Salford City Council

Health and Social Care Scrutiny Panel

Dear Member,

You are invited to attend the meeting of the Health and Social Care Scrutiny Panel to be held as follows for the transaction of the business indicated.
Miranda Carruthers-Watt
Proper Officer

DATE: **Wednesday, 6 November 2019**

TIME: 9.30 am (Member Only Briefing)
10.00 am (Meeting)

VENUE: Committee Room 2, Salford Civic Centre, Chorley Road, Swinton

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In accordance with 'The Openness of Local Government Bodies Regulations 2014,' the press and public have the right to film, video, photograph or record this meeting.

AGENDA

10.00AM

1	**Welcome and Introductions.**	
2	**Apologies for absence.**	
3	**Declarations of Interest.**	
4	**To approve, as a correct record, the minutes of the meeting held on 2 October 2019.**	(Pages 1 - 4)
5	**Matters arising.**	

10.10AM

6	**Salford Locality Plan refresh (Peter Brambleby)**	(Pages 5 - 14)

10.30AM

7	**GM Improving Specialised Care Programme (Karen Proctor)**	(Pages 15 - 26)

10.55AM

8	**SRFT Elective Orthopaedic Briefing (Karen Proctor)**	(Pages 27 - 32)

11.20AM

9	**Work Programme.**	(Pages 33 - 36)

10 Any other business.

11 Date and time of next meeting - to be confirmed.

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HEALTH AND SOCIAL CARE SCRUTINY PANEL

2 October 2019

Meeting commenced: 11.00 a.m.
" ended: 11.49 a.m.

PRESENT: Councillor Sammie Bellamy - in the Chair

Councillors Barbara Bentham, Joshua Brooks, Jim Dawson, Jim King Sophia Linden and John Warmisham

CO-OPTED MEMBERS:

J Ahmed	Healthwatch Salford
David Backhouse	Healthwatch Salford

INVITEES:	Claire Connor	Assistant Director Engagement, Inclusion and Development, NHS Salford Clinical Commissioning Group (CCG)
OFFICERS:	Mike McHugh	Senior Democratic Services Officer

1. WELCOME AND INTRODUCTIONS

Councillor Sammie Bellamy welcomed those present to the meeting of the Health and Social Care Scrutiny Panel.

2. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors Stephen Hesling, Margaret Morris and Arnold Saunders, and Bruce Poole.

3. DECLARATIONS OF INTEREST

There were no formal declarations of interest.

4. MINUTES OF PROCEEDINGS

The minutes of the meeting held on 4 September 2019 were approved as a correct record, subject to the resolutions in Minute 6 being amended to read, as follows -

RESOLVED: (1) THAT the details of the discussion be noted.

(2) THAT this Committee supports any future proposals for the fluoridation of the water supply.

(3) THAT this Committee supports the use of fluoride varnish by dental practices.

5. MATTERS ARISING

There were no matters arising.

6. WORK PROGRAMME

Discussion took place in respect of the issues which had been included on the Work Programme for the 2019 / 2020 municipal year.

RESOLVED: (1) THAT the items included contained on the work programme be noted.

(2) THAT arrangements be made for the issues, included on the Abeyance List within the work programme, to be added on the agenda for a future meeting of this Committee.

7. PUBLIC ENGAGEMENT AND CONSULTATION

Claire Connor presented details of the Patient and Public Engagement Report 2018 / 2019.

The report described how the CCG discharged its statutory responsibilities for patient and public participation, as described in the Health and Social Care Act 2012, during the period 1 April 2018 to 31 March 2019.

Also described was the work undertaken to meet the commitment in the CCG constitution; to value people, staff and stakeholders, to be open and transparent, ensure quality and safety are at the heart of everything we do and recognise the importance of effectively engaging patients and the public in order for this to be achieved.

It was confirmed that the joint local authority and CCG engagement team work to support communities to be engaged and empowered and this year we have increased co-production to enable citizens to work alongside the CCG and develop plans together.

The CCG was continue to build on this asset based model to improve engagement in 2019 and beyond to support people to live longer, healthier lives aligned to the vision of Salford's Locality Plan. This would include the development of a new model of mental health involving service users with lived experience in shaping plans and deciding priorities.

Discussion took place in respect of a number of issues, including -

- the distinction of receiving a 'green star' rating from NHS England for patient and community engagement.

  Members expressed their congratulations to the staff concerned for their efforts and sought clarity on the work relating to patient and community engagement.

  Claire Connor confirmed that is was a statutory duty of all Clinical Commissioning Groups in England to undertake patient and community engagement.

- The process by which the *'joint approaches to engagement with health and care providers, the local authority and the voluntary and community sector to reach those who are most vulnerable and don't usually engage with services'*, would be developed and monitored.

  Members noted that the engagement process for hard to reach communities was essential in Salford. They noted the diverse number of groups, including - Black and Minority Ethnic Groups (BME Communities), the Gypsy Roma Traveller communities, the Salford prison population, based at HMP Forest Bank, the increasing numbers of people and families in Salford dealing with issues around poverty and Armed Forces Veterans.

  Claire Connor noted the ongoing work to engage with all hard to reach groups and highlighted the ongoing joint work undertaken by the CCG and Healthwatch Salford.

- Homelessness was highlighted by Members as an area of concern relating to access to services.

  Discussion took places regarding the work being carried out by the Greater Manchester Combined Authority to tackle homelessness.

  Details were also provided relating to the work in Salford by the Council, the CCG, partner organisations and the Voluntary, Community and Social Enterprise (VCSE) sector to both address homelessness and to engage with homeless people.

- Discussion took place relating to the number of organisations carrying out engagement. Confirmation was provided relating to the systems in place to ensure that duplication was avoided.

- Further discussion took place relating to a number of issues, which included -

  - Engaging with protected groups

  - Engagement and Communication Activity 2018-2019

  - Partnership Working

- Future Plans

    - Engagement Plan
    - Digital Engagement
    - Over the Counter Medicines
    - Citizen Panel Engagement
    - Carers Engagement
    - Supporting choice and empowerment

RESOLVED: (1) THAT the report be noted; and that Claire Connor be thanked for her attendance at the meeting.

(2) THAT an item relating to engagement be included annually on the Work Programme.

8. ANY OTHER BUSINESS

(a) Scheduling of Future Meetings

Councillor Dawson reported on conversations relating to the scheduling of future meetings. It had been proposed that, along with the Growth and Prosperity Scrutiny Panel, one other Scrutiny Panel should meet in the evening to allow more opportunity for members who work to attend.

Members were asked to consider this proposal and provide any views to Councillor Dawson who would provide the feedback to the Labour Group.

Members confirmed that they were happy with the current scheduling for meetings of this Panel and would not wish for a change.

RESOLVED: THAT Councillor Dawson provide this feedback to the Labour Group.

9. DATE AND TIME OF NEXT MEETING

RESOLVED: THAT the next meeting of this Committee be held on Wednesday 6 November 2019 at 10.00 a.m.

Part 1 - Open to the Public Part 2 – Closed to the Public	ITEM NO.

