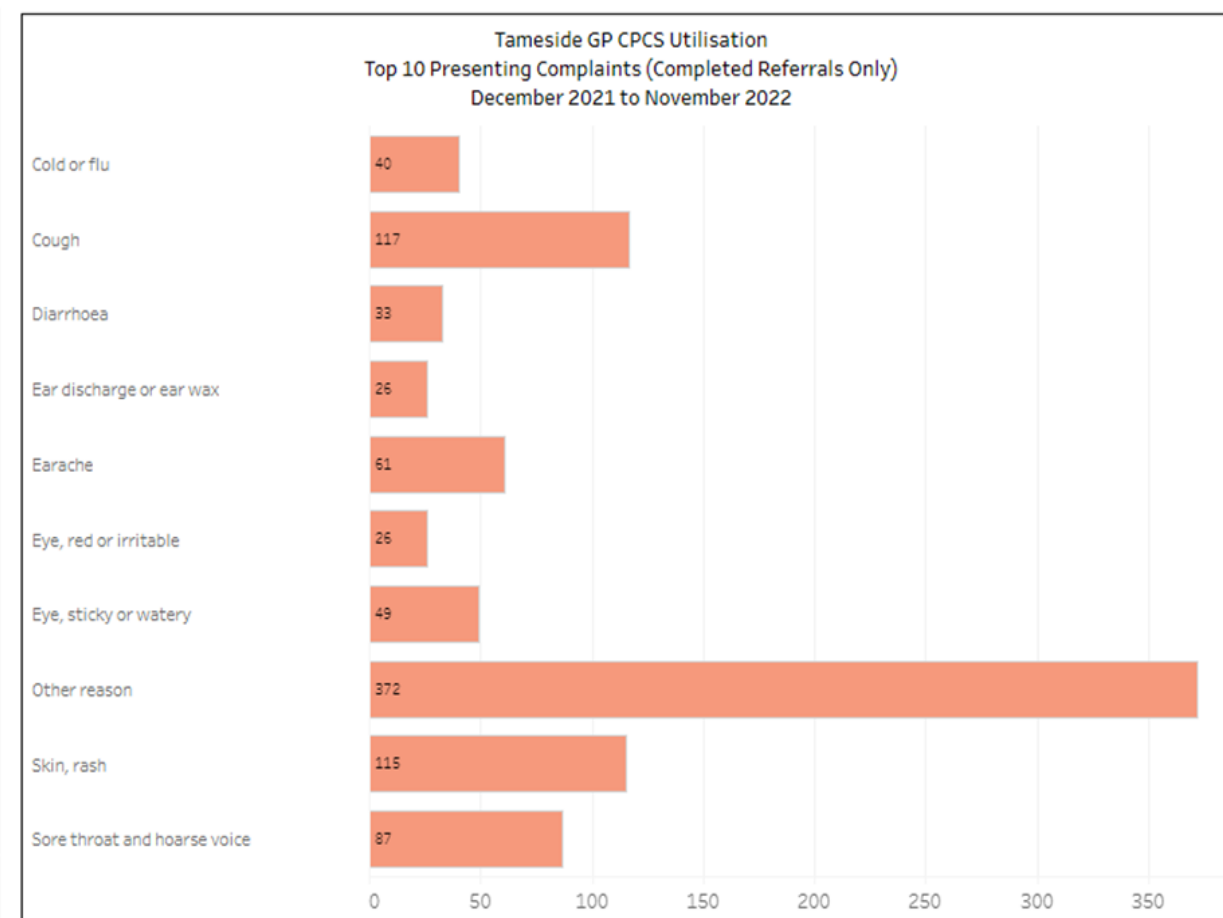
