ITEM NO: 4(d)

Report To:	**OVERVIEW (AUDIT) PANEL**
Date:	25 November 2013
Reporting Scrutiny Panel:	Personal and Health Services Scrutiny Panel
Subject:	**REVIEW OF THE HEALTH ECONOMY IN TAMESIDE**
Report Summary:	To review the on going reconfiguration of health within Tameside and what this means for residents and how the transition of responsibility for public health to the local authority is progressing.
Recommendations:	The Overview (Audit) Panel note the recommendations made to the Executive Member for Health and Neighbourhoods in section 9 of this review.
Links to Community Strategy:	This review supports the Council's Community Strategy priorities in relation to 'Supportive Tameside' and 'Healthy Tameside' but also recognises links across the whole of the Community Strategy.
Policy Implications:	NHS Constitution implications: All the conclusions and recommendations of this report relate to services covered by the NHS Constitution. In view of the breadth of scope of the services and issues covered, in responding to this report stakeholders will need to take into account all the NHS Principles of: comprehensive service, available to all; based on clinical need, not ability to pay; highest standards; patients at the heart; working across organisational boundaries; best value; and accountability to public, communities and patients.
Financial Implications: (Authorised by the Borough Treasurer)	The Public Health function that has transferred from the Primary Care Trust from 1 April 2013 will be monitored and budgeted in accordance with the grant allocated of £11.4m in 2013/2014 and £12.6m in 2014/2015. In addition a combination of financial pressures, the recent and current policy imperatives from central government, the recent inception of the Health and Social Care Act and the Care Act currently passing through parliament are all steering towards an integrated future for health and social care services on a national and local level. It is projected that the budget available to deliver Health and Social Care services within the borough will reduce over the immediate term whilst the demographic profile is expected to increase. This will inevitably result in an increased demand on services provided by the Council and the Health Service leading to a potential reconfiguration of service provision and associated delivery mechanisms. The Government has initiated proposals to support the integration of Health and Social Care by transferring resources from the NHS to local authorities. The Council will receive £ 4.13 m in 2013/2014 to promote partnership working between both organisations and to support investment in Social Care provision that also benefits the Health service. The Government

	has announced that this funding allocation will continue in 2014/2015 and 2015/2016 with additional budget allocations transferring into a single funding stream managed by Local Authorities.
Legal Implications: (Authorised by the Borough Solicitor)	Given the statutory duties that the Council assumed since April 2013, it should be easier to have a greater impact and focus in achieving better outcomes and reducing health inequalities.
Risk Management:	Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account.
Access to Information:	The background papers relating to this report can be inspected by contacting James Gray, Scrutiny Support and Coordination Officer, by: Telephone: 0161 342 2800 e-mail: james.gray@tameside.gov.uk

1. INTRODUCTION BY THE CHAIR OF THE PERSONAL AND HEALTH SERVICES SCRUTINY PANEL

1.1 This review looks at the developments and changes that are taking place around health within Tameside. Although this report is concerned solely with developments in Tameside, all local authorities will be undergoing similar changes.

1.2 From April 2013 the Public Health function in Tameside transferred to become the responsibility of the local authority. This change brings many challenges and accountabilities to the local authority but also many new opportunities.

1.3 Local authorities, through the Health and Wellbeing Board (HWBB), will with the Clinical Commissioning Group (CCG) be responsible for the health of local populations through the development of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.

1.4 The forthcoming changes around Public Health bring with them exciting changes with the development and implementation of local Healthwatch organisations around the country. These organisations will not only replace the Local Involvement Networks (LINk) but also be provided with additional powers to enable them to undertake their function within the health arena.

1.5 Over recent years Tameside Hospital has come under a degree of criticism from the Care Quality Commission (CQC), Monitor and Tameside LINk as well as receiving adverse press coverage in the media. It pleases the Panel to see that improvements that have been made by the hospital over the last year and the Panel hope this continues in the future. The Panel will however continue to closely monitor improvements and progress at the hospital. Whilst there have been many developments the Panel is concerned around the future of Tameside Hospital and what this means for the residents of Tameside within a wider Greater Manchester context.

1.6 Greater Manchester's Healthier Together programme looks to develop a wide network of specialist hospitals throughout Greater Manchester. This will not only have an impact on the services available to residents at their local hospitals but the distances that will need to be travelled in order to receive and access services.

1.7 The many changes and developments that will be taking place over the coming months and years in Tameside will see scrutiny play an even more vital role, not only in ensuring the necessary services are provided effectively, but ensuring they are within budget, residents are consulted and they are sustainable and suitable for the future.

1.8 On Behalf of the Personal and Health Services Scrutiny Panel I would like to thank the individuals and organisations that have contributed to this review.

1.9 This report was written prior to Christine Green and Tariq Mahmood stepping down from their positions of Chief Executive and Medical Director of Tameside Hospital NHS Foundation Trust.

Councillor Brenda Warrington
Chair of the Personal and Health Services Scrutiny Panel 2012-13

2. SUMMARY

2.1 The Health and Social Care Bill was passed in March 2012. This Bill outlined the development of a new role for local government to provide Public Health services. This development saw local Public Health staff and certain areas of the NHS transfer to local governments from April 2013.

2.2 The Clinical Commissioning Group (CCG) commenced their role as commissioners of community and hospital services in April 2013. Many steps have been taken in establishing the CCG. The principles of the CCG are to listen to patients, develop innovative services, increase value for money and improve health indicators.

2.3 Local Healthwatch became established as the local consumer champion in relation to health and social care in 2013. The Health and Social Care Act 2012 introduced the role of Healthwatch as a local champion around health services. The role of Healthwatch replaces the Local Involvement Networks (LINk) function. Healthwatch will have all the powers LINk previously held, with additional powers provided under new legislation.

2.4 In April 2013 along with Public Health moving across to the Council, Health and Wellbeing Boards became established in local authorities. These Boards consist of local Councillors, Directors of Public Health, Adult and Children's Services the CCG and Healthwatch. The Board will identify current and future needs and responsibilities of the council around social care and health.

2.5 Following the transition of Public Health to local authorities Tameside Council's scrutiny function will have a larger role to play around the health agenda. The role of scrutiny will be utilised to hold the HWBB, CCG, Public Health services at the local authority and Healthwatch to account and ensure residents of Tameside receive the best possible health services available to them. Scrutiny will review whether changes and developments that take place will be in the best interests of residents of the Borough and the health services being provided.

