

Health and Social Care Scrutiny Panel

Salford Suite, Civic Centre, Chorley Road, Swinton

7 December 2022, 11:00am – 13:05pm

Present:

Councillor Margaret Morris MBE Chair

Councillor's Tanya Burch, Jim Dawson, Yolande Amana-Ghola, Jim King, Jake Rowland, Arnold Saunders and Irfan Syed (Deputy Chair)

Co-opted Members:

Jay Ahmed

Healthwatch Salford

Phil Morgan

Healthwatch Salford

Invitees:

Julie Cheetham

GM Oversight, NHS Greater Manchester
Integrated Care

Karen Clough

Senior Mid-Wife, NHS Greater Manchester
Integrated Care

Simon Featherstone

Representing Consultant Endocrinologist/ Director
of Integration, Northern Care Alliance NHS

Harry Golby

Foundation Trust/ Salford Royal Foundation Trust
Commissioning Deputy Director, Salford Locality,
NHS Greater Manchester Integrated Care

Alison McGovern

Maternity Programme Lead, NHS Greater
Manchester Integrated Care

Paul Walsh

Assistant Director Joint Commissioning

David Williams

Representing Interim Director Adult Social Care

Officers:

Muna Abdel Aziz

Director of Public Health

Chris Howl

Senior Democratic Services Officer

Others:

None

1. Apologies for absence

Apologies for absence were submitted on behalf of:

- Councillor's Paula Boshell, Les Turner and John Warmisham.
- Mark Albiston, Hannah Dobrowolska, Alison Page, Bruce Poole, Charlotte Ramsden and Tom Stannard.

2. Declarations of Interest

The following declarations of interest were raised:

- Cllr Saunders who is a Chaplin at a Salford care home (Newlands Care Home).

3. Minutes of Proceedings

There were two corrections required to the minutes of the meeting held on 2 November 2022, these being:

- on page 6, under agenda item 5 'Insourcing Commission Update', whereby it's Cllr Saunders who sits on the LGA National Working Party for the 'Homes for Ukraine' scheme and not Cllr Morris.
- on page 7, under agenda item 5 'Insourcing Commission Update', whereby it was Cllr King who asked how often did the Insourcing Commission meet, how does it make decisions and why are the panel only becoming aware of it now? ... and not Cllr Kelly who wasn't at the meeting.

... otherwise, they were approved as a correct record.

4. Matters Arising

The following responses have been received in respect to queries raised at recent Panel meetings, these being:

a) two queries by Cllr Boshell's, firstly asking at the 5 October 2022 Panel meeting "in respect of patient flow, has the new Stock Lane building made a difference?" and secondly asking at the 2 November 2022 Panel meeting "if the impact report on the Bevan Intermediate Care Centre was available now or was it aligned to the Salford Royal Foundation Hospital CQC report?".

The response from the Northern Care Alliance NHS Foundation Trust/ Salford Royal Foundation Trust to Cllr Boshell's queries being:

1. Is the impact report on the Bevan Intermediate Care Centre available now or is it aligned to the Salford Royal Foundation Hospital CQC report?

The Bevan Unit monitoring forms part of Salford Care Organisation quality and governance processes and therefore there is on-going regular review and monitoring of the Bevan via the Care Organisation Assurance and Risk Committee (COARC). A sub-group of COARC called the 'Bevan Unit Risk Review Group' (BURRG) was established in October 2022 and meets weekly to look at performance, incidents, complaints, compliments and patient or staff feedback. The BURRG group are focusing on operations, estate, quality and workforce and engagement with staff which is informing the work programme; for example, the group are revising the Standard Operating Procedure currently, in consultation with leads. A specific Bevan impact report has not been prepared currently and will not form part of the CQC report.

2. In respect of patient flow, has the new Stott Lane building made a difference? It is difficult to assess impact of Bevan on flow as there are many determinants of flow concurrently impacting. This includes determinants within the Bevan itself but also the hospital and wider health and care system. For example:

- Covid outbreaks.
- The introduction of dedicated Covid wards.
- Higher acuity of inpatients.
- Rapid discharge policy (introduced in Covid).
- Increase hospital demand due to system change, such as day centres closed, pressures in Primary Care, etc.
- Discharge to assess funding with spot purchasing of community beds.
- Staffing levels across hospital, community and Bevan.