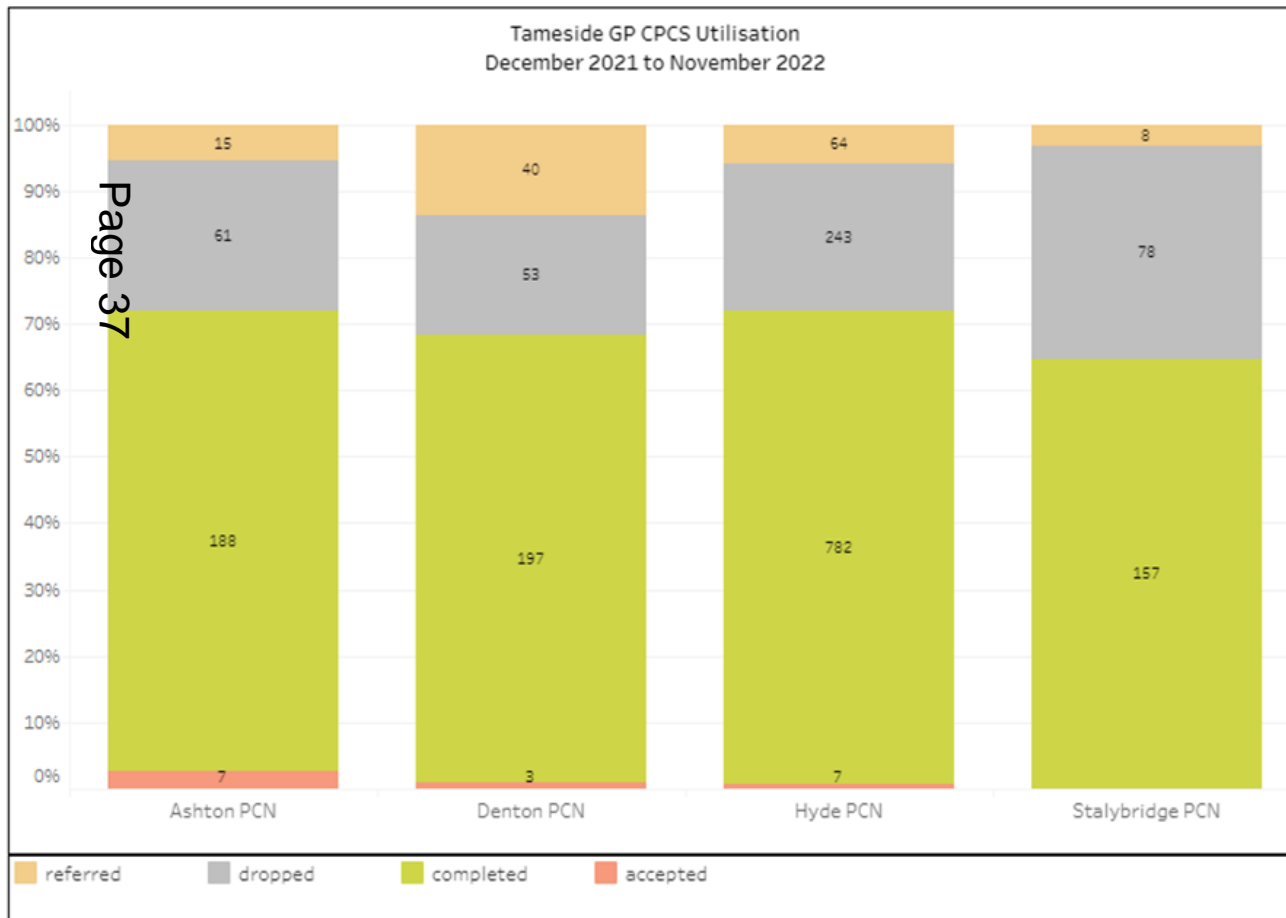
## SERVICE ACTIVITY DATA