3. MEMBERSHIP OF THE PANEL – 2012/2013

Councillors Brenda Warrington (Chair), Helen Bowden (Deputy), Warren Bray, Joyce Bowerman, Raja Miah, Margaret Downs, Eileen Shorrock, Adam White, Jim Middleton, Denise Ward, John Bell, John Sullivan and Dr Cropper (Co-opted)

MEMBERSHIP OF THE PANEL- 2013-14

Councillors John Sullivan (Chair), Helen Bowden (Deputy), Maria Bailey, Joyce Bowerman, Yvonne Cartey, Margaret Downs, Raja Miah, Jim Middleton, Eileen Shorrock and David Buckley.

4. TERMS OF REFERENCE

Aim of the Review

4.1 To review the on going reconfiguration of health within Tameside, what this means for residents and how the transition of responsibility for Public Health to the local authority is progressing.

Objectives

4.2
1. What is the wider health agenda nationally and within Tameside trying to achieve for residents.
2. How effective and robust are the systems and procedures currently in place for dealing with the transition of health services to the council.
3. To identify areas for concern or development around health within Tameside.
4. To review the different health roles of the Council and partner organisations moving forward from April 2013.

Value for Money/Use of Resources

4.3 This review looks at the health services being provided within Tameside and the reconfiguration of health. The review will identify the transition of Public Health to the local authority and its implications for the council and residents. The review will also consider the establishment of new legal bodies within the Borough in the shape of the Health and Wellbeing Board, Healthwatch and the Clinical Commissioning Group and ensure these services are working in partnership to provide the most cost effective and sustainable health outcomes for residents in Tameside.

Equalities Issues

4.4 Health within Tameside affects all sections of Tameside's communities regardless of age, race, gender, background and sexual orientation. All residents within the Borough should have access to health services.

People and Place Scorecard

4.5 This review will support work towards indicators in the People and Place Scorecard these are:

HEALTHY TAMESIDE
All age all cause mortality (per 100,000 people) - MALE
All age all cause mortality (per 100,000 people) - FEMALE
Premature mortality (i.e. deaths before aged 75 per 100,000 people) from all causes - MALE
Premature mortality (i.e. deaths before aged 75 per 100,000 people) from all causes - FEMALE

5. METHODOLOGY

5.1 Throughout the course of 2012-13 the Personal and Health Services Scrutiny Panel have met with various partners and organisations involved with health in Tameside.

5.2 The Panel met with Steve Allinson, Chief Operating Officer of the Clinical Commissioning Group.

5.3 The Panel met with Sue Wallis, Associate Director for Communications and Engagement, NHS Greater Manchester.

5.4 The Panel met with Debbie Bishop, Head of Health and Wellbeing for Tameside MBC.

5.5 The Panel met with Peter Denton, Manager for Tameside's Local Involvement Network (LINk) and in his capacity as Healthwatch Manager.

5.6 The Panel met with Tony Okotie in his role as Chief Executive of Healthwatch Tameside.

5.7 The Panel met with Christine Green, Chief Executive, Tameside Hospital NHS Foundation Trust.

5.8 The Panel met with Tariq Mahmood, Medical Director for Tameside Hospital NHS Foundation Trust.

5.9 The Panel met with Barbara Herring, Director of Finance for Tameside Hospital NHS Foundation Trust.

5.10 The Panel met with Naomi Duggan, Director of Communications and Engagement, NHS Greater Manchester.

5.11 The Panel met with Jessica Williams, Associate Director of Service Transformation, NHS Greater Manchester.

5.12 The Panel met with Dr Alan Dow Chair of the Clinical Commissioning Group, and Dr Asad Ali Locality Lead for the CCG, Dr Thomas Jones, Clinical Lead for the CCG.

5.13 The Panel met with Angela Hardman, Director of Public Health for Tameside Metropolitan Borough Council.

5.14 The Panel Chair attended the Healthwatch consultation undertaken by Community and Neighbourhood Services in October 2012.

5.15 The Panel met with Will Blandamer, Director for Greater Manchester Public Health Network

5.16 During the course of this review the Panel received regular briefing notes regarding the reconfiguration of health services from the Clinical Commissioning Group.

6. BACKGROUND TO THE REVIEW

6.1 National legislation stipulates that the local authority Scrutiny function has responsibility for considering, reviewing and holding local health services to account. The Panel holds services to account through undertaking service reviews and scrutiny exercises.

6.2 The Panel has recently developed strong links with the CCG, LINk/Healthwatch, and Tameside Hospital NHS Foundation Trust as well as developing existing links with key stakeholders.

6.3 Health in Tameside has often received media attention for being poor when compared to neighbouring authorities and across the North West.

6.4 The Personal and Health Services Scrutiny Panel previously undertook a review of health provisions within Tameside. In July 2012 the Panel undertook a review of Tameside Hospital following some criticism from the CQC, LINk and Monitor.

6.5 During 2011 the Panel undertook an in depth review of cardiovascular disease in Tameside and the provision of acute services. The Panel undertook a review of Standardised Mortality rates at Tameside Hospital in 2007.

6.6 Over the last year the Personal and Health Services Scrutiny Panel has been developing close relationships with health partners across the Borough and Greater Manchester. The Panel recognises that these close relationships are necessary in order to ensure that Scrutiny in Tameside continues to undertake its role.

7. REVIEW FINDINGS

Health changes 2013 and beyond

Public Health in Tameside

7.1 The Health and Social Care Bill passed in March 2012 outlined the development of a new role for local government to provide Public Health services. This development saw local Public Health staff and certain areas of the NHS transfer to local governments from April 2013.

7.2 The changes around health moving across to the local authority are being implemented to allow local authorities to; provide a local focus for prevention services and Public Health; improve resident's health and wellbeing in the Borough; influence the wider social determinants of health; reduce inequalities within the Borough and manage health risks.

7.3 The transferral of NHS prevention services commissioned by the Public Health Team will require health being integrated across the whole ethos of the local authority agenda. The vision for Public Health within the Borough is to enable a locally integrated approach to Public Health, develop an integrated model of Public Health capacity, provide Public Health specialist support and ensure that the Public Health Team is aligned to other services within the Council.

7.4 There will be a huge challenge within the Borough around the way different agencies and organisations work together. There will be better quality primary care, health and social care within the community and hospital care. The transfer of Public Health to the Local Authority is part of wider overarching NHS reforms and timescales which are subject to national milestones.

7.5 The whole system integration will involve pulling people together to work on the same agenda and dealing with the increasing demand which continues to grow. There needs to be a better management of demand including early identification, intervention and prevention.

7.6 The function of Tameside's Public Health Team will be to bring specialist expertise and support along with a leadership role to Public Health. It will be the responsibility of the team to ensure that the Joint Strategic Needs Assessment is embedded in work programmes and services. The function will undertake monitoring of Public Health performance and provide evidence around best practices and policy. Public Health within the authority will help to provide advice around the health premium and give input into the local CCG.