REPORT OF DPH (interim)

TO Adults Health and Care Scrutiny Panel

ON 6 November 2019

TITLE: Early draft of refreshed Salford Locality Plan

RECOMMENDATIONS: To note and comment on the attached draft contents and executive summary

EXECUTIVE SUMMARY:
The first draft of the refreshed Salford Locality plan will be considered by the Health and Wellbeing Board at its meeting on 12 November and thereafter sent for wider consideration before being sent to Greater Manchester to meet their deadline of 30 November for all locality plans to be received. There will be further opportunities to amend it before the next meeting of the Health and Wellbeing Board on 11 February 2020.

BACKGROUND DOCUMENTS: Please see attached

KEY DECISION: NO

DETAILS: Please see attached

KEY COUNCIL POLICIES: The Locality Plan touches on all of the City Mayor's "Great 8" priorities and the Salford Clinical Commissioning Group's plans too.

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS:
Equality profiles and health impact are included as central elements of the Locality Plan especially chapter 1 on stages of life

ASSESSMENT OF RISK: No new risks identified

LEGAL IMPLICATIONS: Production of this Plan meets a statutory requirement

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FINANCIAL IMPLICATIONS Supplied by: Directors of Finance of Council and CCG will appear in chapter 3 of the full report (referenced in this executive summary below).

PROCUREMENT IMPLICATIONS: nil directly

HR IMPLICATIONS: There is a section in chapter 3 of the full report relating to workforce and also unpaid carers and the VCSE (voluntary, community and social enterprise) sector

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OTHER DIRECTORATES CONSULTED: All directorates of Council and CCG

CONTACT OFFICER: DR Peter Brambleby TEL NO:

WARDS TO WHICH REPORT RELATES: All

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By Councillor Gina Reynolds and Dr Tom Tasker, Joint Chairs of Salford Health and Wellbeing Board

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Foreword

Councillor Gina Reynolds and Dr Tom Tasker, Joint Chairs of Salford Health and Wellbeing Board

Photos

It is our pleasure and privilege, as joint chairs of Salford's Health and Wellbeing Board, to introduce this latest "refresh" of the Salford Locality Plan.

The Locality Plan is the link between our understanding of needs and opportunities in health and wellbeing, and our coordinated response to them.

We have produced this update for three main reasons:

- first because we promised we would in the earlier version;
- second because it is timely to look at how far we have come and what remains to be done;
- and third because there is a requirement on all Health and Wellbeing Boards in Greater Manchester to produce and publish such a plan, to coordinate at that wider level and to benchmark progress.

This document is much more than an administrative requirement. It is intended to inform, to challenge, to inspire and to energise. We hope that all readers will see that this Plan relates to themselves and those they love at their stage of life, that it relates to the neighbourhood in which they live and, just as importantly, that it shows where they can make a contribution.

You will see from the content that this has been a "co-production" from the outset, involving the public, providers, commissioners, and policy-makers. The next steps are, therefore, "co-delivery" and "co-responsibility" for the outcomes. You will find reference to the finances of City Council and Clinical Commissioning Group, but our greatest resource is the people of Salford. Our ambition is for their optimum health and wellbeing. To that end, you will find mention of many other resources and enablers, such as green spaces, housing, employment, transport, digital connectivity, training and skills, as well as high quality health and care services.

This Plan reflects our values of pride, passion, people and personal responsibility.

Enjoy reading this Plan, and as you do, reflect not only what Salford will do for you, but what you will do for Salford.

Executive summary

Why have we refreshed the Salford Locality Plan?

All the ten Councils that make up Greater Manchester have been asked to update their Locality Plans. This document is a refresh of the Salford Locality Plan published in August 2017. Much of the original structure and direction of travel remain the same but the content is new and the ambition has been raised.

This is a plan for health and wellbeing, not just for illness and dependency; for strengths and not just for frailties; for opportunities not just for needs; and for ideas not just for certainties.

It takes a look at progress, which is considerable, and at the remaining challenges, which are also considerable. It brings a renewed emphasis on prevention, personal involvement and care closer to home, and explores what people in Salford have told us these phrases mean to them.

It is clear from the long list of links in the appendix that many plans and strategies already exist. So why have a Locality Plan as well? The answer is to pull those plans together into an integrated whole that coordinates rather than competes and makes health and wellbeing, with reduced inequalities, at the heart of all effort.

No plan can cover all eventualities. There are limits to what we can predict or control. The future is not what it used to be! Some paths are made by walking! Each day brings fresh challenges and also fresh solutions. To some degree we have to plan for the unknown, guided by values rather than certainties, sensitive and responsive to changing circumstances, but in this document we have set out several milestones so that our intentions are clear, so that we focus our energies and so that we reflect on progress.

To paraphrase Eleanor Roosevelt:

> *"The past is history, yet we can learn from it;*
>
> *the future is a mystery, yet we can prepare for it;*
>
> *but today is a gift, and that is why we call it the present."*

Innovation needs to be accompanied by evaluation. This is a recurring theme as we reflect, learn and share experience with others.

A recent patient story illustrates the need for flexibility when it comes to measuring success. A man was referred to a horticultural project for his mental wellbeing. Over coffee he discovered a fellow attendee was engaged with reading and theatre groups. As the friendship grew, he was more drawn to the cultural offer and switched to that. Is this therefore a failure of the horticultural project because he failed to finish the programme? Or is a success because it got him out, meeting others, and finding the right niche for him? Similarly, we want the aspirations of this plan to be reflected in defined objectives, but not be constrained by them, not to miss the point, and not to lose the personal touch.

Who is this Plan for?

First and foremost, this Plan is for the people of Salford. Its intention is that every resident can see its relevance to them, to their community and to their contribution to its success. The plan addresses each of the following questions which came out of the public engagement and co-production:

> ***Will this plan be relevant to me as an individual and those I love?*** Yes. Chapter 1 covers all the stages of life, and in more detail than the previous version, especially at the extremes of life – birth and death – when people are generally at their most vulnerable.
>
> ***Will this plan be relevant to where I live or the group to which I identify?*** Yes. Chapter 2 covers neighbourhoods and networks, and how they relate to opportunities and services at local level and communities of interest that span geographical boundaries. It also looks at environmental issues and sustainability, and the importance of the big "anchor" organisations, including those of Council and NHS but also the private and voluntary sectors.
>
> ***Does this plan reflect any learning from the past three years?*** Yes. For example, social prescribing is well established and expanding since the last plan was written and we are already exploring next steps. For instance: where can people move on to after completing a social prescription programme; how can we promote intergenerational activities, and how we can develop "pre-hab" as well as "re-hab" to build fitness and resilience before and after major surgery or cancer chemotherapy? Arguably, every one of Salford's 250,000 residents should have a personal offer for resilience and wellbeing - not just for recovery. That is the scale of ambition. Social prescription doesn't imply that everyone has to be referred by a health professional and link worker, though that is an important route. Most will find their own way there if plenty of opportunities exist and are well publicised.
>
> ***Will this plan show how I can make a personal contribution?*** Yes. Another theme that emerged strongly from consultation was that of focussing on strengths rather than dependencies, for individuals and communities. There is therefore a stronger emphasis than before on prevention and maintaining health and wellbeing, as well as the provision of services for those in need, drawing more deeply than ever on tackling the underlying causes of need and inequality, and helping address these at source. This comes through in every chapter. "Making a contribution" is one of the five "ways to wellbeing". The others are: taking notice (mindfulness), learning, connecting with others, and being active.