Greater Manchester  
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Total referrals in 12 month period (Dec 21-Nov 22) – 1903, of which 1324 completed. Utilisation of this service is increasing with Tameside being one of the higher users across GM though there remains variation across our PCNs which we can continue to work on.

These are referrals to Community Pharmacy for a range of conditions as part of a system wide primary care offer to the population. 72% of which were managed and closed within the pharmacy, either through advice only or with over the counter or Minor Ailments Scheme recommendation.



# PRIMARY CARE ACCESS – DENTAL SERVICE

- Commissioned on pan-GM footprint – responsible for primary and secondary care dental services
- Routes of access via regular dentist.
  - If they're closed, or a patient does not have a regular dentist, call the Greater Manchester Urgent Dental Care Service on 0333 332 3800.
  - The service is available from 8am to 10pm every day, including weekends and bank holidays.
  - Initial assessment by a healthcare professional who can provide self-care advice or book a face-to-face appointment, if needed.
  - Delivered from a number of locations across Greater Manchester, including in Tameside.
- Patients are not registered with a dentist in the same way as they are with General Practice. Patients can go to a practice outside their local community.
- Significant impact through pandemic on dental services due to Infection Prevention and Control (IPC) guidance



# PRIMARY CARE ACCESS – OPTICIAN SERVICES & EYE CARE

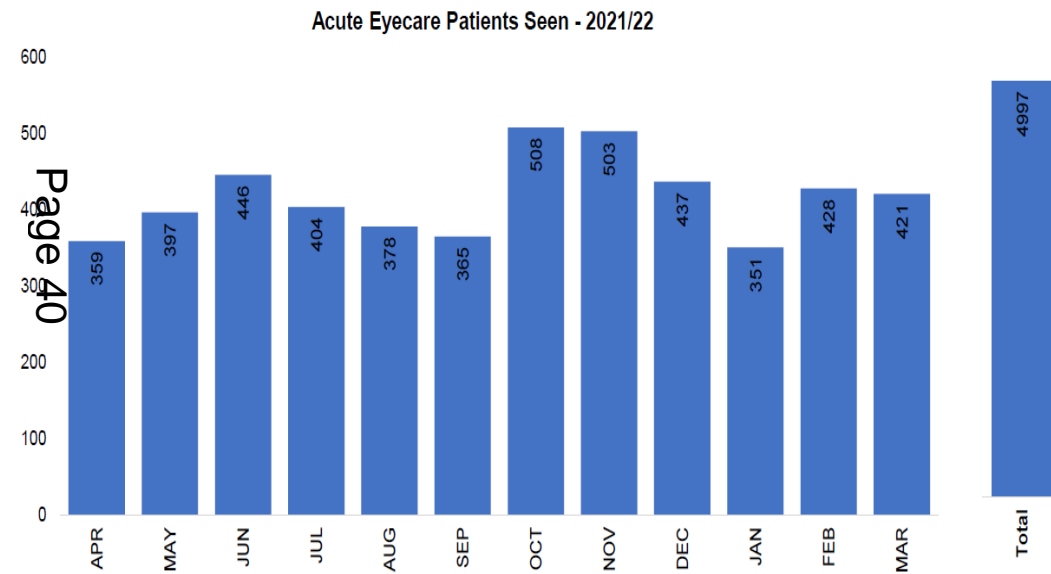
- Direct access to optician of choice – no restriction to access. Self referral.
- **General Ophthalmic Service (GOS):** Local services providing sight tests, glasses and lens provision and review overall eye health, eg checks for glaucoma, cataracts etc.
- **Minor eye care service (MECS):** provides assessment and treatment for people with recently occurring minor eye problems. It is an NHS service provided by accredited optometrists.
- **Urgent Eyecare Service (UES)** provides urgent assessment, treatment or referral for sudden onset eye problems such as flashes, floaters, vision loss or minor eye injuries.
- This service is commissioned across all 10 GM localities through the optometry lead provider organisation – Primary Eyecare Services – and is delivered across 211 optometry practices.
- 81% of patients were wholly managed within the service.
- Patients access the service by telephone or video call, followed by face-to-face assessment where required.

# METRICS – COMMUNITY URGENT EYECARE ACTIVITY DATA

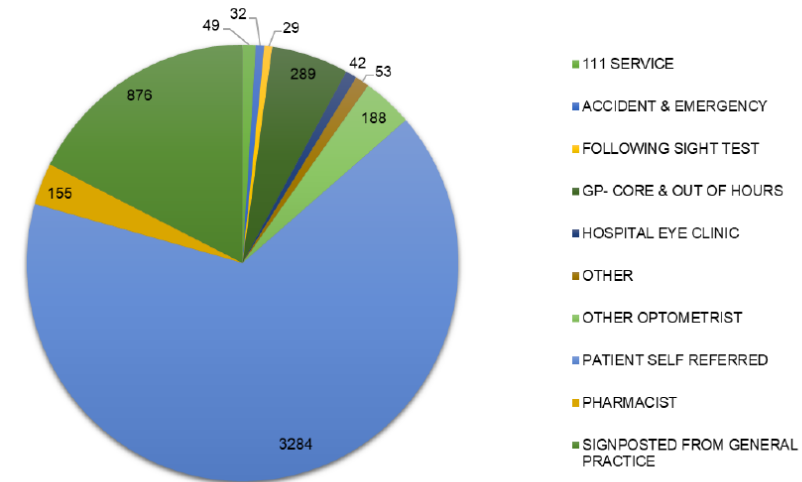


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## Activity in the 12 months (Apr 2021-Mar 2022)



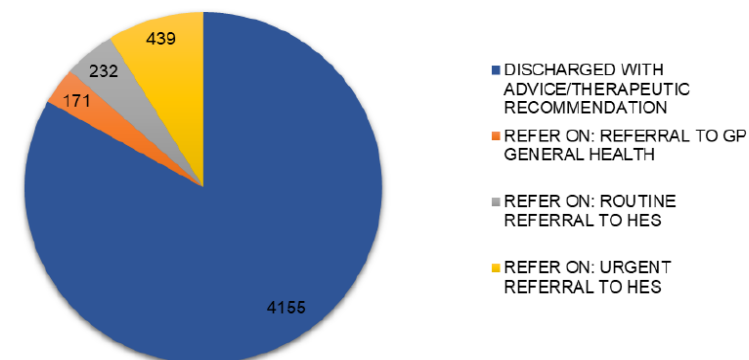
## Where were these patients referred from?



Nearly 30% of these patients were referred from other primary/secondary care disciplines

76 patients were sent to primary care and deflected from a first hospital presentation

## What happened to these patients?



Over 80% of these patients were kept out of secondary care.