7.7 As of April 2013 the Council has a duty to take steps it deems appropriate to improve the health of the people in its area. This could include:

- Providing information and advice;
- Providing services or facilities designed to promote healthy living;
- Providing services or facilities for the prevention diagnosis or treatment of illness;
- Provide financial incentives to encourage people to adopt healthier lifestyles;
- Provide assistance to help individuals to minimise any risks to health arising from their accommodation;
- Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; and
- Making available the services of any person or any facilities.

7.8 Public Health will undertake a range of functions across the Borough including: commissioning of services, co-ordination of programmes, monitor performance, partnership working, review of services through evidence based approaches, work with CCGs and

commissioners, assess evidence based policy and work with voluntary and community groups to promote health.

7.9 With the implementation of Public Health into the local authority, the authority must ensure that they have in place a Director of Public Health, must weigh and measure children, arrange for school children to be medically examined, ensure health checks are offered where appropriate, Open Access Sexual Health Services, provide public health advice services to the CCG, health protection advice and oral health promotion programmes.

7.10 The Public Health budget will be used to deliver prevention services including, tobacco, alcohol and drugs, obesity, children and young people, health checks, physical activity, mental health, lifestyle campaigns, sexual health services, health protection and workplace health.

7.11 The Public Health Team relocated to the Council offices in September and October 2012. Public Health brings with it a ring fenced budget allocation with sufficient funding to be able to deliver Public Health programmes effectively.

7.12 The Director of Public Health has been appointed to their role and will be responsible for bringing together four specific domains; health improvement, health protection, health care and the wider determinants of health. Their role is to manage a ring fenced budget and ensure it is spent appropriately to address and respond to hazards or threats to Public Health in the Borough.

7.13 Within Tameside the challenges will be around life expectancy, alcohol related harm, obesity, and tobacco use, physical activity, ageing population, low income and the long term unemployed and lower life expectancy. The budget allocation for Public Health stands at £11.5 million which will increase to £12.6 million in 2013/14.

Health and Wellbeing Boards

7.14 The Health and Wellbeing Board is the driving centre behind the changes and challenges taking place with the appropriate level of scrutiny to deliver the work programme for Public Health in Tameside. In April 2013 Public Health moved across to the Council.

7.15 Members are pleased that the responsibility for Public Health has returned to the local authority and Members are keen to see this opportunity of control maximised to improve the health and wellbeing of residents within the borough.

7.16 The HWBB will be made up of local councillors, adult social services, Children's Services, the Director of Public Health, Local Healthwatch and the Clinical Commissioning Group. HWBB's have responsibility for leading on improving the health outcomes for local people. The Board will become an executive function for the council and lead on health developments and improvements for the future.

7.17 The priorities of the HWBB are to improve the health and wellbeing of local residents, improve the health of individuals through targeted intervention, focus on prevention and early intervention, develop improved efficiency to realise cost savings, deliver more joined up actions and enable and involve public participation in Public Health outcomes.

7.18 The Tameside Health and Wellbeing Board will deal with six key areas around health for individuals within the Borough; starting well, developing well, living well, working well, ageing well and dying well. The effectiveness and delivery of Health within Tameside for the Health and Wellbeing Board will be held to account through Scrutiny.

Health Scrutiny in Tameside

7.19 The Health and Social Care Act 2001 gave councils the responsibility for scrutinising local NHS Trusts, including Primary Care Trusts and the Local Government and Public Involvement in Health Act 2007. Health scrutiny is a statutory function of local authorities to hold local providers, partners and health and social care agencies to account. Health Scrutiny should be involved in discussions around local health reconfiguration from an early stage. Tameside Health Scrutiny Panel has been developing clear, robust and professional working relationships with partners for some time.

7.20 Following Public Health moving to the council in April 2013 all providers of Public Health and social care will fall under the powers of local authority health scrutiny. Scrutiny has been identified as acting as a "critical friend" during transitional developments. The role of scrutiny in relation to health will review whether changes and developments are in the best interests of residents of the Borough and the health service.

7.21 The local authority scrutiny function has the specific and crucial role of providing constructive challenge to decision makers and holding them to account for the decisions they make, the basis on which they make them and the outcomes that result. How health overview and scrutiny might interface with the HWBB, and how scrutiny of the HWBB in its final form will work in practice, will be developed over the course of the year.

7.22 The key areas for scrutiny activity are likely to include:

- Contributing to and providing challenge to the HWBB strategy, priorities and action plans;
- Contributing to and commenting on future iterations of the Joint Strategic Needs Assessment;
- Scrutinising the extent to which agencies are working together to ensure that implementation of action plans are delivering on outcomes;
- Ensuring that the HWBB decisions are informed by the views and experiences of local residents and users of services;
- Providing the challenge to test the co-ordination and integration of health and social care; and
- Taking an objective overview of service re-configurations.

7.23 Health Scrutiny will have the powers to:

- Require all commissioners and providers of NHS-funded services to provide information within a specified timeframe;
- Require all commissioners and providers of NHS-funded services to attend public scrutiny meetings and answer questions;
- Make recommendations for improvements that have to be considered, thus requiring all commissioners and providers of NHS-funded services to respond to those recommendations; and
- Refer contested proposals for reconfigurations of health services for independent review.

7.24 Following the transition of Public Health to local authorities, Tameside Council's scrutiny function will have a larger role to play within the health agenda than previously. The role of scrutiny will be utilised to hold the HWBB, CCG, Healthwatch and partners to account, ensuring residents of Tameside receive the best possible services available to them.

7.25 It is expected that the HWBB will work constructively with health scrutiny, welcoming their involvement. It is also expected that health scrutiny will be able to influence health and social care in a variety of ways throughout the planning and delivery of services.

Conclusions

1) The Public Health Team based within the council will bring together specialist expertise and support in addition to leadership within the health arena.

2) Personal responsibility for health needs to be established by residents within the Borough on a community level.

3) The Health and Wellbeing Board will focus on six key areas within its strategy: starting well; developing well; living well; working well; ageing well and dying well.

4) Health Scrutiny will play an even more intrinsic role in the coming years ensuring local providers, partners and health and social care agencies are held to account using Scrutiny's statutory powers.

Recommendations

1) The Health and Wellbeing Board provide regular information to the Health Scrutiny Panel regarding strategic decisions, priorities and action plans when required.