- Estate snags.

The desired outcome from Bevan is rehabilitation which improves independence and resilience with fewer permanent residential placements. In support of this the Bevan Risk Review Group and Home First transformation are:

- Implementing training and tools with all staff to embed a Home First ethos of reablement for all.
- Introducing a Community Home First Hub which will be a gatekeeper for Bevan admissions.
- Estate finalisation of snagging or issues.
- Implementation of new Standard Operating Procedure.
- Board Round process change.

b) a query by Cllr Boshell at the 5 October 2022 Panel meeting, who asked “in respect of the Provider Collaborative Board priorities, who decides and makes these and was there any consultation done on them?”

The response from the Delivery Director for Health and Care Integration (Salford) NHS Greater Manchester Integrated Care to Cllr Boshell’s query being:

In summary, members of the Salford Provider Collaborative Board (SPCB) consulted within their own organisation/ sector and the decision about the Board’s collaboration workstreams was informed by a review of each organisation’s/ sector’s work priorities and the GM Big Conversation findings. The SPCB priority workstreams have been shared with the Salford Locality Board. Citizen engagement is on-going as part of the workstreams.

In greater detail, the SPCB is made up of a range of representatives from the main health and care providers/ sectors in the city: Salford Council, Salford Care Organisation (part of the Northern Care Alliance Foundation Trust), Greater Manchester West Mental Health Foundation Trust, Community and Voluntary Sector Organisations, GP Practice representatives, Manchester Foundation Trust CAMHs service and wider primary care provider representatives (i.e. community pharmacy, dentistry and opticians). Also attending are representatives from the Salford team of the NHS Greater Manchester Integrated Care. The Salford Locality Board also includes this range of members (including elected council members and clinicians), plus Healthwatch and an executive from GM ICB.

The purpose of the SPCB is to convert the Salford Health and Care Locality Board strategic intent into co-designed and coordinated delivery in line with the Salford Locality Plan. This includes identifying health and care service improvements which are most effectively achieved by working collaboratively across health and care providers.

In April/ May 2022 SPCB members each shared their own organisational or sector work priorities – which generated a long list of work. This was analysed to look for overlapping or frequently occurring themes – creating a short list. The SPCB members discussed this within their organisations and as a Board in

order to agree work areas for which there may be benefit from collaboration. The Board also considered the main findings from the Greater Manchester Big Conversation – public and staff engagement regarding health and care in GM.

The Board agreed three main areas of joint work: Neighbourhoods, Mental Health and Mental Wellbeing and Access – including digital (inclusion and transformation), plus workforce. Reducing Health Inequalities and Implementing Strengths Based Approaches were identified as a shared intent and are forming part of the aims and to be addressed as part of all of the three workstreams. In addition, it is recognised there are other areas where partners need to be involved in collaborative design and delivery. It is anticipated there will also be in-year priorities for which the Locality Board will set a strategic direction and request planning and delivery action from the SPCB.

All of the workstreams include/ will include citizen involvement/ engagement and ideally those with lived experience will be part of the codesign of process.

The SPCB reports on its work to the Salford Locality Board on a regular basis.

c) a query by Cllr Dawson at the 5 October 2022 Panel meeting, who asked (in respect of refugee children) “in respect to school finances, as pupil counts are only undertaken twice a year, if missed, how do we rectify as a deferred payment for them to cover their costs?” (i.e. for staff, meals, equipment, etc.).

The response from the Assistant Director (Education, Work and Skills) to Cllr Dawson’s query being:

In respect of the number of children on-roll (with regard to Ukrainian refugee children), individual schools can provide data to their Governing bodies, via their termly meetings. Schools do manage all the time children leaving and joining their schools, as many school populations are quite mobile.