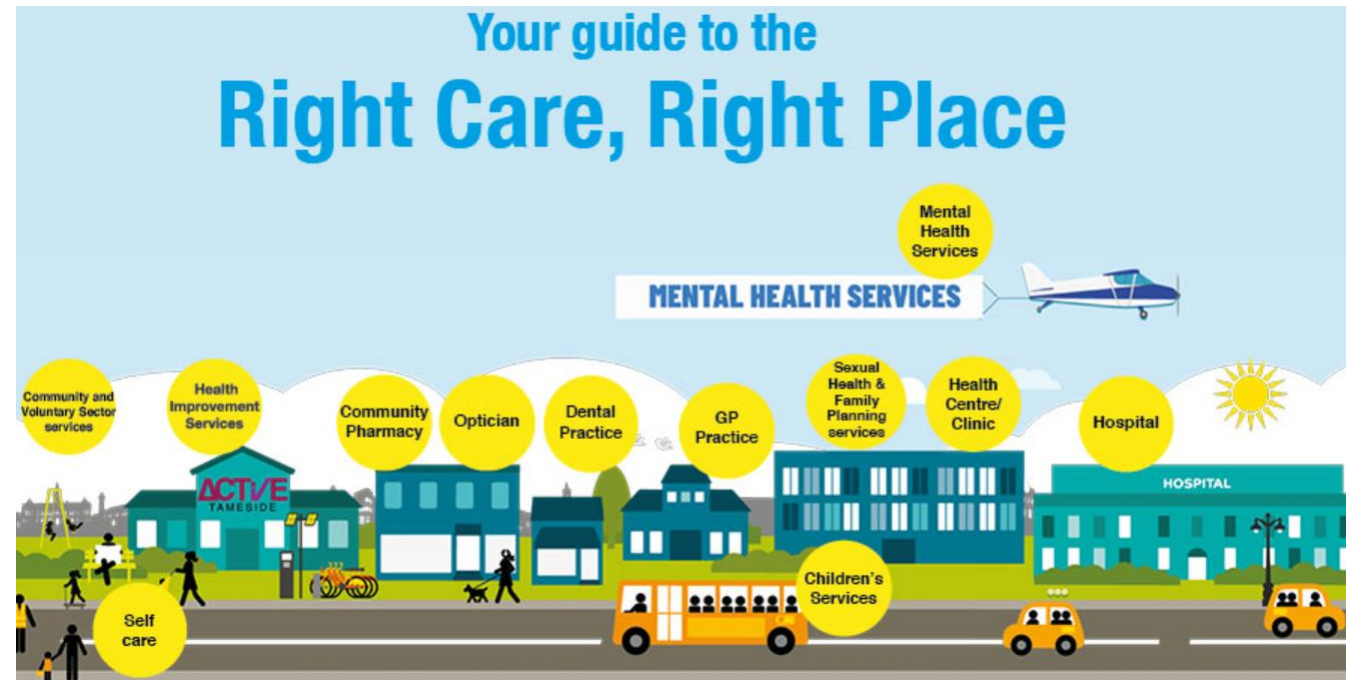
The 8.8% who genuinely needed urgent care were then directly referred, sending the patient to the correct place the first time.

# PRIMARY CARE COMMUNICATIONS & PATIENT VOICE

# PRIMARY CARE ACCESS - COMMUNICATIONS

- Right Care Right Place communications campaign
- All practices are open and have been throughout pandemic

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Raising awareness of:

- Breadth of services (across General Practice, Community Pharmacy, Optician and Dental Services)
- Changing model of primary care services, including growing workforce roles, digital offer & points of contact.
- General Practice provision includes PCN Hubs, Enhanced Access (evenings and Saturdays) and Out of Hours.
- Benefits of online or telephone consultations for some conditions and for some parts of the population, e.g. those who work through general practice core hours, have care responsibilities

# PRIMARY CARE ACCESS -

## Examples of Tameside communications

**NHS**  
Greater Manchester  
Integrated Care

**GP Practices in Tameside**

**68,582**  
Face-to-face appointments  
in September 2022


**97,457**  
September appointments  
(telephone, online & face-to-face)

**6,257**  
Number of patients who  
**DID NOT ATTEND**  
in September 2022

**35,645**  
more appointments  
available now,  
compared to  
pre-pandemic!

**81%**  
**FLU 52%**  
of covid and flu vaccines  
delivered by GP practices

The staff at your GP practice are working hard to keep up with increasing demand, and meet the needs of patients.



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**ASHTON MEDICAL**  
Statistics for  
November

**GP FACE TO FACE APPOINTMENTS**  
5,628

**CALLS ANSWERED**  
88%  
**8,703**  
AVERAGE QUEUE TIME  
1 MIN 34 SECONDS

**NURSE APPOINTMENTS**  
788

**REPEAT MEDICATIONS** 15,964  
**ACUTE MEDICATIONS** 15,185

**HOME VISITS** 122

**ONLINE CONSULTATIONS** 3,104

**TELEPHONE CONSULTATIONS** 4,395

# Changes to your Enhanced Access service

**NHS**

Stalybridge Primary Care Network are working together to improve access to primary care and general practice appointments outside of core hours

- ✓  
Evenings 18:30-20:00
- ✓  
Saturday 09:00-17:00
- ✓  
Face to face appointments

**What is Enhanced Access?**

To put it simply, an extension of your general practice. Enhanced Access offers pre-bookable urgent and routine appointments outside of core contractual hours.

The service will be based from the Stalybridge PCN Hub, 2 Waterloo Road, SK15 2AU and supported by occasional clinics in Dukinfield and Mossley.

**What can I expect from the service?**

You can expect access to general practice appointments out of hours in evenings and on Saturdays that is run by a team of dedicated, local staff and clinicians such as GPs, Nurses, Health Care Assistants and more. Furthermore, patients can expect a mixture of face to face and remote consultations, ensuring the service is accessible to all.

