

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Day: Thursday
Date: 8 June 2023
Time: 6.00 pm
Place: Committee Room 1 - Tameside One

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from members of the Scrutiny Panel.	
3.	MINUTES To approve as a correct record, the Minutes of the proceedings of the Health and Adult Social Care Scrutiny Panel held on 9 March 2023.	1 - 4
4.	ROLE OF SCRUTINY The Panel to receive a recap on the role of Scrutiny within the wider framework of the Council.	5 - 16
5.	ANNUAL WORK PROGRAMME The Panel to discuss potential work priorities for 2023/24.	
6.	DATE OF NEXT MEETING To note that the next meeting of the Health and Adult Social Care Scrutiny Panel will take place on Thursday 27 July 2023.	
7.	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 9 March 2023

Commenced: 6.00pm

Terminated: 7.30pm

Present: Councillors N Sharif (Chair), Affleck, Bowden, Drennan

Apologies: Councillors Owen, Newton, Patrick

23. DECLARATIONS OF INTEREST

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

24. MINUTES

The minutes of the meeting of the Health and Adult Social Care Scrutiny Panel held on 3 November 2022 were approved as a correct record.

25. GMICS UPDATE

The Panel welcomed 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.

Councillor Wills thanked members for the opportunity to provide a timely update, with detail and context on:

- The structures within Greater Manchester Integrated Care System.
- Tameside locality arrangements.
- Outcomes of engagement with Tameside residents and links between this and work of the Tameside Strategic Partnership Board.

The Panel heard that the White Paper: Integration and Innovation – working together to improve Health & Social Care for all; and the subsequent Health and Care Bill set out legislative proposals for changes to the health and care system with aims to achieve:

- Better health & wellbeing for everyone.
- Better quality of health services for all.
- Sustainable use of NHS resources.

Clinical Commissioning Groups (CCGs), including Tameside & Glossop CCG were abolished as of 30 June 2022, with local functions transferring to Greater Manchester Integrated Care (GMIC). There is a direct shift away from competition between healthcare organisations, towards a new model of collaboration, partnership and integration.

In July 2022, a Greater Manchester Integrated Care Partnership (ICP) was established. Members of the partnership come from all ten areas of GM and include the NHS, local authorities, GMCA and VCSE organisations. The partnership will work with people and communities to create and oversee a regional integrated care strategy (five-year plan).

The operating model for Greater Manchester emphasises three main elements:

- The Locality Approach – establishing place based integrated care at a neighbourhood and district level.
- GM Provider Collaboratives – providers working at scale across multiple places.
- GM Integrated Care and GM ICP.

Ms Cavanagh provided an overview of the strategic plan and priorities set by Tameside Strategic Partnership Board; and detail of how providers come together through the Tameside Provider Partnership (TPP). TPP will work to bring organisations and people together making best use of local intelligence, allow systems to work more closely together and joint working to reduce inequalities.

It was reported that Tameside is already well positioned regarding the locality approach and while decision-making has become more centralised, there is an opportunity to create a locality focus based on known health and social care determinants and needs assessment of our population.

Ms Cavanagh responded to questions on:

- Future needs aligned with what is important for residents, patients and communities.
- Access to services and neighbourhood delivery.

Councillor Wills and Ms Cavanagh thanked for attending the meeting.

26. PRIMARY CARE ACCESS

The Panel welcomed Councillor Eleanor Wills, Executive Member (Population Health and Wellbeing); Dr Ashwin Ramachandra, Interim Clinical Lead; and Martin Ashton, Associate Director, to receive an update on Primary Care access in Tameside.

Members received an overview of the four contracted groups of General Practice; Community Pharmacy; Optometry and Dental that make up the collective primary care offer in Tameside. Members also reviewed performance metrics associated with each of the four areas. This included appointment data in General Practice and patient survey outcomes across the four Primary Care Networks. Members received examples of feedback received through patient voice records.

Current challenges include overall health system demand, workforce pressures and continued impacts associated with the pandemic. There are a number of changes associated with removing variation, increased clinical / non-clinical skills mix, and digital transformation across all areas.

The Panel heard that the General Practice Community Pharmacist Consultation Service (GPCPCS), is a referral by General Practice to the Community Pharmacy, for a range of illnesses and conditions. Through the Minor Ailments Scheme, patients can also self-present to a pharmacy for a range of common illnesses and conditions. Helping to empower, engage and educate people to get the right care, at the right time and in the right place to improve the health outcomes of individuals, is key to delivering a more resilient and sustainable primary care model.