Second, this plan exists to give a steer to providers of health and social care, education, housing and jobs. New buildings and services are addressed in the chapter 2 on neighbourhoods and environment. Chapter 3 looks at "enablers" such as innovation, carers ("the great enablers"), our own workforce, better value care, integrated care, and finance. Such providers include the NHS in all its facets; Council-provided and commissioned services; voluntary sector, community groups and social enterprises (VCSE); schools, colleges and universities; local businesses and others.

Third, this plan recognises the importance of the environment, climate change and sustainability: how they affect us and how we protect them.

Fourth, this plan will be of interest to policy-makers, scrutineers and regulators. Chapter 4 looks at how quality will be improved, how risks to the Plan will be recognised and mitigated, and how overall

governance will be arranged. Chapter 5 summarises our intended milestones from each preceding chapter, and our strategic alignments with local and national policies.

.How did we go about it?

From the outset, this refresh has been a co-production. This meant the involvement, as equals, of members of the public, voluntary, community and social enterprises (VCSE), elected members, employees and managers of statutory agencies like NHS and Council, and experts from the fields of education and business.

Under the auspices of the Health and Wellbeing Board a learning event was conducted in July 2019 on the theme of co-production: what it meant, who was involved and what difference it could make. There have also been well-attended public meetings – one in particular was live-streamed on Facebook and Twitter with contributions coming in from those following remotely. A large on-line survey brought in further insights. Systematic feedback has been gleaned from Healthwatch over the past three years and that was fed in. We have asked specific questions about values and aims, and invited ideas for innovation and improvement. In addition to this ground-level local feedback we have taken note of guidance and expectations of Greater Manchester and its partnerships, of the NHS, of national policies and legislation, and of published evidence of effectiveness from the professional and scientific literature.

All three strands of Council activity are covered in the first three chapters respectively: People (Stages of Life), Place (Neighbourhoods and Environment) and Service Reform (Improvement and Enablers). The vision for the City Mayor's "Great Eight" priorities are all here: tackling poverty and inequality; education and skills; health and social care; economic development; housing, transport; transparent and effective organisation and social impact.

All sectors of the NHS were consulted: primary care, community care, mental health and hospitals, with especially large contribution from the Primary Care and Clinical Commissioning Group, as is appropriate in their role as funders and providers. The major elements of the NHS Long Term Plan, and the priorities of Greater Manchester have been included. Our special focus this time is mental health.

The word "commissioning" has "mission" at its heart. It is the shared mission of this plan that matters, rather than who is "payer" or "provider". No hospital, general practice or social care provider can succeed unless the others are engaged, effective and efficient; nor can they succeed unless they are adequately resourced. Pooling of the great majority of the health and social care budget, and greater transparency on the rest, is a major development of the past year. Salford's experience is that collaboration carries greater force than competition.

Above all, thought has been given to a new understanding of resources and value for money, including not only individual outcomes for health and wellbeing, of efficiency in use of resources and fair distribution, but also adding social value via all our activities.

What are the main findings and new features?

In chapter 1 we look at changes in the population numbers and mix: a younger population than the England average, and growing steadily. It shows movement on the determinants of health and wellbeing, with encouraging trends in health and employment but adverse trends in crime. It portrays the diseases driving premature mortality and life expectancy, but this time we focus even more

attention on diseases like mental health that impair quality of life. We look in greater depth than before at the extremes of life – birth and death. These are two greatest transitions that we all undergo in our life journey. They are the times of peak demand on the caring services.

In chapter 2 we look at neighbourhoods and environments; green spaces as well as new infrastructure at local level. We explain the new networks of primary care (general practice) and the intention to promote social prescribing, extended hours and increased services closer to home. This is also the chapter where we greatly increase the profile of prevention and the role of individuals and communities in helping themselves. Through initiatives like "Wellness Matters" and all the work of the voluntary, community and social enterprise (VCSE) sector, Salford Community Leisure and the Health Improvement Service we look at community strengths and adding to social return on investment. This is also where we mention the importance of the environment, air and water quality, climate change and sustainability, and the interdependence between people and the living environment.

In chapter 3 we look at innovation and enablers, including the research and evaluation role of our Universities. Carers get a significant mention here, as well as workforce, the "better care" initiative, and integrated care. Funding is the greater enabler, so the finance plans of Salford Clinical Commissioning Group and Council are profiled in this section. Patterns of spending are of interest: who knew that one pound in every six invested by the local NHS goes on mental health alone? And that that is more than was spent on cancer, circulatory diseases and respiratory diseases put together?

Chapter 4 explains how we will monitor and improve quality of services arising from this plan, and how we will identify and mitigate risks to this plan.

Chapter 5 is a series of brief summaries of each chapter, with milestones and indicators where relevant. It also shows the strategic alignment of this Locality Plan with the plans, policies and requirements of other partners and regulators.

How will the Locality Plan be monitored, reported and kept up to date?

Monitoring the locality plan since its inception in 2016/17 has been a standing agenda item for the Health and Wellbeing Board. This role will continue. Progress will also be reported via the network of Boards, Governing Bodies and Commissioning Committees that make up the partnerships in Salford. Beyond that, there are lines of formal and informal accountability to Greater Manchester, regulators such as Ofsted and the Care Quality Commission, and Government Departments.

Monitoring is a means by which the report remains alive: sensitive and responsive to emerging trends and changing circumstances.

Some of the milestones contained in this plan can be seen as "targets" which we are committing to achieve. Others are "indicators" where no specific threshold is set but nevertheless are "a challenge to explain, to learn and to adapt". Many of the indicators are comparative: we want to benchmark ourselves against places similar to Salford as well as our GM neighbours and the rest of England. The topics for indicators are drawn from the City Mayor's "Great eight" and the ones set out in the NHS Long Term Plan.

[SUMMARY OF MILESTONES TO FOLLOW]

We anticipate an annual progress report on this Plan, with full refresh in a further 3 years.

A footnote on transformation and change

Change, innovation, experimentation and transformation are words that recur throughout this document. No matter how strong our wish to cling to what is familiar and certain, change is an inevitable consequence of complex human endeavour.

Here is a relevant poem, part of an initiative in Salford for poetry as a means to health and wellbeing, by Health and Social Care Scrutiny Panel member "J" Ahmed.

'TRANSITION'

Change that's forced upon us, or change the chosen Path;

Change, the only way to move to futures from the past.

Change, the blessing cursed; by those who can't embrace it.

Change, the challenge that we face if we choose to make it.

Wherever whence we're coming from, wherever forth we go;

Change is the transition that keeps the natural flow.

Some see change as an enemy, some see change as a friend,

Some see change as a consequence of inevitable ends.

To some it's new beginnings, to others just more work –

Change is often evidence that we are alert.