Healthier Together

7.26 Healthier Together represents twelve Clinical Commissioning Groups (CCG's) across Greater Manchester, with a vision of improving standards and working towards Greater Manchester providing the best healthcare services in the country. From the 1 April 2012 twelve CCG's signed up to funding and supported a mandate for Healthier Together moving forward.

7.27 The Healthier Together programme was established to identify and challenge the significant variations in services and outcomes across Greater Manchester along with addressing the changing healthcare needs of the population. The aims of the Healthier Together programme are to develop a strategy for NHS services in Greater Manchester to be organised effectively and address the needs of residents. The scheme will develop a clinically and professionally led strategy that establishes options for new ways of providing health care services.

7.28 Healthier Together has been set up to look at acute hospitals, with work focussing on the restructure and redesign of services rather than closure of facilities. It is important that changes are made to the way that primary care operates alongside secondary and social care. More emphasis will be placed on providing care where it is needed, with the possibility of moving health professionals and resources out of hospitals and making them more accessible within the community.

7.29 Healthier Together will be looking at urgent care and the role of Accident and Emergency, Specialist Surgery and Women's and Children's Services. These models of care are currently under development. Healthier together is not looking to close hospitals but making the best use of the facilities available across Greater Manchester. The role of integrated care is huge and needs to look at the roles different partners play in the health economy.

7.30 Healthier Together will develop partnerships with Public Health, health services, local authorities and the voluntary sector. The programme will reduce demands on services, improve the quality and availability of care, and provide civic leadership and collective challenge along with robust services.

7.31 There is a growing need to review where and how money is spent within the public sector. This allows the health economy in Greater Manchester to challenge and improve the quality and outcomes of services against a context of significant financial challenge.

7.32 NHS Greater Manchester is working closely in partnership with Local Authorities throughout Manchester as well as looking at national standards and good practice in comparison to Greater Manchester. Current progress has seen the appointment of a Leadership Team for each work stream with the appointment of a CCG Chair, Clinical Champion, Local Authority Director, Public Health Director and NHS Associate Director.

7.33 Healthier Together continues to carry out consultation and engagement work through 'The Big Conversation'. During October 2012 three public engagement events were held in Bury, Stockport and Manchester. Attendees were members of the public, patient groups, professionals and third sector representatives.

7.34 The vision for primary care is to move resources from hospitals back in to communities. Before any changes can be implemented in hospitals it is important that a community support base service is available and established.

7.35 The outcomes of the Healthier Together agenda are to: Improve the health and wellbeing of people in Greater Manchester based on best practice; clinical standards and better specialist care in hospitals; reduce inequalities of access to high quality care providing timely access to appropriate staff; facilities and equipment. Improve people's experiences of healthcare services providing better outcomes and experiences for patients. Make better use of healthcare resources available to the health and social care system in Greater Manchester.

7.36 Good progress has been made in various areas Greater Manchester with the centralisation of services. There are further opportunities to proactively plan the impact of changes on the NHS and social care services.

7.37 The anticipated timeline for change is summer-autumn 2012, involving public engagement on the principles of change. Autumn 2012-spring 2013 will involve the development of models of care and service configuration and spring 2013 will involve public consultation.

7.38 The outcomes of the changes that Healthier Together implements will follow a monitored and regulated model of care. The key to the on going changes is to look at the best way to improve services. This means that the range of services provided in all hospitals is likely to change. The CCG and whole health economy are seeking to make significant and robust changes. The Panel are keen to be kept informed of any developments which will affect Tameside residents with regards to this agenda.

Conclusions

5) The Healthier Together programme was established to challenge and divert the significant health variations and outcomes across Greater Manchester

6) The Healthier Together programme will look at developing the work of acute hospitals, and focus on the restructure and redesign of services rather than closure.

7) The CCG and partners will be working towards making significant and robust changes to the health agenda.

Recommendations

2) A thorough consultation process is carried out with Tameside Scrutiny Panel and residents by Healthier Together before any changes are implemented within Tameside.

The Clinical Commissioning Group (CCG)

7.39 The reorganisation of health services will see GPs placed at the centre of commissioning for NHS services throughout the country. Providing the CCG with representation and links to a wider patient base, within the Borough.

7.40 Each GP locality will have a representative voted for by their peers into the CCG. There will also be a non GP Accountable Officer who will convey financial accountability on behalf of GPs.

7.41 Following Public Health relocating to the council in October 2012. A memorandum of understanding for Public Health support from the CCG and support from Public Health for the CCG has been established. The Health and Wellbeing Board (HWBB) constitution will be supported by the CCG.

7.42 The CCG followed a set process of assessment in order to become 'authorised'. This involves testimony from partners and a Board to Board meeting with the National Commissioning Board. The current Shadow Tameside and Glossop CCG, aims to become a statutory body in April 2013.

7.43 Progress towards 'authorisation' involved meaningful engagement with patients and carers. There is a clinical perspective in everything the CCG undertakes, getting the balance between clinical and patient importance is vital to the CCG.

7.44 For the CCG to become 'authorised' they applied to Central Government and undertook assessment to ensure they met the required national standards. The CCG were subject to a National Commissioning Board who will grant 'authorisation'. The National Commissioning Board is also able to place certain conditions on the CCG 'Authorisation' outlining tasks that must be completed.

7.45 GP involvement and engagement with the CCG has been variable and there has been a combination of new GPs becoming involved. The work of the GPs comes from the localities and these help to inform and develop the work of the CCG.

7.46 A key issue for the CCG is ensuring that public money is spent wisely and consistently. The CCG is starting 2013 with a solid financial base and a contingency budget of £4 million.

7.47 The key themes for the CCG are: quality; innovation; prevention and productivity. Working closely with Tameside Council the CCG are identifying the aims of integrated health and social care and how this will lead to better use of public resources.

7.48 The CCG has concerns around varying areas within Tameside; these are life expectancy, colorectal cancer survival rates, smoking status and excess weight in 4-5 and 10-11 year olds.

7.49 The principles behind the CCG are; to listen to patients; develop innovative services; increase value for money; and improve health indicators. There are differing domains that the CCG will be dealing with and each domain focusses on a specific area of CCG responsibility.

7.50 **Domain one** focusses on a strong clinical/multi-professional focus. Tameside has 36 GP practices within the Borough. Working closely with clinicians the CCG is developing a five year strategy, performance indicators, a new vision for nursing, midwifery and care.

7.51 **Domain two** deals with meaningful engagement involving patients, carers and communities. This has involved significant engagement in the CCG strategy with new patient sub groups, and support for patient groups at practice level being developed.