Raising awareness of the breadth of services and general access to primary care is important, with an evolving model of services, adaptive support, enhanced access offer for patients, signposting and digital offers. Dedicated communications aim to share both positive and negative messages and raise awareness of demand pressures, to educate people of how best to meet their health care needs and to dispel any myths regarding access and points of contact that are open and available to patients.

Councillor Wills, Dr Ramachandra and Mr Ashton responded to a number of questions on:

- Next steps and challenges to improve community awareness and the resilience of residents when navigating and accessing primary care.
- System wide improvements, demand management, workforce challenges, future projects, and the emphasis on a neighbourhood delivery model.

Councillor Wills, Dr Ramachandra and Mr Ashton thanked for attending the meeting.

27. SCRUTINY BUDGET LETTER

The Panel received for information, a letter of the Scrutiny Chairs to Councillor Jacqueline North, First Deputy (Finance, Resources & Transformation), in response to annual budget update sessions held on 16 January 2023. The Chair advised members that the joint meeting of Executive Cabinet and Overview Panel received the letter on 8 February 2023.

28. SCRUTINY ACTIVITY 2022/23

The Chair advised that a report presented at the joint meeting of Cabinet and Overview Panel on 8 February 2023 included a summary of the Scrutiny Panel's activity during the year.

29. CHAIR'S UPDATE

The Chair advised members of Scrutiny reports tabled at the joint meeting of Executive Cabinet and Overview Panel on 8 February 2023. Items specific to the panel include:

- Scrutiny update
- Summary of activity for 2022/23

The Chair thanked members for their participation and contribution throughout the municipal year.

30. DATE OF NEXT MEETING

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

31. URGENT ITEMS

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

CHAIR

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Health and Adult Social Care Scrutiny Panel

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8 June 2023

Agenda Item 4

1. Training

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Training

- Centre for Governance & Scrutiny – skills briefings and practice guides.
- Local Government Association –
workbooks, e-learning portal and events.
- Bespoke.

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2. Role of Scrutiny

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Role of Scrutiny (1)

- Local Government Act 2000.
 - ‘Executive’ – leader and cabinet.
 - ‘Overview & Scrutiny’ – look at decisions & policies / issue reports & recommendations.
- Improve decisions and thus services.
 - no formal power to change.
 - influence policies and decisions.
 - gather evidence & make recommendations

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Role of Scrutiny (2)

- Legal power to require:
 - information made available
 - recommendations responded to within a set time frame.
- ‘Critical friend’ – soft influencing power.
 - focus on forward thinking improvement and positive recommendations.
 - avoid apportioning blame and focusing on negatives.

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Role of Scrutiny (3)

- Council – direct (and commissioned).
- Partners – formal
 - Health (Health & Social Care Act 2001)
 - Community Safety (Police & Justice Act 2006)
- Partners – informal
 - Housing
 - Transport
 - Education

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Role of Scrutiny (4)

- Pre decision (inform and influence).
 - Challenge assumptions
 - Bring insight
 - Suggest new ideas and thinking
- Post decision (challenge and evaluate).
 - Inform evaluation and assess impact
 - Call In (pause a decision)

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Role of Scrutiny (5)

- Full in-depth reviews.
- Light touch and/or research reviews.
- Follow up (from previous reviews).
- Check & challenge / assurance.
- Engagement / consultation.
- Local Government and Social Care Ombudsman (LGSCO).

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Role of Scrutiny (6)

NOTE: Scrutiny is not / does not ...

- Planning or Licensing.
- Party political.
- Ward specific issues.
- Management of services.
- Operational monitoring of performance, finance, risk and/or projects.
- Inspectorate.

3. Panel Remit

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Panel Remit

The Health and Adult Social Care Scrutiny Panel has responsibility for considering the delivery and commissioning arrangements that sit within the Council's Population Health and Adult Services directorates.

The Panel is also responsible for scrutinising the wider health system in Tameside, with a statutory function to review and monitor service delivery across local health partners that include Tameside & Glossop Integrated Care NHS Foundation Trust, the Clinical Commissioning Group (GM ICS from 1 July 2022) and commissioned providers.

In Tameside, Health Scrutiny aims to improve people's health by looking at the quality, performance, accessibility and outcomes of NHS services in the borough. This is achieved by undertaking both specific, crosscutting and thematic reviews.