For all it is and represents, change is changing you;

Revising how you see the things you would and wouldn't do.

This poem sums up the key message of this refreshed Locality Plan. It is not just about our ***outputs*** and how much is done or how efficiently, nor is it just about out **outcomes** and how we are shifting the indicators of health, wellbeing and inequality. It is about our ***outlooks*** – "revising how you see the things you would or wouldn't do."

Part 1 - Open to the Public	

REPORT OF THE DIRECTOR OF COMMISSIONING,
NHS SALFORD CLINICAL COMMISSIONING GROUP

TO HEALTH & SOCIAL CARE SCRUTINY PANEL

ON 6 NOVEMBER 2019

TITLE: UPDATE ON GREATER MANCHESTER IMPROVING SPECIALISED CARE PROGRAMME

RECOMMENDATIONS:

The Panel is asked to consider an update on the Greater Manchester Improving Specialised Care Programme, with particular note for the potential impact upon Salford residents.

EXECUTIVE SUMMARY:

The purpose of this report is to provide the panel with an update on the Greater Manchester Improving Specialised Care Programme, which is reviewing the configuration of eight specialist hospital services. A case for change and a model of care have previously been developed and approved for each of the eight hospital services. Feedback from the programme's Patient and Public Reference Group was extensively supportive of the new models of care.

The report provides an update on the work for these services. Proposals for the site configuration for five of these services were considered by the Greater Manchester Health & Care Joint Commissioning Board in September, when it was agreed to develop a pre-consultation business case. For four of these services there is a single preferred option for site configuration across GM. The work for breast services is more complex, involving four options of configuration across Greater Manchester hospital sites.

Discussion is now taking place with NHS England/Improvement to undertake a strategic sense check on these possible changes, in line with national NHS guidance.

For the services which have reached this stage in the process, there is currently no proposed reduction in access at Salford Royal Foundation Trust (SRFT) for any service. Whilst SRFT is not a provider of breast services, it is anticipated that there may be some impact for Salford residents on the range of providers from which they have a choice for breast services. However, a choice will still be available and this

choice will include Wythenshawe Hospital, which is the current most preferred provider for Salford residents. There would be a greater impact upon the Salford population of not having a Bolton hospital service in the future, than of not having a North Manchester hospital service.

The Health and Social Care Scrutiny Panel is asked to:

- Consider and comment on the update on the GM Improving Specialised Care Programme, and
- Consider the impact of the potential service reconfigurations upon Salford residents.

BACKGROUND DOCUMENTS:

Greater Manchester Health & Care Joint Commissioning Board, 17 September 2019. A complete set of the papers are available via the following link:

https://democracy.greatermanchester-ca.gov.uk/ieListDocuments.aspx?CId=140&MId=2656&Ver=4

KEY DECISION: NO

DETAILS:

KEY COUNCIL POLICIES:

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS:

ASSESSMENT OF RISK:

LEGAL IMPLICATIONS Supplied by: The ISC Programme Team have engaged with legal advisors throughout the process

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FINANCIAL IMPLICATIONS Supplied by:

PROCUREMENT IMPLICATIONS Supplied by:

HR IMPLICATIONS Supplied by:

OTHER DIRECTORATES CONSULTED: N/A

CONTACT OFFICER: Karen Proctor TEL NO: 0161 212 5654

WARDS TO WHICH REPORT RELATES: Not known at this stage

GREATER MANCHESTER IMPROVING SPECIALISED CARE PROGRAMME

1.0 Purpose of Report

1.1 The purpose of this report is to provide the Health & Social Care Scrutiny Panel with an update on the Greater Manchester Improving Specialised Care Programme, including recent decisions made by the Greater Manchester Health & Care Joint Commissioning Committee (JCB). The report also highlights the potential implications of the proposed service reconfigurations upon the Salford population.

2.0 Background

2.1 The Greater Manchester Improving Specialised Care (ISC) Programme is reviewing the configuration of eight specialist hospital services. This is part of the Greater Manchester Health and Social Care Partnership's vision to bring about the greatest and fastest improvement to the health of local people, improving care and making these services more sustainable.

2.2 The changes to the eight services are being proposed because:

- These services, as they are now, are increasingly under pressure because of difficulties recruiting and retaining the highly trained clinicians who provide the services
- There are differences in the quality and outcomes of some of these services, as they are delivered now. That means patients with the same severity of condition receive a different type, quality or experience of service, depending on where they receive it
- These services need to adapt to meet the needs of the increasing numbers of people who are living longer, have long term conditions or are frail
- The hospital buildings these services are provided from are of variable quality, so we want to make the best use of the facilities we have

2.3 This review does not affect any core hospital services, such as accident and emergency and maternity. All hospitals will generally retain a broad range of services and Greater Manchester is committed to keeping, at least, a local general hospital in all towns and cities.

2.4 Since the Improving Specialist Care Programme began clinicians and NHS commissioners have been considering how these eight services could be provided better, taking into account the views of patients, carers, voluntary and community sector representatives. Local Healthwatch organisations have also been involved in reviewing the proposals.

2.5 Since November 2018, the Greater Manchester Joint Health Scrutiny Committee has worked in partnership with the ISC programme team. In order to support committee members understanding of the breadth of the ISC Programme, the ISC team ran an education workshop for them in March 2019. The workshop is being repeated for newly elected members to this GM Committee.

2.6 An animation that explains the programme can be viewed via the following YouTube link:

https://www.youtube.com/watch?v=xffexbwdD4c

3.0 GM ISC Programme Update, as at September 2019

3.1 A case for change and a model of care, summarised in the Greater Manchester Joint Commissioning Board (JCB) paper (see link below), have previously been developed and approved for each of the eight hospital services. The models of care were produced by expert clinical groups, assured by external clinical advisory panels, supported by Greater Manchester stakeholders and approved by the Greater Manchester JCB. Each model of care was developed without specifying hospital sites.

3.2 Feedback from the programme's Patient and Public Reference Group (PRG), representing each of the GM CCGs and GM Healthwatch organisations, was extensively supportive of the new models of care. Support for services moving sites to some degree was supported by more than 80% of the group. Only 4% of the group were not supportive of services moving.

3.3 Pre-consultation Equality Analysis relating to each service has also been completed, which provides essential information to direct targeted engagement at future stages of any proposals.

3.4 Proposals for the site configuration of five of the specialist hospital services were considered by the JCB on 17 September 2019. A complete set of the papers are available via the following link:

https://democracy.greatermanchester-ca.gov.uk/ieListDocuments.aspx?CId=140&MId=2656&Ver=4

3.5 The Joint Commissioning Board is made up of the chief officers and clinical leaders of Greater Manchester's 10 Clinical Commissioning Groups, plus nominated political leaders of the 10 GM councils.

3.6 The proposals presented to the JCB were determined by the ISC Programme Board's consideration of a series of options. These options included one of retaining the hospital-based specialist services on all of the sites where they are currently delivered (the 'counterfactual' option).