For any child that joins the roll of a school after October 2023 Plasc, then the school will not receive any funding until April 2024. Schools are very used to this issue and if they have a large influx of children in a particular year then there is mechanism, via school’s forum to provide them with growth funding.

The Education funding which is available for the ‘Homes for Ukraine’ pupils is being used to provide support via EMTAS for children, e.g. interpreter support.

If there were to be a particular high level of need in a particular school, particularly a small school with limited budget, this will be considered but the funding is only for the ‘Homes for Ukraine’ children, not those that come via the family scheme, so there isn’t much funding to share around.

The school’s forum additional funding for rising school rolls is different for primary and secondary schools.

5. Adult Social Care Prevention/ Information and Advice/ Wellbeing (Mark Albiston/ Paul Walsh)

Paul Walsh, supported by David Williams, provided a verbal overview of the Adult Social Care Report, presented to facilitate initial discussion (prior to a 'deep dive' session being the focus of our Wednesday 1 March 2023 Panel meeting) with the Health and Social Care Scrutiny Panel on the following five areas:

1. Adult Social Care Prevention/ Information and Advice/ Wellbeing – covering the important sections of 1, 2 and 3 of the Care Act 2014 and links to existing plans and developments locally.
2. Ensuring the voices of people who are receiving care and support and their carers are heard.
3. Adult Social Care National Policy, including Adult Social Care Charging Reform and Adult Social Care CQC Inspection.
4. Supporting people to remain independent, living in their own home.
5. Adult Social Care Workforce – covering training/ skills/ recruitment/ retention/ terms and conditions/ etc.

The aim being to co-design a process with Scrutiny Panel which will include prioritising actions/ activity against the broad areas noted above.

Discussion took place in respect of the five areas:

1. Adult Social Care Prevention/ Information and Advice/ Wellbeing:
 - Cllr King asked what role/ contribution does social prescribing make under these activities? Paul confirmed that social prescribing definitely forms part of our wider approach across Adult Social Care.
 - Jay Ahmed requested that varied methods of promotion be applied, in order to engage/ capture input from those who don't normally get involved, i.e. the use of modern media/ apps alongside traditional methods. Paul confirmed that this was hopefully covered by a catch-all 'tech' workstream operating alongside the five areas.
2. Ensuring the voices of people who are receiving care and support and their carers are heard.
 - Phil Morgan mentioned that a new Healthwatch Salford report, focused upon 'people in receipt of home care' should be published in the new year. Paul stated that moving forward there was an intention to have a continued cycle of conversations alongside more detailed surveys undertaken every two years, which together would feed into a framework of continued improvement.
 - Cllr Amana-Ghola asked how do you ensure that all peoples voices are involved, especially those who don't have English as a first or second language? Paul recognised that this was a very important point, especially as the city's demographics change, so we need to collaborate more with community leaders, friend/ school groups, etc.
 - Cllr King asked if there were any examples of service improvement, or even discontinuation of services that can be shared? Paul couldn't think of any to hand but would identify some for the March 2023 'deep dive' session.

3. Adult Social Care National Policy, including Adult Social Care Charging Reform and Adult Social Care CQC Inspection.
 - Paul indicated that this aspect mainly related to new guidance concerning CQC inspections.
4. Supporting people to remain independent, living in their own home.
 - Cllr Dawson asked, in respect to the role of the family in the discharge from hospital, how did we really know about individuals needs and support them? Paul responded that perhaps the service needed to add a family context alongside individual and cohort's categories that recognised and picked this up. David mentioned that via the Care Act there have been more and additional requests for family support, but pondered how these were to be met given current financial constraints, who gets priority? – the patient or the family?
 - Cllr Morris made the point that OT numbers aren't as they were which is adversely impacting on this.
 - Cllr Saunders said that in his experience care homes are usually very good with engaging with families, both in terms of arranging meetings and offering advice and involving them in activities (he confirmed that he works in Newlands Care Home in the city).
 - Jay Ahmed suggested that perhaps carers/ family members should be considered as a different grouping that those in receipt of care, not lumped together anymore ... there is a need to create a feedback loop for those who have inputted their experience.
 - Cllr Burch requested that practical examples be highlighted and showcased of those elderly citizens who are not working anymore but do/ can contribute towards society with their skills/ experience.
 - Paul stated that if an adult was in a care home, they ensured that they (family carers/ members), are engaged and participate in the surveys/ conversations and also activities.
 - David highlighted that during the COVID-19 pandemic many community volunteers came forward offering help/ assistance, which demonstrated the importance of capturing 'community-led support', whether that be as volunteers or recipients of services/ support.
5. Adult Social Care Workforce – covering training/ skills/ recruitment/ retention/ terms and conditions/ etc.
 - Paul mentioned that there were very similar issues under this area, as there was under the second area, that of ensuring the voices of people who are receiving care and support and their carers are heard ... only in this aspect its staff. So one of the intentions is to enhance and embed the feedback loop for staff.