7.52 **Domain three** outlines the plan of the CCG over the next 3-5 years and how the CCG will invest its £330,000,000 budget. The objectives of the CCG are closely aligned with the Health and Wellbeing strategy and include: children and young families; healthy lifestyles; improving mental health services; providing effective services; clinical services; emergency/same day care and compassionate end of life care.

7.53 **Domain four** looks to ensure that proper constitutional arrangements are in place for the CCG. This will be provided by a governing body, supported by an operational support service with a further number of sub groups. These sub groups are: the Patient Experience Group; Quality Committee; Integrated Governance; Audit and Risk Group; Remuneration Group; Finance Group and Planning Implementation and Quality Group.

7.54 **Domain five** covers effective collaborative arrangements; ensuring work is undertaken with the right people for the right outcomes. Locality collaboration ensures that services delivered within Greater Manchester are the appropriate services for residents.

7.55 **Domain six** looks to ensure great leaders are in place. The governing body of the CCG consists of the Clinical Chair, five peer elected GP Governing Body Members, a Consultant, a Nurse, two Lay Advisors, a non Clinical Accountable Officer, Chief Financial Officer and Deputy Accountable Officer.

7.56 The CCG commenced 2013 with a budget of £330m which compares to the PCT's previous budget of £425m.

7.57 The CCG faces similar financial challenges to other public bodies. The CCG has a £10.5m saving to make over the next three years. The big areas of spend moving forward will have emphasis on Telehealth services, cardiology and emergency care systems re-design.

7.58 The opinions and views of GPs within the community are helping to shape and form the structure of commissioning. The CCG will be putting a number of systems and procedures in place to ensure contract standards are maintained.

7.59 Clinical Leads have been appointed for different areas including sexual health and cardiology. The Clinical Leads hold an interest in the specific area in which they are responsible. Clinical Leads will be the point of contact for any issues and will pull in ideas of their peers.

Conclusions

8) There are four key themes that the CCG will focus on these are: quality; innovation; prevention and productivity.

9) The CCG will start 2013 with a budget of £330m per annum this is in comparison to the PCTs previous budget of £425m per annum.

10) The priorities for the CCG are; to listen to patients; develop innovative services; increase value for money; and improve health indicators.

Recommendations

3) Tameside and Glossop CCG ensure the appropriate consistency in services and care across all GP surgeries within Tameside and that contract standards are maintained.

4) Tameside and Glossop CCG provide regular information to the Health Scrutiny Panel regarding strategic decisions, priorities and action plans when required.

Reconfiguration of Hospital Services in Tameside

7.60 Non elective admissions at Tameside Hospital NHS Foundation Trust have risen since 2008/09. Admissions in excess of 2008/09 levels are funded at 30% of the full amount.

7.61 To deal with these changes the Hospital recognises the need to address processes radically differently and become more transformational. The Hospital also recognises that clinical landscapes are changing under the Greater Manchester Healthier Together agenda. The aims of the changes are to enhance services, improve patient experiences, minimise unnecessary Hospital admissions, achieve a more sustainable service configuration and ensure financial viability for the future.

7.62 The strategic options of the Hospital include:

- integration with community services;
- integration with Primary Care, Community Care and the Local Authority;
- Integration with another partnership, such as a general Hospital similar to Tameside. The Hospital wishes to maintain a strong acute medical focus and continue to provide day surgery and inpatient surgery;
- Service franchising with other specialist Hospitals; and
- Private partner collaboration.

7.63 The Hospital recognises there will be a combination of integration solutions that may be considered to address these challenges. For example, integration with another acute hospital will support the development of surgical specialities and maintain medical on call cover at safe and affordable levels.

7.64 The benefits of integration include: the need to reduce the number of people who enter Hospital; avoid unnecessary admissions; eliminate duplicate assessments; improve continuity of care; reduce bed occupancy; redesign pathways and new models of care. The Hospital recognises that Healthier Together requires changes across Greater Manchester around surgical reconfiguration.

Tameside Hospital Financial position 2013

7.65 In 2010/11 the hospital reported a deficit of £1.2 million and failed to meet its targets under Monitors[1] financial regime. The financial plan for 2012/13 is to achieve a normalised surplus of £200,000 with a year-end cash balance of £7 million; the 2012/13 plans are based on delivery of a cost improvement programme target of £10.2 million. The Financial Risk Rating (FRR) for the Trust currently remains at 2[2] which is in line with the plan submitted by the Trust to Monitor although below an FRR of 3 which is satisfactory.

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[1] http://www.monitor-nhsft.gov.uk/

[2] http://www.monitor-nhsft.gov.uk/about-nhs-foundation-trusts/nhs-foundation-trust-performance/actual-performance/risk-ratings

7.66 The financial performance of the Trust as at November 2012 shows income of £101.8 million which is £5.3 million greater than planned and expenditure of £95.1 million which is greater than plan by £5.4 million. The Trust is forecasting that it will achieve its target surplus at the end of the year and that it will achieve a Financial Risk Rating of 2 at the end of March 2013 in line with the 2012/13 financial plan submitted to Monitor. The Trust is planning to achieve an FRR of 3 by the end of the next financial year (2013/14).

Conclusions

11) Tameside Hospital is working on integrating its symptomatic breast service with a breast cancer screening service currently provided by an alternative provider.

12) The Hospital recognises that they need to approach different strategies for integration in order to continue to provide an effective service to the residents of Tameside.

Recommendations

5) The Hospital continues to keep Tameside Scrutiny Panel abreast of financial developments occurring at the Trust.

6) The Panel is kept updated and consulted on any future changes and developments at Tameside Hospital NHS Foundation Trust.

Local Involvement Network (LINk)

7.67 In late 2009 the Doctor Foster 'How Safe is your Hospital?' report raised concerns about care at Tameside Hospital. The LINk worked in partnership with the Health and Personal Services Scrutiny Panel to try to understand the concerns raised and to recommend improvements where appropriate. As part of this partnership working it was agreed that Scrutiny would concentrate on engaging with the hospital's senior management and commissioners and that the LINk would concentrate on engaging with patients and the public. There was on-going dialogue and information sharing between Scrutiny and the LINk throughout this long term piece of work.

7.68 During the Course of 2010-13 LINk undertook Enter and View visits of Tameside hospital. These visits consisted of 20 set questions asked of patients and or their relatives along with 19 observations made by LINk. The questions and observations were all based around eight original recommendations identified during a Hospital Improvement event in May 2010. The eight recommendations identified were then grouped into five domains.

7.69 Visits were conducted by volunteers and staff who received training from LINk around interviewing techniques and recording skills. Tameside Hospital staff also provided training to help the LINk volunteers and staff to understand the context in which they were observing the delivery of care. The reports and analysis of the information gathered was then analysed and compiled by professionals within LINk. LINk and the CQC communicated at least once a month around areas of concern and LINk raised any issues they identified with the CQC.