**What is changing?**

Appointments may be offered by your GP practice during Enhanced Access hours (Monday-Friday 18:30 and Saturdays 09:00-17:00). You can contact Stalybridge PCN direct on 0161 342 5300 to make an appointment. This gives patients more choice and flexibility about the time and location of their appointment, making accessing appointments easier.

**How do I book?**

To book an appointment out of hours please contact your practice. You can also contact Stalybridge PCN direct by calling 0161 342 5300 or email [gmicb-tameside.stalybridge.pcn@nhs.net](mailto:gmicb-tameside.stalybridge.pcn@nhs.net)

Scan the QR code below to have your say





**Contact:** 0161 342 5300  
**Our Practices:** Grosvenor, King Street, Lockside, Millbrook, Mossley, Pike, St Andrews, Staveleigh, Town Hall

# PATIENT VOICE AND PARTICIPATION

- Role of General Practice Patient Participation Groups (PPGs) and Practice Champions – session in November to review PPGs, membership, ensure these are representative of population, etc.
- Neighbourhoods – development of Neighbourhood Plan is a core element of the LCS specification and the overarching premises of the specification is one of personalised, preventative and proactive care which focuses on health inequalities with the aim of improving the healthy life expectancy of the population of Tameside and to reduce the burden of disease.
- Patient communications and use of PEN – key to raising awareness and ensuring the success of the changing model of primary care and neighbourhood delivery.
- Examples in the following slides of some of the PCN led programmes of work and redesign of services covering a range of workstreams, initiatives and projects in place developed and delivered in collaboration with patients and communities. This does not fully reflect the totality of work, however this is driven through Neighbourhood Delivery Group Meetings and overseen through the Neighbourhood Leadership and Neighbourhood Transformation governance.

# NEXT STEPS

# SUMMARY & DISCUSSION

## IMPROVING OUTCOMES

- TGPA taking leadership role in reducing unwarranted variation alongside other key forums
- Renewed focus on Primary Care quality – opportunity to maximise the role of GMIC & also develop an **integrated BI function**
- Co-ordinated focus on inequalities (with UM etc) –understand **drivers and barriers to accessing care**
- Continued commitment to **proactive & preventative delivery & investment models**

## IMPROVING ACCESS: Widen delivery model

- Utilisation of all access points including all contractor groups (pharmacy in particular)
- Utilise wider General Practice workforce + pharmacies + PCNs
- **Expansion of good practice** in PCNs
- **Integrated working** with neighbourhood partners – NHS / VCFSE / TMBC etc
- Promotion of self-care and right care right place model
- Maximise digital / virtual offer with a focus on digital literacy & inequalities.

## IMPROVING RESILIENCE & SUSTAINABILITY

- Primary Care is at capacity
  - Development of TGPA as General Practice and PCN body in Tameside
  - Develop **mutual aid models**
- Shared **workforce plan**
  - Cross-system plan to retain and attract workforce e.g. rotational roles across partners with joint recruitment
- Innovative investment models
- Better understanding of capacity & demand with **improved patient engagement**
- Shared **digital strategy** & plan
  - GP IT, virtual wards, virtual access, digital wellbeing
- Shared **estates strategy**
  - Improve / expand / better utilise estate



# Questions

# FURTHER INFORMATION

# PRIMARY CARE NETWORKS: OVERVIEW



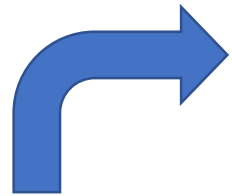
# ASHTON PRIMARY CARE NETWORK



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## What We Do:

- Support over 57,000 patients registered at the 8 GP practices in Ashton-Under-Lyne
- Interlink with local services including foodbanks, food pantries, Active Tameside services, and the Community Gateway Team
- Working with the Neighbourhood Team to prioritise the needs of a very highly deprived population
- Co-ordinating the delivery of COVID vaccines in the locality, including outreach vaccine sites at foodbanks, food pantries and the town market and housebound visits
- Endeavour to provide health promotion in everything we do, including during care planning appointments where patients are supported in making healthier lifestyle choices and taking up the offer of screening and vaccinations
- Providing more appointments through the new Extended Access Programme including in the evenings at weekends with a range of HCPs and using this time to offer health checks, screening and chronic condition reviews as well as routine appointments
- Creating a team of diverse clinicians with different specialities so that patients can receive care appropriate to their symptoms and training receptionists to triage such cases



- Our Team**
- 4 Care Co-Ordinators
  - 2 Lead Nurses
  - 1 Finance Officer
  - 2 Mental Health Practitioners
  - 1 Clinical Lead
  - 3 Physician Associates
  - MSK Practitioners
  - 1 Social Prescribing Link Worker
  - 1 Paramedic
  - Pharmacists
  - 1 Business Lead

## Our Impact So Far...

- 550** Personalised Care Plans
- 1262** Structured Medication Reviews
- 145** Patients introduced to Social Prescribing
- Completing and Reviewing Care Plans for our Care Home Patients Across 7 Homes

## DENTON PRIMARY CARE NETWORK

Vision: 'We aim to deliver exceptional healthcare across our community (within Denton, Audenshaw and Droylsden)'