3.7 A comprehensive set of evaluation criteria was used to consider the configuration options, under the headings of:

- Quality of care for all
- Access to care for all
- Workforce
- Research, innovation and education
- Social value
- Deliverability and sustainability
- Affordability and value for money

3.8 At the JCB's September meeting, it was agreed to develop a pre-consultation business case for these five services over the coming months. This means detailed work will be carried out to develop specific proposals for each of the services. It is not a final decision on the five services, but it is an important milestone.

3.9 A full business case has already been approved for one service, while "pre-consultation business cases" for two other services will be developed at a later date, once further preparatory work has taken place.

3.10 Each of the eight services are proposed to be reorganised into a series of Greater Manchester-wide "single, shared services". This means the resources needed to run services will be pooled together, for example by sharing limited staff and expertise and delivered from the most appropriate sites across GM. This is different from the way these services are provided now. It will mean that people, irrespective of where they live or access these specialist services, will be able to receive the highest possible quality treatment as standard, under the right clinical team, in the right place.

3.11 The single, shared service arrangement is a similar approach to the way major trauma and stroke services have already been reorganised in GM. Under this arrangement people who have suffered a major trauma are now taken directly to the hospitals that specialise in this, whilst people who have had a stroke now go to one of three specialist centres. The changes to these two services save around 220 lives every year in Greater Manchester.

3.12 The eight services part of the ISC Programme, and the stage each has reached, are:

1. Neuro-rehabilitation (treating injury or disease of the nervous system)

   In March 2019, it was agreed that Salford Royal Foundation Trust would be the single provider of in-patient neuro-rehabilitation services in Greater Manchester, provided across various sites. In June 2019, the business case was approved by the Joint Commissioning Board. An implementation plan is being produced and it is anticipated that the new model of care will go live during 2020.

2. Benign urology (treating disease of male and female urinary system and male reproductive organs)

   Pre-consultation business case to be developed based on the agreed model of care, i.e. a hub and spoke configuration

3. Respiratory (lungs and structures associated with breathing)

   Pre-consultation business case to be developed based on the agreed model of care, i.e. all existing sites

4. Paediatric surgery (surgery for infants, children, and adolescents)

   Pre-consultation business case to be developed based on the agreed model of care, i.e. to be sited as a tiered configuration

5. Breast services (diagnostic and surgical services, not screening)

   Pre-consultation business case to be developed based on the agreed model of care, i.e. as three hub sites, including an options appraisal covering each of the following hospital site configuration options;

i - Wythenshawe, Royal Albert Edward, North Manchester General

ii - Wythenshawe, Royal Albert Edward, Tameside General

iii - Wythenshawe, Bolton, North Manchester General

iv - Wythenshawe, Bolton, Tameside General

6. Vascular (treating conditions of the blood vessels, for example arteries and veins)

   Pre-consultation business case to be developed based on the agreed model of care, i.e. a hub and spoke configuration

7. Cardiology (heart)

   The review of this service is at an earlier stage and will begin a similar process later this year

8. Musculoskeletal/orthopaedics (treatment of muscles, bones or joints)

   The review of this service is at an earlier stage and will begin a similar process later this year

3.13 This is represented in the figure below, including specific sites for each service.

Figure 1: An overview of the options for the Improving Specialist Care Programme

Total of combined Options:	1	2	3	4
Breast 4 options	**South:** Wythenshawe **West:** RAE **East:** NMGH	**South:** Wythenshawe **West:** RAE **East:** TGH	**South:** Wythenshawe **West:** Bolton **East:** NMGH	**South:** Wythenshawe **West:** Bolton **East:** TGH
Benign Urology 1 option	**Hubs:** MRI, Bolton, Oldham, Salford, Stepping Hill **Spokes:** Altringham, Fairfield, TGH, Wythenshawe, Leigh Infirmary, NMGH, Rochdale, RAE, Wrightington, The Christie, Trafford, Withington			
Paediatric Surgery 1 option	**Tertiary:** Royal Manchester Children's Hospital **High acuity:** Oldham, Stepping Hill, Bolton **Low acuity:** RAE, Tameside, Fairfield, NMGH, Salford, Wythenshawe			
MSK and Orthopaedics 2 options	For Review			
Cardiology 1 option	For Review			
Respiratory	*Status quo activity flows will be modelled as predominantly outpatient specialty*			
Vascular 1 option	**Arterial hub:** MRI **Spoke module 2/3:** Oldham, Salford, Stepping Hill, Wythenshawe **Spoke module 1:** Fairfield, NMGH, Rochdale (outpatients only), Bolton, Tameside, Trafford (outpatients only)			
Neuro-rehab 1 option	**Hot site:** Salford **Warm site:** Trafford **Cold sites:** Rochdale, Stepping Hill			

3.14 So, for four of the services, a single option site configuration will be the subject of the pre-consultation business case. The work for breast services will be more complex, involving four options of configuration across Greater Manchester hospital sites. This is because the detailed analysis undertaken to date does not sufficiently differentiate between the options to clearly conclude a single preferred option at this stage. This is despite an enhanced level of analysis for breast services relating to workforce, estates, travel and financial impact.

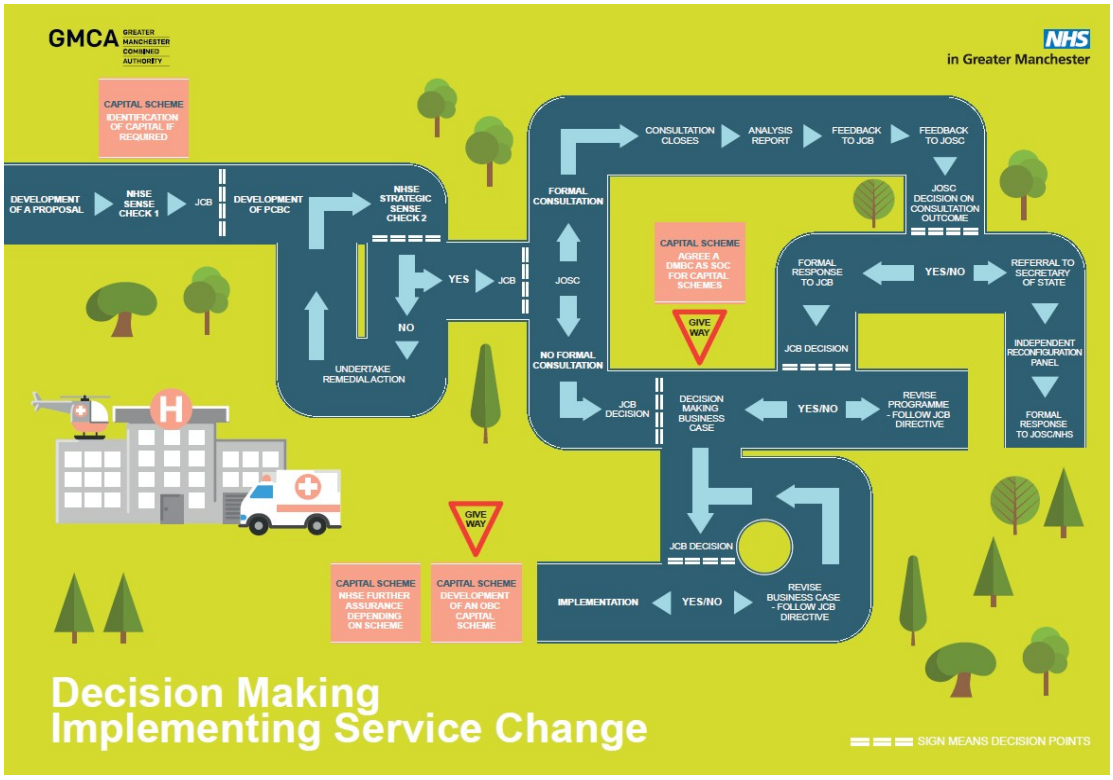
3.15 The breast service review is further complicated by the relationship with breast screening services, which caters for a large volume of patients requiring a tightly-run, call and recall arrangement to ensure all eligible women are offered timely mammography on a three-yearly cycle and for which there is some overlap of staffing, estate and facilities with the breast service delivering diagnosis, assessment and treatment services.