7.70 Across the four different sets of Enter and View visits, a total of 50 visits were made with over 550 patients and/or relatives spoken to. Carrying out the reviews over the period of three years provided LINk the opportunity to reflect on changes that had occurred at the Hospital.

7.71 In the domain of 'Communication and Information' there had been improvements. However there were still areas of concern around patients who said they had not been involved in decisions about their care, family members who have not had the opportunity to speak to a doctor, patients who said they could describe their diagnosis and treatment, and the provision of written information. It should be noted that face to face communication with nursing staff was seen as the area of greatest improvement.

7.72 The domain 'Feeling Well Cared For' also improved, with specific areas of improvement in terms of nursing staff introducing themselves to patients, provision of drinking water, dignity and the high number of positive comments about dedicated ward staff. There were a number of comments saying nursing staff were very caring but appeared to be rushed off their feet.

7.73 The report identified that the domain of 'Getting the Right Care at the Right Time' had raised a number of concerns in the early visits. These included the proportion of patients saying there wasn't always someone available to help when they needed it, that they didn't always get the help they needed at meal times and that they didn't get sufficient/timely help with washing, bathing and toileting. Early improvements were made around a greater awareness amongst patients and relatives that families can help at meal times, and that call buzzers were now within easy reach of patients. When the final Enter and View visits were being undertaken 'Intentional Rounding' was being tried out on one ward visited. This trial appeared to be effective with significantly better responses from patients on the topics that had previously been real concerns.

7.74 The domain of 'Infection Control' improved, with improvements being made in the availability and use of hand sanitising gel, cleanliness of wards and the cleanliness of toilets/bathrooms.

7.75 The final domain of 'Leadership and Complaints' remained a concern, although there have been improvements in the availability of the Patient Advice and Liaison Service (PALS), dignity in care posters and single gender accommodation through changes being made around the Medical Assessment Unit (MAU). Concerns were identified in the recent visits around the management of patients in the 'sitting out' area in MAU and these were raised with the hospital at the time of the visits.

7.76 In addition to work focused on Tameside Hospital, the LINk undertook a number of other projects focusing on different health and care services.

7.77 The LINk undertook a survey of local people around their access to GP services. The output from this survey was reported to the Personal and Health Services Scrutiny Panel. A key message from this was that local people wanted GP surgeries to be open more in the evenings and at weekends. It is understood that this is being considered as part of the Greater Manchester Healthier Together programme.

7.78 The LINk looked at access to NHS dentistry. They found that the availability of NHS dental care in Tameside compared favourably with other areas within Greater Manchester and the North West. A higher proportion of patients reported that they were able to get dental appointments and emergency dental treatment in Tameside compared with other areas. Key messages from local people were that they didn't all know how to book an NHS dental appointment, what the charges might be or how they could apply for free/discounted treatment. NHS Tameside and Glossop ran an awareness campaign based on these findings – this included leaflets being made available through GP surgeries and community groups and high profile advertising hoardings being used at both Ashton market place and Crown Point.

7.79 The LINk also engaged with patients, the public, service providers and their commissioners about transport to medical appointments. This work identified that volunteer car schemes

had higher satisfaction levels and got a higher proportion of patients to their appointments on time than the formal Patient Transport Services (at that time run by North West Ambulance Service). The LINk worked closely with the lead NHS commissioner and with Arriva to ensure that the messages from local people informed the management of the new Patient Transport Service contract before Arriva took over the service in April 2013. There were some messages for outpatient clinics that emerged from this service (principally around communication) and Healthwatch will be picking these up with Tameside Hospital over the summer of 2013.

7.80 In response to the Winterbourne View publicity, the LINk asked local people what they felt was most important in terms of safe and good quality residential care. The LINk then worked in liaison with Tameside MBC commissioners, care home providers and the CQC to understand how care homes were monitored. The LINk was reassured that the key characteristics described by local people were included in the planned inspection programmes of both the CQC and the contract monitoring team within TMBC and that any current concerns were being monitored closely.

7.81 The LINk undertook exit interviews with patients from the acute mental health wards in Tameside (on the Tameside Hospital site but delivered and managed by Pennine Care NHS Foundation Trust). The purpose of these was to understand whether their hospital discharge protocol was implemented in a way that reduced the likelihood of patients being re-admitted. Data from this was fed back to Pennine Care and Healthwatch is contacting them to offer support if they require further information.

Healthwatch

7.82 Local Healthwatch became established as the local consumer champion in relation to health and social care in April 2013. The Health and Social Care Act 2012 introduced the role of Healthwatch as a local champion around health services. Healthwatch replaces the Local Involvement Network (LINk) function. Healthwatch will have all the statutory powers LINk held with further additional powers provided under new legislation.

7.83 Healthwatch is contracted by Tameside Metropolitan Borough Council to undertake its function. The legislation defines 'local people' that Healthwatch should work with as people who live in their local authority area (regardless of where they access health and care services) and people who live outside the area but access health and care services in Tameside.

7.84 These functions can be described in terms of Tameside's "4i model", these are: insight; information and advice; influence and internal systems.

- Collecting **insight** is achieved through gathering data around the services that are available within the Borough and the experiences of local people using different services;
- **Information** and advice is around signposting and helping people to have access to information to help them make informed choices around the services they use;
- **Influence** is focussed around ensuring that planners, commissioners and regulators understand what local people's needs, views and experiences are; and
- **Internal systems** focus on ensuring Healthwatch has the appropriate governance, resources, systems and structure in place to deliver the service to local people.

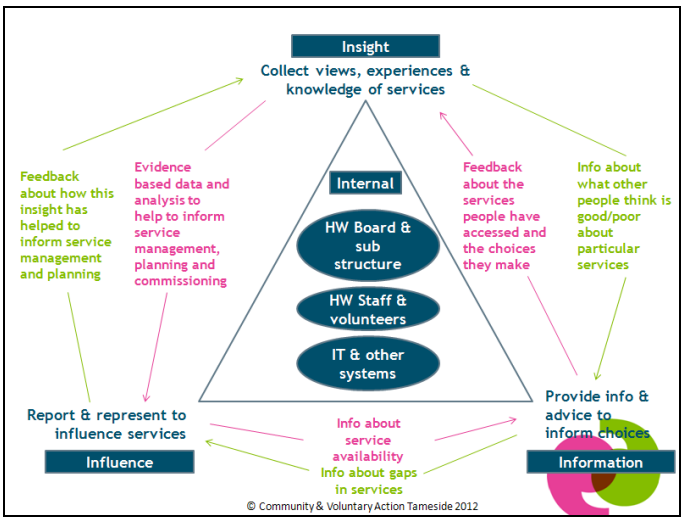

Diagram one outlining Healthwatch Tameside's priorities, practices and procedures

7.85 Healthwatch employs a part time Chief Executive in addition to a Project Manager, two Healthwatch Officers who share core activities and a part time admin worker. Healthwatch will sit as an independent corporate body within the CVAT group structure. There is an appointed Chair and Board which includes a mix of appointed and elected members.