- ❖ 20 PCN staff – additional staff working on behalf PCN not directly employed
- ❖ 6 GP practices
- ❖ c53,000 patients (weighted list size)
- ❖ High deprivation areas
- ❖ PCN joint office space with District Nursing and Social Care Teams

### Successes:

- Introduced SMI (Severe Mental Illness) monthly One Stop Clinics
- Weekly Hypertension Clinics held in the community
- Weekly NHS Health Check clinics run by PCN staff
- Attendance at established coffee mornings in churches etc to offer health advice/BP monitoring etc.
- COVID vaccination clinics running throughout PCN footprint including at foodbanks/churches/sports Trusts
- Led Vaccination programme for all housebound and care homes.



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[PCN Home \(dadpcn.org.uk\)](http://dadpcn.org.uk)

### Priorities:

**Children's Asthma/Frailty/Drugs & Alcohol**  
Joint working with health/social care and voluntary services within the PCN footprint to ensure patients have the best possible care

- Complex Care Team case-manage frail housebound patients including weekly MDTs.
- Shortly introducing Project supporting patients with High Dependency on Opioids
- PCN Spirometry Clinics commenced October 2022
- FENO Project with Health Innovation Manchester to diagnose Asthma
- Digital Healthcare Project



*We've been shortlisted*  
Clinical Improvement: Mental Health



*'At the heart of the new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve care for whole populations' – Fuller Stocktake, 2022*

34 PCN Employees

77k Patients (weighted)

High Deprivation

Total support plans completed 1291

Total social prescribing ref 5013

Care and Support plans

76 food bank users

80 asylum seekers

32 refugees

18 patients without a GP registered

### Features:

- Six health and wellbeing coaches working with foodbanks, schools, allotments, asylum seekers and refugees (ESOL)
- Weekly, integrated, cross organisation MDTs.
- No exclusion criteria. No discharges. Peer-to-peer referrals. Team prepared to improvise and innovate. Proactive and reactive.
- Shift in the paradigm - Patient in centre of all decisions not the organisations needs.

### Success Factors:

- Genuine collaboration with the community, voluntary and faith groups
- Barriers broken down for patients to trust health services
- Enhanced Health in Care Homes extended to Housebound by complex care nurses, end of life in reach into the hospital planned
- Digital Ambulatory Care condition clinic about to start

**Vision Statement:** To help local people live well for longer

**Mission Statement:** To provide accessible and timely primary care services to local people and reduce health inequalities.

26 PCN Staff (plus 50+ casual staff for Enhanced Access and Vaccine Clinics)

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43,000 patients  
9 GP Practices  
7 Care Homes

PCN Hub located in town centre open Mon-Fri 08:00-20:00 and Sat 09:00-17:00

### Key Success:

- Complex Care and Ageing Well department delivering a comprehensive frailty assessment and care package programme
- Internal 12-week weight management programme offering patients individual and group 6 module practical course
- Cancer Care Coordinator and Early Identification Scheme, including out of hours screening programmes and practice Cancer Champion initiative
- Musculoskeletal First Contact programme consisting of 4 full-time FCPs releasing equivalent to 4 full time GP appointments and offering. Specialist consult offers mentoring and education reducing secondary care intervention
- Acute visiting service and personalised care plans for high service users
- Homelessness project – including TB, Hepatitis and other infectious disease screening. Referrals to alcohol and drug misuse services. Health checks and practice education – practices trained accredited as Homeless Friendly
- Social prescribing and on-site chaplaincy to compliment mission to tackle health inequalities
- Genuine collaboration with local and neighbourhood services to share premises and joined up working
- PCN lead programmes for ECG, diabetic personalised plan, patient digitalisation. Spirometry and health checks on 2022-23 roadmap.
- Accredited centre for learning and training – working on staff retention and future workforce planning. PCN activity participates in research such as Access Optimisation with The University of Manchester.
- Joined mass vaccination centre, including out of hours, for COVID, Flu child nasal flu, and baby immunisations
- Joined PCN Patient Participation Group
- Enhanced Access service offering face to face appointments for GP, Nurse, HCA and other every evening and Saturdays.
- Centralised procurement of clinical tools and resources to improve access and efficiency in general practice



# PRIMARY CARE WORKFORCE ACADEMY



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## Grow Our Own

- Career Progression Pathways
- Work Experience
- Annual Careers Fair
- Exposure to Primary Care provided

## Retention

- Regular Forums for staff groups
- Education and Training
- Health and Wellbeing Activities
- Peer Support

## New Roles

- ARRS Roles
- Facilitation of future workforce planning
- Participation in local and GM pilots
- Collaboration with local providers
- GPs with special interests

## Leadership

- Tameside General Practice Alliance
- Leadership Programmes promoted
- Resilience education and training
- Collaboration and working together with general practice



## Scrutiny Activity 2022/23

The table below provides a summary of Scrutiny activity and oversight carried out during 2022/23. This includes updates to seek assurances on service provision and outcomes.