4.0 Next steps for the ISC Programme

4.1 The JCB's decision means detailed work will be carried out to develop specific proposals for each of the five services. Discussion is now taking place with NHS England/Improvement to undertake a strategic sense check, in line with national NHS guidance. Following this, the proposals will be presented to the GM Joint Health Overview Scrutiny Committee to discuss consultation and public scrutiny.

4.2 The Pre-consultation business cases, once prepared, will be reviewed by NHS England and the Greater Manchester Joint Health Scrutiny Committee before being considered by the Joint Commissioning Board. A formal public consultation may then be held on the proposed plans.

4.3 The work will be prioritised as some services are less resilient i.e. breast, urology and vascular services. These resilience issues are being actively managed alongside the ISC Programme.



4.4 Recognising the multi-stage process illustrated in the 'road map' above and the number of proposals for service models under consideration, the future timelines for the ISC Programme are not yet fixed.

5.0 Implications for services provided by Salford Royal Foundation Trust

5.1 For the services which have reached this stage in the process, there is currently no proposed reduction in access at Salford Royal Foundation Trust for:

- Neuro-rehabilitation
- Benign urology
- Respiratory
- Paediatric surgery
- Vascular

5.2 SRFT is not a provider of breast services.

6.0 Breast Services

6.1 For breast services, the ISC programme covers breast assessment, diagnosis and surgery. It does not include the national breast screening programme (provided from mobile units), nor breast cancer chemotherapy or radiotherapy treatment. The vast majority of patients access breast assessment and surgery either via a GP referral when a patient presents with breast symptoms or following initial consideration of a mammogram undertaken as part of the national breast screening programme.

6.2 Hospital access figures are presented below as first outpatient appointments and admissions. First outpatient appointments include initial assessment and diagnostics following a referral. This is often of a 'one-stop' nature for this specialty. Hospital admissions can either be day cases, not requiring an overnight stay, elective inpatients, involving a planned overnight(s) stay or non-elective, an unplanned urgent admission.

6.3 Patients requiring breast surgery do not always have surgery at the same hospital as their initial outpatient assessment. Within Greater Manchester, more complex cases are routinely transferred to Wythenshawe Hospital.

6.4 The current split of breast surgery admissions for the Salford population is 54% daycases, 42% elective inpatient and 4% non elective admissions.

6.5 Salford residents have a choice of providers to be referred to. The majority of Salford residents currently choose Wythenshawe Hospital, followed by Bolton Hospital, then North Manchester Hospital. The table below shows the 2018/19 access figures and proportions for Salford residents.

	1st Outpatients	%	Hospital Admissions	%
Manchester University NHS Foundation Trust – Wythenshawe	2,052	61%	278	79%
Bolton NHS Foundation Trust	824	24%	37	10%
Pennine Acute Hospitals NHS Trust - North Manchester site	444	13%	29	8%
Other Providers	66	2%	10	3%
Total	**3,386**	**100%**	**354**	**100%**

6.6 The following tables show the distribution of this activity by site and Neighbourhood.

	First Outpatients by Neighbourhood													
Provider Site	**Broughton**		**Eccles and Irlam**		**Walkden**		**Claremont**		**Swinton**		**(blank)**		**Total Salford**	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Total**	**%**
NORTH MANCHESTER GENERAL HOSPITAL	224	55%	20	2%	13	2%	184	24%	2	0%	1	25%	444	13%
ROYAL BOLTON HOSPITAL	4	1%	185	19%	312	59%	66	8%	256	38%	1	25%	824	24%
WYTHENSHAWE HOSPITAL	154	38%	776	78%	203	38%	517	66%	401	60%	1	25%	2052	61%
WIGAN	0	0%	1	0%	5	1%	2	0%	3	0%	0	0%	11	0%
TAMESIDE	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
OTHER	27	7%	11	1%	0	0%	12	2%	4	1%	1	25%	55	2%
Total	**409**	**100.0%**	**993**	**100.0%**	**533**	**100.0%**	**781**	**100.0%**	**666**	**100.0%**	**4**	**100.0%**	**3386**	**100%**

	Admissions by Neighbourhood											
Provider Site	**Broughton**		**Eccles and Irlam**		**Walkden**		**Claremont**		**Swinton**		**Total Salford**	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Total**	**%**
NORTH MANCHESTER GENERAL HOSPITAL	14	50%	3	2%	1	2%	11	16%	0	0%	29	8%
ROYAL BOLTON HOSPITAL	0	0%	8	5%	21	38%	0	0%	8	17%	37	10%
WYTHENSHAWE HOSPITAL	13	46%	142	92%	34	61%	55	80%	34	74%	278	79%
WIGAN	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TAMESIDE	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
OTHER	1	4%	2	1%	0	0%	3	4%	4	9%	10	3%
Total	**28**	**100%**	**155**	**100%**	**56**	**100%**	**69**	**100%**	**46**	**100%**	**354**	**100%**

6.7 Depending on the outcome of the pre-consultation business case and subsequent decisions, there may be some impact for Salford residents on the range of providers from which they have a choice. A choice will still be available and Wythenshawe Hospital is a site in each of the possible four options being considered.

6.8 The Greater Manchester agreed model of care for breast services includes having three main sites for breast services geographically spread across Greater Manchester, which is a reduced number than is currently available. There are significant resilience issues associated with the current arrangement, which means that the 'status quo' is not a viable or safe option. We have already seen the unplanned cessation of the Trafford, Salford and more recently Stockport based services. These resilience issues relate, in the main, to the severe national lack of clinicians to support breast services – particularly breast radiologists. Without change, Greater Manchester will face further unplanned service closures, impacting on patients and clinicians and threatening service quality throughout the whole of Greater Manchester. Whilst existing services are operating safely, this is partly dependent upon unsustainable means. The services are under significant pressure to

meet waiting time targets – meaning that in some instances, patients are waiting longer than would be expected to see a clinician.

6.9 The future breast service model is intended to alleviate this position for all patients across Greater Manchester and proposes that all future sites will consistently offer 'one stop' appointments, including on the day diagnostics and results – which will both reduce journeys (avoiding multiple attendances) and improve waiting times.