7.86 During the commissioning process it was identified that Healthwatch would need to build on the work already undertaken by LINk whilst also meeting set key requirements, these are to: complete wider public consultation; work with Community and Voluntary Action Tameside (CVAT); establish the best method of undertaking independent complaint advocacy; establish a Board and implement Healthwatch for April 2013. Tameside Council's Executive Board supported the commissioning of CVAT on the understanding that they could meet the required standards. If the identified requirements could not be met by CVAT a full procurement tendering process would have been undertaken. It was agreed that meet these requirements could be met and CVAT was therefore commissioned to establish and deliver Healthwatch Tameside. It should be noted that the NHS Complaints Advocacy service has been commissioned jointly with nine other GM authorities and Blackburn with Darwen.

7.87 Scrutiny, Healthwatch and the HWBB all have independent, but complimentary roles and responsibilities. Scrutiny holds NHS bodies to account, Healthwatch will be the local consumer champion for health and the HWBB is a statutory committee of the council with health / social care responsibilities. All three have a clear role to play in the way local services are planned and delivered.

7.88 The governance arrangements around Healthwatch will be the responsibility of the local authority and Healthwatch themselves. Legislation and Regulation set out the core requirements of Healthwatch governance, including a requirement for top tier local authorities to commission local Healthwatch in their area. Scrutiny panels may form a view about how this statutory requirement has been met.

7.89 Healthwatch Tameside has the form of a Community Interest Company and its governing document clearly stipulates that two Board places are reserved for people nominated by Tameside MBC. Currently these are filled by Cllr Gill Peet and Ruth Langley (Health and Wellbeing). Cllr Lynn Travis and Adam Allen are also currently invited to Board meetings as non-voting advisors.

7.90 Healthwatch has an ICT-led approach to gathering people's experiences and providing them with information. Healthwatch will undertake a smaller number of public events than the LINk and organise its activities in 'task and finish' projects. This will encompass a broader range of health and care services than past LINk work streams. Healthwatch will

also develop new volunteer roles, including locality based Healthwatch Champions, to ensure that people who do not have online access can still access Healthwatch services.

7.91 In order to fulfil the contract, it is important that Healthwatch undertakes its function and needs to be: independent; user focussed; well connected; technically competent; flexible; clearly recognised; inclusive; evidence based and influential.

7.92 Healthwatch has a statutory power to refer areas of concern and issues it identifies over to the local health scrutiny function to review. In addition to this it is also anticipated that Healthwatch will regularly liaise with the health scrutiny function around its activities.

7.93 The Greater Manchester Healthwatch network is building on the network previously established by LINk across Manchester. Healthwatch is keen to develop and build on the good relationship LINk has developed with the Council's Scrutiny Panel and work in partnership to address health issues within the Borough.

7.94 Healthwatch England provides guidance to each local Healthwatch across the country and is able to identify national trends and act on these trends accordingly.

7.95 It should be noted that Healthwatch has an additional information/signposting function to deliver, compared with the LINk. The funding available through the contract for Healthwatch Tameside is unchanged at £136,000 per year.

7.96 The Healthwatch service specification (set out in its contract) clearly states that Healthwatch Tameside will develop ongoing working relationships with two Tameside MBC scrutiny panels: Personal and Health Services Scrutiny Panel; and Services for Children and Young People Scrutiny Panel. It states that these working relationships will include effective communication channels between Local Healthwatch and the scrutiny panels, to share information, align work programmes, ensure the best use of resources and avoid duplication of work, and attendance at panel meetings as appropriate.

Conclusions

13) The LINk undertook Enter and View visits at Tameside Hospital over a three year period from 2010 to 2013 in order to obtain a more informed, rounded and comparative view of the hospital.

14) The LINk also looked at a number of other health and care services, giving feedback to Scrutiny, commissioners and providers. This resulted in actions aimed at improving the quality of and access to services.

15) Guidance will be provided to Healthwatch Tameside by Healthwatch England, who will help to identify national trends and act on these accordingly.

16) There is an expectation in the Healthwatch contract for Scrutiny and Healthwatch to work in partnership and to have effective communication channels in order to ensure best use of resources and avoid duplication.

Recommendations

7) Healthwatch Tameside and Tameside MBC Scrutiny Panels should work in collaboration to ensure effective oversight of local health and care services, making the most of both organisations' resources and statutory powers.

8) Regular communication should be established between Scrutiny Panels and Healthwatch - between Chairs and between operational staff.

8. CONCLUSION

8.1 The Public Health Team based within the council will bring together specialist expertise and support in addition to leadership within the health arena.

8.2 Personal responsibility for health needs to be established by residents within the Borough on a community level.

8.3 The Health and Wellbeing Board will focus on six key areas within its strategy: starting well; developing well; living well; working well; ageing well and dying well.

8.4 Health Scrutiny will play an even more intrinsic role in the coming years ensuring local providers, partners and health and social care agencies are held to account using Scrutiny's statutory powers.

8.5 The Healthier Together programme was established to challenge and divert the significant health variations and outcomes across Greater Manchester

8.5 The Healthier Together programme will look at developing the work of acute hospitals, and focus on the restructure and redesign of services rather than closure.

8.6 The CCG and partners will be working towards making significant and robust changes to the health agenda.

8.7 There are four key themes that the CCG will focus on these are: quality; innovation; prevention and productivity.

8.9 The CCG will start 2013 with a budget of £330m per annum this is in comparison to the PCTs previous budget of £425m per annum.

8.10 The priorities for the CCG are; to listen to patients; develop innovative services; increase value for money; and improve health indicators.

8.11 Tameside Hospital is working on integrating its symptomatic breast service with a breast cancer screening service currently provided by an alternative provider.

8.12 The Hospital recognises that they need to approach different strategies for integration in order to continue to provide an effective service to the residents of Tameside.

8.13 The LINk undertook Enter and View visits at Tameside Hospital over a three year period from 2010 to 2013 in order to obtain a more informed, rounded and comparative view of the hospital.