**Figure 2: Summary of Scrutiny activity and oversight (March 2022 to February 2023)**

Place and External Relations Scrutiny Panel	Children’s Services Scrutiny Panel	Health and Adult Social Care Scrutiny Panel
<ul style="list-style-type: none"> <li>• Transport for Greater Manchester</li> <li>• Tameside town centres</li> <li>• Response to Ashton market square consultation</li> <li>• Follow up on review of Homelessness and Housing</li> <li>• Environment and climate change</li> <li>• Corporate performance scorecard</li> <li>• Mid-year budget update</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Children’s Social Care Improvement Plan</li> <li>• Children’s Self Evaluation Framework (SEF)</li> <li>• Children’s placement sufficiency</li> <li>• Children missing from home or care</li> <li>• Assurance review of LGSCO focus report – Out of school, out of sight? Ensuring children out of school get a good education, published July 2022.</li> <li>• Children’s workforce strategy – social worker recruitment and retention</li> <li>• Scrutiny of children’s social care - benchmarking exercise with Manchester City Council</li> <li>• Children’s social care scorecard</li> <li>• Corporate performance scorecard</li> <li>• Mid-year budget update</li> </ul>	<ul style="list-style-type: none"> <li>• Adult social care reform White Paper</li> <li>• LGSCO learning report</li> <li>• Population Health</li> <li>• Tameside &amp; Glossop Integrated Care NHS Foundation Trust</li> <li>• Learning Disability Health Checks</li> <li>• Corporate performance scorecard</li> <li>• Mid-year budget update</li> </ul>

### **Budget Consultation**

Scrutiny mid-year budget update received on 3 October 2022. The First Deputy (Finance, Resources and Transformation), received a formal response of the Scrutiny Chairs, capturing a range of points for consideration in supporting the Council’s ongoing work in this area. The letter was tabled in a report to the meeting of Overview Panel on 21 November 2022.

All Scrutiny Panel members were invited to attend one of two annual budget sessions held on 16 January 2023. The independence of Scrutiny enables members to seek assurances on budget planning, process and priorities for 2023/24 and beyond. It is appropriate for budget priorities to inform future Scrutiny activity and work programmes. A response letter of the Scrutiny Chairs has been sent to the First Deputy (Finance, Resources and Transformation); and Interim Director of Finance – Section 151 Officer. The letter was tabled in a report to the joint meeting of Executive Cabinet and Overview Panel on 8 February 2023.

### **Follow-up on past reviews**

As detailed within the annual work programme, Scrutiny Panels will conduct follow-up activity in order to monitor and seek assurances against past recommendations. This work is a vital part of the review process and it is customary for follow-up activity to take place approximately 12 months following the initial review.

The Place and External Relations Scrutiny Panel has recently revisited the following review.

- Homelessness and Housing

### **Consultation and Engagement**

Scrutiny will remain suitably informed of open consultations at a local, regional and national level. Responses include:

- Phase 1 – Ashton Market Square – December 2022
  - Submission tabled as part of the Scrutiny Update report to the joint meeting of Executive Cabinet and Overview Panel on 8 February 2023.

### **Local Government and Social Care Ombudsman (LGSCO)**

Scrutiny Panels continue to review decisions and focus reports published by the ombudsman. The aim is to ensure learning opportunities be shared with services in a timely manner and for a formal response and/or position statement to be returned to the appropriate Scrutiny Panel within agreed timescales.

Scrutiny activity informed by recently published LGSCO focus reports include:

- Focus report – Unprecedented pressure: Learning from complaints about council and care provider actions during the Covid-19 pandemic (published February 2022).
  - Report shared with the Executive Member for Adult Services and Director of Adult Services. The activity was reported to Overview Panel on 25 July 2022.
- Guidance report – Section 117 aftercare: guidance for practitioners (published April 2022).
  - Report shared for information and awareness with the Executive Member for Population Health and Wellbeing.
- Focus report – Out of school, out of sight? Ensuring children out of school get a good education (published July 2022).
  - Report shared with the Executive Member for Education & Achievement and Director of Education. The activity was reported to Overview Panel on 26 September 2022.

### **Training and Development**

There is an ongoing commitment to ensure all scrutiny members receive a suitable level of training and guidance. In addition to online resources, it is important that new and existing members have access to external provision based on scrutiny principles, national guidance and expectations.

Detail below on training and development sessions delivered during the 2022/23 municipal year.

- **20 July 2022** - Chairs and Deputy Chairs of Scrutiny and Overview Panel invited to attend an afternoon training session delivered by the LGA and Councillor Bryony Rudkin (Political Peer).
- **5 September 2022** - All Scrutiny Panel members invited to attend a training session delivered by the Centre for Governance and Scrutiny (CfGS) - Essentials of Effective Scrutiny.
- **12 September 2022** - All members of the Children's Scrutiny Panel invited to attend an online training session on Children's Safeguarding, delivered by the Safeguarding and Quality Assurance Team within Tameside Children's Services, to include scene setting delivered by the Assistant Director.
- **14 September 2022** – All members of the Children's Scrutiny Panel invited to a visit of Children's Social Care Multi-Agency Safeguarding Hub (MASH) / Early Help access point.

