

**MINUTES OF THE MEETING OF THE GREATER MANCHESTER
JOINT HEALTH SCRUTINY COMMITTEE HELD ON 8 MARCH 2023,
GMCA, BOARDROOM, 56 OXFORD STREET, MANCHESTER M1 6EU**

PRESENT:

Councillor David Sedgwick	Stockport Council (in the Chair)
Councillor Jaqueline Radcliffe	Bolton Council
Councillor Elizabeth Fitzgerald	Bury Council
Councillor Patricia Dale	Rochdale Council
Councillor Ifran Sayed	Salford City Council
Councillor Naila Sharif	Tameside Council

OTHERS PRESENT:

City Mayor Paul Dennett	GMCA Deputy Mayor and Portfolio Lead for Homelessness, Healthy Lives and Quality Care and Chair of the Integrated Care Partnership (ICP)
Warren Heppollette	Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care
Sandeep Ranote	Medical Executive Lead – Mental Health, NHS Greater Manchester Integrated Care
Xanthe Townend	Greater Manchester Programme Director for Mental Health, NHS Greater Manchester Integrated Care
Janet Wilkinson	Chief People Officer, NHS Greater Manchester Integrated Care
Vicky Sharrock	Greater Manchester Programme Director for Elective Care, NHS Greater Manchester Integrated Care
Nicola Ward	Statutory Scrutiny Officer
Jenny Hollamby	Senior Governance & Scrutiny Officer

JHSC/33/23

APOLOGIES

Apologies were received and noted from Councillor Andrea Taylor-Burke, Bolton Council, Councillor Linda Grooby, Derbyshire County Council, Councillors Sandra Collins and Bev Craig, Manchester City Council, Councillors Sophie Taylor and Barry Winstanley, Trafford Council, Councillor Margaret Morris, Salford Council, Councillor John O'Brien, Wigan Council and Mary Fleming, Chief Operating Officer Wrightington, Wigan, and Leigh NHS Foundation Trust.

JHSC/34/23

DECLARATIONS OF INTEREST

RESOLVED/-

No declarations of interest were received.

JHSC/35/23

**MINUTES OF THE MEETING HELD ON WEDNESDAY
18 JANUARY 2023**

RESOLVED/-

That the minutes of the meeting held on 18 January 2023 be approved as a correct record subject to deficit being replaced with forecasted deficit in the early stages of the planning process in minute number JHSC/29/23 Developing the Greater Manchester Integrated Care Partnership (ICP) Strategy: Update.

JHSC/36/23

**GREATER MANCHESTER INTEGRATED CARE STRATEGY
(ICS) - 5 YEAR STRATEGY**

Salford City Mayor Paul Dennett, Portfolio Lead of Health presented a report that included a draft of the Integrated Care Strategy which had been developed across the Partnership and reflected the priorities that were expressed through public engagement. The Committee was asked for input to the development and finalisation of the associated Delivery Plan.

The Strategy would be owned by the Integrated Care Partnership Board, however, was not held in isolation as it complimented the key focus in the Greater Manchester Strategy regarding health inequalities and set out key missions for shared outcomes.

A Member enquired about care homes and highlighted how important it was that residents were not only cared for but lived a good life and asked that the terminology in the strategy reflected this point. The Member was reassured that this was an overarching theme that sat at the heart of the strategy and thought had been given to the provision in this important area. People were living longer, and the strategy was about keeping people active and in their own homes without the need for residential care and nursing provision. The role of Voluntary, Community, and Social Enterprise (VCSE) sector was highlighted as key along with the workforce to the Strategy amidst the impact of current funding shortages. In the short term the challenges would be explored but the focus would remain on delivering quality care and living healthy lives. Reference was also made to the national debate around funding and role of social care to enable people to lead good lives.

A Member praised the ambition of the strategy and emphasised that bringing social care and health together was vital. Despite the challenges, Greater Manchester was ambitious for all of its residents, and it was clear that a vast amount of work went on behind the scenes to provide accessible services. The Member suggested that residents were unaware of the significant work to improve health outcomes and requested that a communications piece be undertaken once the strategy was approved. Members were again reassured that social care and parity with NHS workers was a priority. Workforce issues were being addressed and consideration was being given to alternative pathways into health professions. However, collaboration and a partnership approach were needed for further effective workforce planning.

A Member drew attention to the important role in advocating the conditions to make good health accessible for all as a recent survey had shown that 8/10 women did not feel listened to by their doctor. The Chair of the ICP welcomed the comments and reported that part of the strategy was to lobby and influence Government

departments to do more. It was explained that collaboration was key to deliver the ambitions of the strategy. The role of the ICP was to motivate and facilitate the engagement with others. The Member drew attention to the fact that 2.8 million people in Greater Manchester worked in a healthcare related profession meaning over a third of people in Greater Manchester were involved in the health sector, which showed how important it was to get right.

A Member raised the role of the VCSE organisations, sustainability, and short-term funding streams, and how resources could be used more effectively, given their good relationships with residents. The impacts of budget cuts, the pandemic and the cost-of-living crisis in the sector were recognised by Officers. Furthermore, there were more people needing the support of the voluntary sector. It was explained that the working relationship with this sector was important, and stability was needed moving forward, but this was difficult given the finance settlement was unknown. Strong services that worked in partnership with the voluntary sector would be needed to deliver the desired improved health outcomes for GM residents, but this was difficult as the financial settlement was still unknown.