6.10 The information below shows the estimated impact of each option for the proposed three breast services upon Salford's population in terms of annual access figures. Comments are also provided in respect of a GM analysis of travel time impact.

Option 1 Wythenshawe, Wigan & North Manchester
824 first outpatient appointments & 37 admissions for Salford patients would need to take place elsewhere. This is 24% (first outpatients) and 10% (admissions) of all Salford CCG annual activity.

Predominately, the impact on Salford patients would be increased travel time for patients who would have attended Bolton to an alternative provider of choice – either Wythenshawe, Wigan or North Manchester.

For Greater Manchester, this option results in overall longer travel times for those patients in the east of Greater Manchester.

Option 2 Wythenshawe, Wigan & Tameside
1,298 first outpatient appointments & 66 admissions for Salford patients would need to take place elsewhere. This is 38% (first outpatients) and 19% (admissions) of all Salford CCG annual activity.

Predominately, the impact on Salford patients would be increased travel time for patients who would have attended Bolton or North Manchester Hospitals to an alternative provider of choice - either Wythenshawe, Wigan or Tameside. We do not foresee many Salford patients travelling to Tameside.

For Greater Manchester, this option results in longer travel times from the north and some parts of the west of the conurbation to Wigan.

Option 3 Wythenshawe, Bolton & North Manchester
Almost zero impact for Salford patients, but with an adverse impact on travel times for patients in the east of Greater Manchester as this configuration is geographically not evenly distributed.

Option 4 Wythenshawe, Bolton & Tameside
485 first outpatient appointments & 29 admissions for Salford patients would need to take place elsewhere. This is 14% (first outpatients) and 8% (admissions) of all Salford CCG annual activity. The impact on Salford patients is small, although there is a cohort of patients who would have travelled to North Manchester for whom there would be additional travel time to Bolton or Wythenshawe. We do not foresee many Salford patients travelling to Tameside.

For Greater Manchester, this option has the fairest distribution of additional travel times (i.e. not impacting adversely on one sector or another).

6.11 Looking at the North Manchester site access a little closer shows that almost all Salford patients currently choosing the North Manchester site for breast services come from the Broughton, Ordsall & Claremont practices. This includes 444 first outpatient appointments and 29 admissions over a year – (8 first outpatients per week; 2 admissions per month).

6.12 However, not all patients from these neighbourhoods currently choose the North Manchester site. Approximately 50% of Broughton patients and 84% of Ordsall & Claremont patients currently choose alternative services to North Manchester. The rest of the Broughton, Ordsall & Claremont patients mostly choose Wythenshawe Hospital. The data shows that the Salford patients who received care from North Manchester breast services in 2018/19 were mostly in the 20-44 age group.

6.13 There would be a greater impact upon the Salford population of not having a Bolton service in the future, than of not having a North Manchester service. This impact would also be across several Salford Neighbourhoods. The impact would be approximately 824 first outpatient appointments and 37 admissions over a year (16 first outpatients per week; 3 admissions per month).

7.0 Recommendation to Health and Care Scrutiny Panel

7.1 The Health and Social Care Scrutiny Panel is asked to:

- Consider and comment on the update on the GM Improving Specialised Care Programme, and
- Consider the impact of the potential service reconfigurations upon Salford residents.

Part 1 - Open to the Public	ITEM NO.

REPORT OF

Harry Golby, Assistant Director of Commissioning, Salford CCG

TO

Health & Social Care Scrutiny Panel

ON

6 November 2019

TITLE: SRFT Elective Orthopaedic Update

RECOMMENDATIONS:

Members are invited to consider and comment on the contents of the report.

EXECUTIVE SUMMARY:

Manchester University NHS Foundation Trust (MFT) has served notice on Salford Royal NHS Foundation Trust (SRFT) for the use of the Manchester Elective Orthopaedic Centre (MEOC). SRFT currently use the MEOC, which is on the site of Trafford General Hospital, to deliver some elective orthopaedic surgery. A project has commenced to identify alternative site(s) where this surgery can take place.

BACKGROUND DOCUMENTS:

Paper to Adult Commissioning Committee on 30 September 2019

KEY DECISION: NO

DETAILS:

Introduction

In November 2014 Salford CCG supported a proposal by SRFT to relocate some elective orthopaedic capacity to the MEOC on the Trafford General Hospital site. The primary anticipated benefit was enhanced service quality – there is evidence supporting the development of specialist centres to improve patient experience and outcomes. Ring-fencing elective capacity reduces cancellations when emergency cases take priority. In addition the relocation created capacity on the SRFT site to support other developments e.g. major trauma and stroke.

In 2018 SRFT delivered 2560 surgical interventions at MEOC (1897 as an inpatient and 663 as a day case). This equates to approximately one third of SRFT's total day case orthopaedic activity, and just over one half of the inpatient activity. Most of the rest of the activity currently takes place on the SRFT main hospital site, with some ad hoc use of private sector capacity. Outpatient care for both groups of patients is predominantly delivered in Salford.

On 30th July 2019 MFT served notice on the MEOC service level agreement with SRFT. MFT served notice due to increasing operational requirements and the need to carry out a programme of theatre life cycling on the Trafford and Wythenshawe sites. The agreement covers SRFT use of two theatres, associated inpatient and day-case beds and support services (SRFT surgeons and anaesthetists operate at MEOC but the nursing and other staff are MFT employees).

A project has commenced to review options and establish the alternative arrangements. The CCG is represented on the overarching group as well as a communications subgroup, and updates will be provided to the Adult Commissioning Committee via the Scheduled Care Delivery Board. The group has identified a preferred option that is described in this report.

The original letter indicated MFT expected all activity to cease on 31 January 2020. The re-organisation of a significant elective surgical programme in the middle of January has the potential to add to system disruption during the winter months and it is important to properly engage with patients about the proposed changes. Following further correspondence, on 18 October, MFT sent another letter agreeing to an extension, the revised termination date is 30 June 2020.

Options Appraisal

In April 2017 the Northern Care Alliance NHS Group (NCA) was launched. It brings together five hospitals (Salford Royal, the Royal Oldham, Fairfield General, Rochdale Infirmary and North Manchester General) and the associated community services.

The NCA has established a working group to consider issues and recommend options. The group includes a broad range of expertise, including orthopaedic surgeons, anaesthetists, nurses, operational and strategic managers, facilities and HR specialists, etc. The CCG is also represented.

In total 11 options have been explored and considered using the following criteria:

- Feasible within timescale
- Clinical assessment of suitability
- Estates assessment of suitability
- Capacity released by option and extent to which this meets requirements

- Capital / Revenue costs
- Distance for patients to travel and transport options (it is worth noting that 40% of SRFT's orthopaedic patients are not citizens of Salford)
- Impact on workforce including travel
- Strategic fit

"Strategic fit" is particularly important given further potential changes to orthopaedic services being considered through the Greater Manchester Improving Specialist Care programme. No decision has been made on the ISC programme but it is important for the changes around MEOC to be considered in the context of future possible changes.