- Cllr Syed mentioned that in respect of recruitment drives to bolster the adult social care workforce, he'd attended an event last Friday that held interviews and made job offers at the same venue/ day, could more of this be undertaken?
- Cllr King asked how successful is the apprenticeship levy? He also expressed some reservations about us having to recruit workers from developing countries, because they needed their skilled workforce themselves. Paul believed that we probably didn't apply the levy as well as we could, which we are conscious of and are addressing via dialogue with Matt Ainsworth, i.e. increasing the sectors presence in schools/ colleges. Paul also thought that the sector in the Northwest were very much on-board with and about 'growing our own' rather than relying upon overseas employees.
- Cllr Morris expressed a belief that one of the most important areas of the Panel's work was to promote and support the adult social care sector, wasn't just decent pay, but staff conditions and recognising their status/ respect ... we ignore thus at our peril.

David Williams provided a verbal overview of the Independent Living Service, including Occupational Therapist Assessment waiting times and staff 'churn' (whereby some staff follow a manager around in new locations, rather than just considering pay rates).

Discussion took place in respect of several issues, including:

- Jay believed that in respect of domiciliary carers, when they are commissioned, there should be more focus upon how the organisation is run rather than the services they provide or their costs. Paul agreed that we needed to ensure that all staff are afforded the terms and conditions that are in our contracts.
- Cllr Syed is aware from feedback he's received that it seems many people who want to work in adult social care are being sin-posted to recruitment agencies rather than to the service providers themselves. Paul is aware that there is latent demand for staff, in domiciliary care, but that many service providers are avoiding the use of agencies because of their additional costs.
- Cllr Morris concluded this focused discussion believing that the Panel had made a good start to our 'deep dive' which will be our only agenda item at the March 2023 meetings.

RESOLVED: THAT both reports be noted.

6. Locality Plan/ JSNA Update – Sexual Health Needs Assessment focus (Muna Abdel Aziz/ May Moonan)

Muna Abdel Aziz provided a verbal overview of the Locality Plan/ JSSNA Salford 'Sexual Health Needs Assessment' (SHNA) findings, published in December 2021, which:

- identified key priorities to improve the sexual health and wellbeing of communities and reduce health inequalities in Salford,
- updated on progress on its SHNA recommendations,

- highlighted additional improvement work taking place with the sexual health service provider, and
- highlighted additional work being undertaken on the future re-tendering of the service contract for 2023,

including details, as follows:

- the SHNA is one of the JSSNA topic areas, and one of the 'Living Well' priorities in the Locality Plan 2020-25.
- the SHNA data showed that most sexual health related indicators worsened in the years 2015 up to 2019, for example, the level of increase in sexual transmitted infections (STI's).
- whilst more recent data covering the period 2020–2022 shows a more promising current state position, it needs to be treated with caution given that this period included the COVID-19 Pandemic years. During this period many NHS frontline services were locked down to emergency appointments only and some of the prevention services were also paused, plus, residents were unable and for a time less willing to socialise.
- moving forward, a collaborative commitment exists to place a much greater focus on an improved sexual health offer to Salford residents which will be underpinned by a clear strategy and robust action plan and realised in 2023 with the procurement of a new service.