8.14 The LINk also looked at a number of other health and care services, giving feedback to Scrutiny, commissioners and providers. This resulted in actions aimed at improving the quality of and access to services.

8.15 Guidance will be provided to Healthwatch Tameside by Healthwatch England, who will help to identify national trends and act on these accordingly.

8.16 There is an expectation in the Healthwatch contract for Scrutiny and Healthwatch to work in partnership and to have effective communication channels in order to ensure best use of resources and avoid duplication.

9. RECOMMENDATIONS

9.1 The Health and Wellbeing Board provide regular information to the Health Scrutiny Panel regarding strategic decisions, priorities and action plans when required.

9.2 A thorough consultation process is carried out with Tameside Scrutiny Panel and residents by Healthier Together before any changes are implemented within Tameside.

9.3 Tameside and Glossop CCG ensure the appropriate consistency in services and care across all GP surgeries within Tameside and that contract standards are maintained.

9.4 Tameside and Glossop CCG provide regular information to the Health Scrutiny Panel regarding strategic decisions, priorities and action plans when required.

9.5 The Hospital continues to keep Tameside Scrutiny Panel abreast of financial developments occurring at the Trust.

9.6 The Panel is kept updated and consulted on any future changes and developments at Tameside Hospital NHS Foundation Trust.

9.7 Healthwatch Tameside and Tameside MBC Scrutiny Panels should work in collaboration to ensure effective oversight of local health and care services, making the most of both organisations' resources and statutory powers.

9.8 Regular communication should be established between Scrutiny Panels and Healthwatch - between Chairs and between operational staff.

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review of the Health Economy in Tameside

Date: 25 November 2013

Cabinet Deputy: Councillor Lynn Travis (Health and Neighbourhoods)
Partnership: Health and Well-Being Board

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
1) The Health and Wellbeing Board provide regular information to the Health Scrutiny Panel regarding strategic decisions, priorities and action plans when required.	Accepted	The Health and Wellbeing Board values the role of scrutiny in supporting the delivery of its comprehensive and challenging business agenda. To maximise this support, the Board is committed to open and transparent decision making processes and sharing progress and outcomes either through standard performance reporting mechanisms or attendance at panel meetings as required.	Angela Hardman, Public Health, Tameside MBC	Attendance and contribution to panel meetings as required; annual performance reports – March 2014.

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
2) A thorough consultation process is carried out with Tameside Scrutiny Panel and residents by Healthier Together before any changes are implemented within Tameside.	Accepted	The CCG, working with TFT and TMBC, will lead a communications and engagement campaign as part of the local 'placed based' integration programme, in advance of the Healthier Together consultation process. The strategic statutory partners will work with the HT team to ensure any proposed changes to care and services in Tameside are consistent with our local out of hospital plans.	Steve Allinson, Tameside & Glossop CCG	Local integration communications/engagement plan Oct to Dec 2013 HT consultation Jan to March 2013
3) Tameside and Glossop CCG ensure the appropriate consistency in services and care across all GP surgeries within Tameside and that contract standards are maintained.	Accepted	The CCG is working to reduce and remove variation in care provided by our GP practices. We have a programme of primary care quality improvement and a team of local GP trainers/educationalists who work with any practices where quality falls below our expected levels of care. The CCG will work with NHS England (Greater Manchester) to ensure that the GP contracts are performance managed to ensure patients get the quality of services they deserve	Steve Allinson, Tameside & Glossop CCG	5 outlier practices reviewed by local quality improvement team by end of December.

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
4) Tameside and Glossop CCG provide regular information to the Health Scrutiny Panel regarding strategic decisions, priorities and action plans when required.	Accepted	The CCG is keen to engage and share our plans with partners, and therefore will attend the Health Scrutiny Panel when required, and/or set up a timetable of attendance. The minutes of our Planning Implementation and Quality committee are presented at our public Governing Body meeting every month, which can be shared with the Panel, if required. The CCG is currently developing its commissioning intentions for 14/15 and is in the early stages of developing its annual operational plan 2014/15. The CCG is an active member of the HWBB, and engages widely on key economy wide planning and development priorities.	Steve Allinson, Tameside & Glossop CCG	Initial planning paper to CCG PIQ Oct 2013 and regular monthly updates.
5) The Hospital continues to keep Tameside Scrutiny Panel abreast of financial developments occurring at the Trust.	Accepted	The Scrutiny Panel will be kept informed of any financial developments occurring at the Trust. In addition to providing the Panel with an annual review of the trust's finances, the Chief Executive or relevant Executive Director will if required deliver quarterly presentations about financial and performance issues.	Karen James, Tameside Hospital NHS Foundation Trust	On a quarterly basis or when any material developments occur .

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
6) The Panel is kept updated and consulted on any future changes and developments at Tameside Hospital NHS Foundation Trust.	Accepted	The Scrutiny Panel will be kept informed of any future changes and developments at Tameside Hospital NHS Foundation Trust. The Chief Executive will meet with the Chair of the Panel on a regular basis (frequency to be determined) in order to discuss any major service redesign or reconfigurations at the trust, or any that may impact on the trust.	Karen James, Tameside Hospital NHS Foundation Trust	On a quarterly basis or when any material changes or developments occur or are proposed.
7) Healthwatch Tameside and Tameside MBC Scrutiny Panels should work in collaboration to ensure effective oversight of local health and care services, making the most of both organisations' resources and statutory powers.	Accepted	Tameside's Scrutiny Panel will continue to work collaboratively with Healthwatch moving forward. New legislation stipulates that Healthwatch and the Council's Scrutiny function work collaboratively to identify, highlight and challenge areas of concern and difficulties around the health agenda in the borough. The Health and Social Care Act 2012 introduced the role of Healthwatch as a local champion around health services. The Scrutiny Panel will receive regular updates from Healthwatch around visits and issues that have been identified within Tameside. The Health and Wellbeing Improvement Scrutiny Panel will maintain regular contact with representatives from Healthwatch and receive regular updates.	Emma Cohen (Workforce, Partnerships and Scrutiny, Tameside MBC)	March 2014

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
8) Regular communication should be established between Scrutiny Panels and Healthwatch - between Chairs and between operational staff.	Accepted	Healthwatch and the Council's Health Scrutiny Panel will continue to maintain clear dialogue in both formal and informal settings. Healthwatch updates will continue to form part of the Panel's work programme for the municipal years moving forward. In addition to the formal updates the Chair of the Panel along with Officers will meet with the Chair, Chief Executive and Manager of Healthwatch Tameside on a regular basis, to discuss arising issues and concerns where required.	Emma Cohen (Workforce, Partnerships and Scrutiny, Tameside MBC)	March 2014