## Chairs of the Scrutiny Panels

**Councillor Jacqueline North**  
**First Deputy**  
**Finance, Resources and Transformation**

**Mr Stuart Fair**  
**Interim Director of Finance**  
**Section 151 Officer**

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 January 2023

Dear Councillor North and Mr Fair,

### **Consultation with Scrutiny Panels regarding the 2023/24 Budget**

We write in response to the budget consultation meetings held on 16 January 2023, at which Scrutiny members received an overview of the 2022/23 financial outturn and budget planning for 2023/24. In addition to the mid-year budget monitoring information presented to Scrutiny Panels in September 2022, the sessions enable members to seek assurances on the Council's approach to managing and mitigating financial risk and uncertainty.

In-year financial challenges have become increasingly hard to predict, when taking account of the pace and scale of economic and inflationary pressures faced by the Council, residents and businesses alike. Such pressures appear unlikely to diminish in the short-term, with service demand and costs having the potential to increase further due to the rise in living costs and the known economic and social vulnerability of residents and households in Tameside.

A single year financial settlement creates added complexity and limits foresight in the Council's ability to budget and plan accordingly. The overall sustainability of the budget beyond 2023/24 presents a genuine concern for members, with a forecasted budget gap before mitigations standing at almost £37 million for the financial year ahead.

This letter provides an account of discussions captured from the meetings and subsequent feedback received, with a request for consideration to the points raised prior to the budget report being finalised.

Members agree with key risk factors identified and overall budget fragility, with emerging pressures and limited options available to the Council when seeking to increase income beyond the rise in Council Tax. Members remain concerned about added financial pressures placed on vulnerable residents, including recent rises in food, fuel and household energy costs.

Discussion touched upon the in-year cost pressures that have resulted in the unplanned use of reserves to balance the budget for 2022/23. Members expressed thanks and appreciation to the challenging work undertaken to present a set of proposals that aim to deliver a balanced budget for the year ahead. The starting position for 2023/24 appears somewhat precarious, however it was reported that Tameside finds itself in a relatively healthy position, when compared to other authorities, regarding financial resilience.

It was pleasing to hear that attention has been placed on the assessment of viability and delivery, with a clear need to set achievable, rather than aspirational targets. Scrutiny has previously reported a need to reflect and learn from previous years with regard to setting overly ambitious

savings targets and members are keen to ensure future decisions are robustly costed, without jeopardising service quality or requiring late or unplanned financial adjustments.

The budget shows that there is now a significant reliance on the ability of directorates and individual services to absorb demand and cost pressures. This appears to be a new approach and use of terminology for 2023/24 and if interpreted correctly relates to the exposure and vulnerability to the economic climate and the knock-on effect this will have on service demand and inflated costs.

A total of £18.5m from the £33.8m proposals set to mitigate pressures fall within the following categories:

- Increase level of efficiency savings by 3%
- New budget reduction proposals
- Directorates to absorb a rise in service demand and cost increases

This does raise initial concern with aspects seeming partly aspirational. Members received limited detail or clarity as to how absorption figures are determined and questions touched on risks associated with the responsibility of services to plan and manage this alone. Reference was also made to the compensatory savings required should slippage occur. This may require reflection and exploration on the financial support mechanisms currently in place, particularly for our statutory and demand-led services, in order to deliver a more supportive and preventative model.

Effective budget monitoring must take precedence, with the aim to promote a transparent and honest culture for the reporting of in-year budget and savings difficulty. Reducing delay and ensuring issues are flagged at the earliest opportunity is now key to overall success. It is also felt that the role of finance may need to extend further in a more coherent and partnership role with services.

It was encouraging to hear of plans to increase rigor and oversight of savings delivery, with heightened budget monitoring across Executive Member portfolios. Members welcome the additional oversight and scrutiny that will aim to keep progress on track and therefore alleviate in-year pressures. The STAR Chamber approach is not new to this Council and it is very much hoped that a renewed focus will achieve the desired accountability and outcomes.

Further discussion touched upon details set within the budget, with a request of members that a final check is undertaken to identify any projects that may not achieve the required budget outcome within the 2023/24 financial year. Members also discussed possible methods to ensure income is maximised in relation to collection rates and the use of our existing estate and venues.

Improving outcomes for children and vulnerable residents remains in place as a budget pressure, with talks of associated costs with regard to external children's placements and the need to achieve greater permanence within parts of the workforce and exposure to external markets.

Scrutiny priorities remain aligned with the Council's Corporate Plan and members have continued to keep abreast of more strategic measures for the borough in relation to social and economic issues. Future activity will continue to review and support work of the Executive to improve outcomes for residents while at the same time consider the range of efficiency requirements and delivering value for money.

The information presented will help to inform work programme priorities where appropriate.

Yours sincerely,

**Councillor Tafheen Sharif – Chair to Children's Services Scrutiny Panel**

**Councillor Yvonne Cartey - Chair to Place and External Relations Scrutiny Panel**