Discussion took place in respect of several issues, including:

- Cllr Rowland wondered how concerned the sexual health services is about sexual diseases not being as responsive to treatment as previously? Muna reiterated that most are both preventable and treatable (i.e. simple condom use would work), but some are less responsive to anti-biotics.
- Cllr Saunders noted that Salford is 13th highest for teenage/ normal abortions and wondered if STI proliferation was due to the success of vaccines/ treatments for HIV? Also, are we adapting our messaging accordingly? Muna confirmed that messaging is part of the review of preventing unwanted pregnancies, alongside reminding GPs of other longer-term prevention devices other than the pill and how sexual behaviours also affect rates (i.e. promoting the benefit of long-term/ supportive relationships).
- Cllr Birch queried whether physical prevention is paring-up with the social aspect? (i.e. girls looking for love in the wrong places alongside moral, religion and education). Muna emphasised that wider determinants of health are more important than behaviour options chosen, confirming that both aspects raised are in place, but that each have different delivery pathways and impacts.
- Cllr Morris mentioned that Cllr Syed and she met Tom Stannard and Jacquie Russell to explore how the Panel can have closer links with for example the Health and Well-being Board and the Locality Board to achieve outcomes.
- Jay indicated that just because our budget is modest that it doesn't mean that we stop providing services. For example, what is it that we can do to make it easier for young teenagers to access condoms, as they are too young to get them from GPs/ chemists ... in some way we're ducking our wider health

responsibility. Muna confirmed that public health invests in youth services as part of a wider prevention approach, but that affordability is an issue.

- Cllr Rowland asked what the legal age was for young people to be able to buy/access condoms? Chris Goggled this query and the NHS website (see link here: [Condoms - NHS \(www.nhs.uk\)](http://www.nhs.uk)), which confirmed that: “You can get condoms for free, even if you’re under 16, from:
 - contraception clinics,
 - sexual health or GUM (genitourinary medicine) clinics,
 - some GP surgeries,
 - some young people’s services”.

RESOLVED: THAT the report be noted.

7. Maternity Services and Capacity in Salford/ GM (Harry Golby/ et al)

Cllr Morris gave some background to this item, whereby she’d been contacted via email by several GM midwives who were concerned that GM mothers weren’t having the option of natural/ home births, as some centres are still closed and they are being directed to hospitals (not always in GM), which is causing trauma for the mothers and sometimes unwanted medical treatment (i.e. from caesareans, which have increased).

Harry Golby gave a verbal update on Maternity Services and Capacity in Salford/ GM, assisted by Julie Cheetham, Karen Clough and Alison McGovern, including details, as follows:

- no women in GM have had to be transferred to a bed outside of GM, other than for clinical reasons ... there has only been one.
- the Greater Manchester and Eastern Cheshire Local Maternity Neonatal System (LMNS) is a partnership of maternity and neo-natal service providers, commissioners, Local Authorities and service users who are working together to transform maternity services – covering 9 maternity units across GM and Macclesfield in Eastern Cheshire and in 2021 had 36,000 births.
- the vision is for pregnant women, people, babies and their families to receive kinder, safer and more personalised maternity care.
- initially, the role of the LMNS was one of transformation, established following the publication of the Better Births strategy in 2017, since then, the role has evolved and is now more one of assurance.
- following the 2022 changes within NHS England and the establishment of Integrated Care Boards (ICB), the LMNS now sits (as the maternity arm) within the Integrated Care Board (ICB). There is an established Maternity Programme Board which sits within the ICS governance as a system board.
- areas of challenge are:
 - staffing pressures,
 - choice of place of birth, specifically:
 - this was significantly impacted during the pandemic and has subsequently led to some birth centres temporarily closing due to a number of reasons/ considerations, related to ensure safe staffing requirements are met and a safe outcome for all concerned.