None of the options, in isolation, fully address the issue. The working group therefore identified the following which, in combination, form the preferred option:

Site	Activity description	Comments
Salford (i.e SRFT and Oaklands)	Local day case surgery for 'upper limb & hands' and for 'foot and ankle'	Oaklands capacity available SRFT capacity will have knock on effect to other specialties
Fairfield	Inpatient 'lower limb soft tissue & arthroplasty', some 'reconstruction' and day case 'list fillers'	Theatre and bed capacity, potential knock on effect to other specialties

Further work is required to firm up the details and the NCA will need to make a formal decision regarding capital funding.

Detailed timescales are being worked up but the early indications is that the changes at Fairfeild will not be deliverable before May 2020, this is largely because of time taken to deliver the necessary capital redevelopments (i.e. theatre and ward upgrades).

Patient Engagement

Key highlights from the patient engagement exercises carried out around the time of the establishment of the MEOC included:

- patient transport, especially for people with specific needs or limited income,
- support and information provided pre and post operation,
- clear communications to ensure patients are aware of their options as early as possible in their pathway,
- other factors that affect patient experience (e.g. waiting times on the day of surgery, cleanliness, access for visitors, etc.)

The CCG has offered SRFT support to assist with patient engagement

Now that an option has emerged analysis can be undertaken to understand the patient cohorts and how they will be affected. The analysis will also identify whether the patients have protected characteristics to inform an Equality Impact Assessment. Targeted and broader patient engagement can be undertaken, informed by the results of this assessment as is good practice.

Alongside this patient engagement is the need to develop a clear communications plan for patients and other stakeholders (e.g. referrers). Individual patients should be given clear information to make informed decisions as early as possible in the pathway, ideally at point of referral.

Patient engagement should also inform any reviews after the change has happened. The NCA plans to undertake a 90-day review and a further review by commissioners is also likely to be required.

Next Steps

Adult commissioning committee have considered this matter and identified areas where further work and greater assurance is required. Further updates will be received via Scheduled Care Delivery Board.

The NCA is establishing a governance structure to programme manage the change. The CCG is to be represented on the overarching programme group, and a (patient, staff and stakeholder) communications sub-group.

At the Scheduled Care Delivery Board on 25 October SRFT agreed to undertake data analysis to provide information around the patient cohorts affected. This will inform an Equality Impact Assessment and a plan for patient engagement which SRFT and the CCG will jointly agree.

Recommendations

Members are invited to consider and comment on the contents of the report.

KEY COUNCIL POLICIES:

N/A

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS:

To be completed, as described above

ASSESSMENT OF RISK:

High – "Failure to achieve national performance targets against constitutional standards" is already rated as a high impact / very likely risk on the CCG's strategic risk register.

LEGAL IMPLICATIONS: N/A

FINANCIAL IMPLICATIONS: N/A

PROCUREMENT IMPLICATIONS: N/A

HR IMPLICATIONS: N/A

OTHER DIRECTORATES CONSULTED: N/A

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0161 212 6161

WARDS TO WHICH REPORT RELATES: All Salford (and other localities)

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Health and Social Care Scrutiny Panel
Work Programme and Recommendation Tracker
2019 / 2020

Updated September 2019

Meeting date	Item for consideration	Lead Officer to present papers	Type of scrutiny
7 August 2019	• Primary Care Access – standards and equality	Karen Proctor, CCG Director of Commissioning	Overview report on the Salford Standard and local variance.
4 September 2019	• Salford Locality Plan refresh	Peter Brambleby Interim Director of Public Health	Shaping the policy development and pre-decision review of emerging refresh.
	• Dentistry provision	Peter Brambleby, Interim Director of Public Health	Existing requested agenda item.
	• All Age Carers Strategy	Paul Walsh / Ann Brooking	Scrutiny of Strategy prior to formal approval.
2 October 2019	• Public engagement and consultation	Claire Connor, CCG	Retrospective scrutiny of annual reports of public engagement by Salford CCG and Salford Healthwatch.

Meeting date	Item for consideration	Lead Officer to present papers	Type of scrutiny
6 November 2019	• Salford Locality Plan refresh	Peter Brambleby Interim Director of Public Health	Review of progress of refresh.
	• GM Improving Specialised Care Programme	Karen Proctor, CCG Director of Commissioning	Update on current proposals and scrutiny of likely impact on SRFT services to local people.
	• SRFT Elective Orthopaedic Briefing	Harry Golby, CCG	
4 December 2019	• Salford Domiciliary care – standards and quality	Mark Albiston SRFT / Paul Walsh SCC	Overview of care home standards.
	• Adult social care performance framework	Mark Albiston SRFT/ Judd Skelton / Paul Walsh SCC / CCG	Scrutiny of the improvement agenda.
8 January 2020	• Supported Employment for vulnerable adults	Alison Burnett, Skills and Work SCC / Claire Mayor and Kerry Thornley CCG / SCC	Update on progress against action plan.
	• Mental Health All Age Commissioning Strategy	Judd Skelton AD Integrated Commissioning Adults	Scrutiny of first year of operation.
5 February 2020	• Primary Care Access – standards and equality	Karen Proctor, CCG Director of Commissioning	6 month Update (from August 2019)
4 March 2020	•		Scrutiny Panel to identify emerging issues in Forward Look.

Meeting date	Item for consideration	Lead Officer to present papers	Type of scrutiny
1 April 2020	• Adult social care performance framework	Mark Albiston SRFT / Judd Skelton, Paul Walsh SCC, CCG	Scrutiny of the improvement agenda.
May 2020	NO MEETING		
3 June 2020	• Salford Locality Plan	DPH	Mid-year review of progress against the plan.
1 July 2020	•		Scrutiny Panel to identify emerging issues in Forward Look.

Abeyance List The following issues have yet to be prioritised and TOR determined.	
Poverty and its impact on health Policy development task and finish scrutiny with potential to influence refresh of Salford Anti-Poverty Strategy and Locality Plan.	Peter Brambleby Interim Director of Public Health
Out of area placements for younger adults Overview on commissioning arrangements and issues	Judd Skelton, Clare Mayo, Kerry Thornley, Integrated Commissioning SCC / CCG

Portfolio of the Panel:	Membership – 12 Members:
1. Health, Public Health and Social Care Integration and performance thereafter 2. Commissioning Hub 3. Major Health reconfiguration 4. Overview of Health and Wellbeing Board in promoting integration 5. Supporting People 6. Services for independent living – care on call, sheltered housing, supported tenancies 7. Adult Safeguarding 8. Integrated Teams 9. Provider Services 10. Personalisation and care management 11. Asylum Seekers and Refugees 12. Welfare rights and debt advice 13. To review and scrutinise any matter relating to the planning provision and operation of the health service in the Salford area. 14. To scrutinise the council's business plan and budget in this functional area	**Councillors** • Saunders • 1 Conservative Vacancy • 1 Labour Vacancy • Bellamy (VC) • Bentham • Brooks • Dawson • Hesling • King • Linden • Morris (C) • Warmisham J Ahmed - Co-opted Member (Healthwatch Salford) David Backhouse - Co-opted Member (Healthwatch Salford) Bruce Poole - Co-opted Member (Salford CVS)