- during times of workforce pressures birth centre services have been temporarily suspended to ensure safe staffing levels in other service areas.
 - it remains a priority within GM and services are striving to reinstate all service offers. All providers have endeavoured to maintain a home birth offer which in some providers is reviewed on a case-by-case basis. GM operates as a system and all choices of birth are available for all of our women to access, regardless of their place of residence.
 - an increase in free birthing was a concern nationally during the pandemic and guidance within GM to support clinicians was developed. The GM maternity data dashboard enables the LMNS to monitor activity including 'born before arrival' at maternity services or prior to a midwife arriving at a home birth – this can include birth within an ambulance, on route to hospital or free birthing.
 - since October 2021 to October 2022 the rates of free birth have remained consistent with an average rate of 3.47 per 1,000 births per month (range 2.68-3.47) – there were increased rates in January 2022 to 7.1 per 1,000 births and July 2022 of 6.9 per 1,000 births. The LMNS monitor this with their providers weekly and have undertaken information sharing with their women and families, co-developed with our Maternity Voices Partnership (MVP).
 - the decisions to temporarily close birthing centres are not taken lightly and are carefully risk assessed and procedures followed prior to any change in service offer including moving around the system. The LMNS website was developed to assist in the communication of the system wide offer across GMEC. (The website was developed further and utilised during the pandemic to provide specific antenatal education when all classes were stopped: <https://www.mybirthmychoice.co.uk/>).
 - the Ockenden review mandated that all women who choose birth outside a hospital setting are provided with accurate and up-to-date written information about the transfer times to the consultant obstetric unit. The LMNS and maternity services are working together and in agreement with the local ambulance trust to address this.
 - the LMNS is notified of all STIES reports and includes diverts from one unit to another as a result of limited capacity. The LMNS is only aware of one reported divert within maternity services within the last 2 months which was due to clinical requirement for specialist care to Liverpool rather than capacity limitations within GM providers.
 - an acuity tool has recently been developed, which provides an overview of the pressures within GMEC maternity services. This new digital Maternity Acuity Tool gives a system wide picture of potential pressures and is aimed at assisting staff find an appropriate and safe place to care for women who require admission. This supports GM in working as a system to ensure women are cared for in a safe and timely way, through mutual support across all maternity providers in GM.
- Midwifery Continuity of care,
 - LMNS response to Ockenden and East Kent Reports,

Furthermore, Julie Cheetham added that:

- in order to try to understand the midwives concerns in greater depth that it would be useful to be able to view the email Cllr Morris received.
- there is an on-going and current shortage of mid-wives nationally and in GM, which means that not all birthing choice requests can be met,
- the increase in birth by induction/ caesarean is due to clinical need as a result of risk based upon individual situations.

ACTION: Chris to forward on an anonymised version of the email received by Cllr Morris to Julie.

Discussion took place in respect of several issues, including:

- Cllr Morris asked if information is published (in a simplified/ understandable way) that allows mothers to make an informed birth choice? Julie confirmed that they do on the 'My Choices' webpages, with reports going to the Care Boards.
- Cllr King asked why is there such a shortage of mid-wives, is it due to poor workforce planning? Julie responded that the reduction in mid-wives is multi-faceted, despite appearing to be due to workforce planning. The number of students in the pipeline is more than the system requires, but more of them haven't stayed in midwifery services or even the NHS, there are increasing numbers of older mid-wives (who are leaving for other jobs or retiring) and overseas recruitment isn't overly used. Finally, the COVID-19 pandemic impact is not really over, so until 'safety' levels can be guaranteed some centres won't be re-opening (i.e. Ingleside).
- Cllr Saunders stated that in his community, the Orthodox Jewish, that he's not aware of any complaints on midwifery services.
- Cllr Rowland asked what clinical needs would mean that we couldn't treat a mother on GM? Karen responded that it could vary, but that in the case quoted it was because the birth required a neo-natal cot.
- Cllr Morris asked how the numbers of births are doing now compared to the previous service redesign intentions? Julie didn't have them to hand but would 'pull numbers' together from the system and forward them on. Harry mentioned that as Salford has the fastest growing population in GM, then you would expect higher birth numbers.

ACTION: Julie to 'pull numbers' together and provide them to Cllr Morris in advance of the 1 February 2023 Panel meeting.

- Jay requested that LMNS ensured that the dashboard information was more widely available for mothers and in fact everyone. Julie agreed to do so.

ACTION: Julie to ensure that the LMNS dashboard information is more widely available, not only for mothers but in fact everyone.

- Cllr Syed wondered if there are any language or cultural barriers that birthing services need to address, is anything being done to research this? Julie confirmed that services are informed by their equality plan and feedback and are always open to new engagement suggestions.

RESOLVED: THAT the update be noted.

8. Greater Manchester Joint Health Scrutiny Committee Wednesday 9 November 2022 (For Information – Cllr Morris)

Cllr Morris attended the meeting, from which two items were of interest, these being:

- Integrated Care Partnership Strategy, presented by Paul Dennett (Mayor of Salford and Chair of the Integrated Care Partnership Board), who provided an update on the development of the Greater Manchester Integrated Care Partnership (ICP) Strategy. This is the successor document to “Taking Charge of our Health and Social Care in Greater Manchester” – the plan published in 2015 as part of the devolution of health and care funding to GM. It will be owned by the GM Integrated Care Partnership Board (GMICPB). It is intended to issue the draft to all ICP partners in late November, inviting consideration and comments during December and early January, with a mid-January deadline for feedback. A final version will then be presented for formal approval by the ICP Board in February 2023.
- Greater Manchester Ambulance Service area performance and activity update report, presented by the North West Ambulance Service NHS Trust – who provides 999, 111 and Patient Transport Services to Lancashire, Merseyside, Cheshire, Cumbria, Glossop and Greater Manchester, consisting of:
 - 26 ambulance stations, covering the Greater Manchester and Glossop Area,
 - which provide a base for 189 emergency ambulances, 19 rapid response vehicles and 19 Hazard Area Response Team (HART) response and incident response vehicles,
 - an Emergency Operations Centre (EOC) based in Manchester (one of three EOCs in the North West),
 - a workforce of approximately 1,400, including 105 Senior/ Advanced Paramedics, 658 Paramedics and 498 Student Paramedics/ Emergency Medical Technicians/ Urgent Care Staff.

Greater Manchester took 92,965 999 calls between 28 March 2022 and 30 September 2022, resulting in 56,631 emergency incidents. The resourcing position in Greater Manchester is generally healthy, with 100% of commissioned resourcing being deployed daily. This is supported by private provider vehicles, commissioned by NWS, to support the current demand on our services.

Hospital turnaround, the period of time it takes to hand over a patient from the care of NWS to the care of receiving clinicians at hospitals, has resulted in 73,892 lost ambulance hours in the reporting period. ‘Delayed admissions’ has occurred 4,483 times in the reporting period.

NWS works extremely closely with the emergency departments and the wider Health and Social Care system in an attempt to reduce these delays. Whilst the

numbers are stark and represent poor patient experiences, they are also an indication of significant pressure on both the ambulance service and partner organisations, the answer is extremely complex.

NWAS has instigated a number of actions in response to the delays, such as:

- safety whilst waiting – a number of systems for reviewing patients who are waiting for a 999 response, to ensure they are as safe as possible whilst they are waiting and offer advice or, where required, upgrade the response category, and
- delayed handover escalation – procedures that NWAS clinicians can follow, which supports them to care for patients whilst they are waiting at emergency departments.

RESOLVED: THAT the Minutes of the 9 November 2022 Greater Manchester Joint Health Scrutiny Committee be noted.

9. Minutes of 8 November 2022 Health and Well-being Board (For Information – Muna Abdel Aziz)

Cllr Morris stated that she with Cllr Syed are meeting Tom Stannard and Jacquie Russell in the New Year to focus on the respective roles of the HWBB and HSCSP re: remit et al.

RESOLVED: THAT the Minutes of the 8 November 2022 Health and Well-being Board be noted.

10. Work Programme 2022/23 (Panel)

The Panel gave consideration to their Work Programme 2022/23.

RESOLVED: (1) THAT the work programme be noted.

(2) THAT the issues for consideration at the next meeting of this Panel, on Wednesday 1 February 2023 as detailed below, be noted:

- Insourcing Commission Update (Cllr Youd/ Cllr August),
- Salford ICS Update, including latest performance data (Hannah Dobrowolska),
- Tackling Inequality Update (Jonathan Stancombe/ Shairi Bowes),
- Support for Refugees in Salford, including Ukrainian refugees (Janice Lowndes), and
- Minutes of 10 January 2023 Health and Well-being Board (Muna Abdel Aziz/ May Moonan).

(3) THAT the following issue is added for future consideration:

- Adult Social Care ‘deep dive’ session (Paul Walsh/ David Williams) – 1 March 2023.

11. Any other business:

There were several items of any other business, these being:

- a) a ‘Notification of Urgent Decision Notice’ approved by Cllr Morris as requested by Salford Director of Public Health and signed-off by the City Mayor on 30 November 2022.

The details of the approval being:

- Use of Public Health Earmarked Reserves to support on-going work arising as a result of the Covid19 Pandemic and the on-going need to protect and improve health in Salford and to tackle inequalities as follows:
 - to support the extension of a number of fixed term staff contracts to the value of circa £2m to help manage Covid recovery related activities, and
 - to use a further £1m from reserves (£500K in each of the next two years) as a mitigating contribution to wider Council budget savings.

The Reasons are:

- The public health service has a period of transformation to work through to catch up on all of the PH outcomes that have been compromised by the pandemic as well as the legacy of austerity on the team and wider partners. Retaining fixed term capacity for the next 2 years will support achievement of public health outcomes relating to health protection, health improvement, welfare rights and debt advice as well as specific focus on the public health services recovery from the pandemic to enable and transform prevention programmes across Salford.
- Recognising the pressures within the council, Salford Public Health are committed to the MTFP program of savings and proposes to offer up £500k for the financial years 2023/24 and 2024/25, equating to £1m from the remaining public health reserves. The service will then contribute sustainable savings for years 2025/6 and 2026/7 through the reduction in high value contract spend areas as part of Innovate Procurement programme. Effectively, the service is proposing to double run prevention services in the next two years while reductions in treatment services are affected subsequently.

Full details of the notice can be viewed here: <https://www.salford.gov.uk/your-council/council-and-decision-making/decisions/decisions-taken-outside-executive-meetings/> .

Discussion took place in respect of several issues, including:

- Cllr Morris asked if we could have an update on the current state of play in respect of Strep A and Diphtheria? Muna stated that:
 - Strep A: this is not a new infection, it's a known bacteria and becomes an issue if it gets into the blood stream ... more bacterial infections are being seen post-COVID-19 as our collective immunity levels are not as high as previous.
 - Diphtheria: previously this was quite common, but is treated by childhood immunisation programmes, however, it can be imported into the UK ... if programmes are accessed that it will be OK, if not then cases can rise.
- Cllr Rowland asked what do we know about immunisation rates post COVID-19? Muna confirmed that it's too early to say, but people having up-to-date vaccines is important.

RESOLVED: THAT this item be noted.

b) Cllr Saunders mentioned two issues, the first concerning a comment from a children's care worker who had recently joined the council and had commented that "it's better here than her previous council". Secondly, after recent personal

experience of SRFT A&E, the care/ treatment he received whilst there was good, but the waiting times were very long and his aftercare wasn't so good, and

- c) Cllr Morris raised the issue of SRFT appointments only being arranged/ confirmed either by mobile phone or computer/ tablet rather than letters and wondered how older people were managing?

12. Date and time of next meeting

RESOLVED: THAT the next meeting of this Panel be held on Wednesday 1 February 2023 at 10:00am in the Salford Suite, Civic Centre.

Future dates for Panel meetings all in the Salford Suite are:

- 10am Wednesday 1 March 2023, and
- 10am Wednesday 5 April 2023.