RESOLVED/-

1. That the Committee noted the report.
2. That the Committee supported the process to finalise the strategy and establish its delivery plan, the Joint Forward Plan.
3. That the ICP be challenged to ensure that the Integrated Care Strategy reaches all communities via all available communications.

JHSC/37/23

ADDRESSING THE INCREASED PRESENTATION OF YOUNG PEOPLE EXPERIENCING MENTAL HEALTH ISSUES

Xanthe Townend, Greater Manchester Programme Director for Mental Health and Sandeep Ranote, Medical Executive Lead – Mental Health, NHS Greater Manchester Integrated Care presented a report and videos, which focussed how Greater Manchester was addressing the increase of people experiencing mental health issues, particularly young people. The report was in response to Members

request at the July 2022 meeting following consideration of an initial report that gave a broad view of the challenges associated with recovering services and the main themes for action over the next three years.

One third of people in Greater Manchester are young people, with 1 in 6 now reporting to have experienced or to be experiencing a mental health issue. That equated to 5 in every classroom, with a higher prevalence amongst girls aged 17-19 years. There had been a two-fold demand on eating disorder support and significant increases in demand for support as a result of mental health issues for those who identify as LGBTQ and those young people who were in care. As only 25-30% of young people across the country were accessing the right services at the right time this was clearly a significant national issue.

A Member enquired about the good work showcased within schools and colleges across Greater Manchester and asked when it would be rolled out to all higher education providers. It was envisaged that this month 22 teams would be rolled out in most of the localities. There was further funding for a further eight school teams this financial year meaning all schools would be covered by the end of 2024.

In response to the update, a Member suggested that more general awareness raising was needed around young people's mental health. The Member also provided comments from Bury's Youth Council, which reflected the views and data provided in the report regarding social media, the importance of peer group experiences/support, and the need for space outside the home for young people. It was pointed out that there was evidence to demonstrate what young people wanted but funding was not always available to respond. Officers reported that they knew what good looked like but there were workforce and resources issues, therefore, solutions would need to be innovative. Workforce planning and joint working were highlighted as the most successful way to meet the needs of young people.

A Member enquired about mental health awareness raising in communities where talking about mental health was considered a taboo and children with refugee or asylum seeker status. It was clarified that the schools programme pilot had been

undertaken at a school with a high percentage of refugee children and was an important voice in development work. In addition, the [Beewell](#) survey, which looked at the wellbeing of pupils in secondary schools across Greater Manchester took place in Autumn 2022 across all communities and also provided valuable data. In relation to the groups where talking about mental health was considered a taboo, through the pandemic, a project was funded for VCSE organisations to work with them specifically, to offer bespoke drop-in sessions, education, and support. However, it was recognised that more work was needed around the mediums and networks to communicate with these hard-to-reach communities.

A discussion took place regarding children in care, and it was suggested that peer support be embedded in pathways as evidence showed that young people who had been bullied online wanted to speak to their peers for support and guidance.

A comment was raised about mental health inequalities and it was asked that this aspect be considered by the Committee at a future meeting.

In response to a question, it was clarified that Members could share the videos contained in the presentation outside of the meeting.

RESOLVED/-

1. That Committee received and noted the report and presentation.
2. That the mental health inequalities across different communities and demographic groups be considered at a future meeting.
3. That Members would be welcome to share the videos contained within the presentation outside of the meeting.

JHSC/38/23 GREATER MANCHESTER PEOPLE AND CULTURE STRATEGY

Janet Wilkinson, Chief People Officer, NHS Greater Manchester Integrated Care presented a report and presentation that provided the updated [Greater Manchester People and Culture Strategy](#), which was launched on 7 March 2023.

This Strategy built on the first Workforce Strategy (2015) with the same ambition for one plan across health and care. It was seen as a significant enabler for change built on collaboration and shared values that focussed on place. Its success measures would see more staff in integrated roles, improved diversity across the workforce, improved recruitment and retention, increased levels of wellbeing and adoption of the principles of the Good Employment Charter.

A Member had participated in the recent recruitment fair in Salford and whilst it was good to see people attending and being offered jobs, a resident reported that they were still waiting to start after three months due to issues with document checks. It was suggested that the delays were discouraging people from applying. The Member also commented that it remained easier to employ nurses from abroad rather than from the UK. It was acknowledged there were problems with document checks and the Officer agreed to raise the specific issues with NHS colleagues. Work was underway to speed up the recruitment process and Members were reassured that local recruitment remained the focus.

A Member described the staff retention problems experienced by NHS staff in their District and by many other Districts and suggested that flexible working was an attractive benefit to retain employees. However, there were more vacancies than there were qualified applicants, and the jobs market was competitive. It was explained that innovative and flexible solutions were required to retain and recruit more staff.

A Member enquired about the [Good Employment Charter](#), how many employers in Rochdale had membership and whether there was a role for Councillors in further promotion of the scheme. It was reported that data in this area would be requested from the Good Employment Charter Team and shared with Members. In terms of health and care sector there was only one employer in Salford who had currently been granted membership and further momentum was needed.

A discussion took place about the [Real Living Wage](#), which had been adopted in Rochdale Council and was a requirement of the Good Employment Charter. It was

highlighted that paying the real living wage could be a potential barrier to employment in the care sector as some employers would not offer the real living wage especially in relation to additional hours outside a person's contract..

It was suggested that residents needed to know that recruitment was taking place differently with interviews being carried out remotely. Furthermore, it was hoped that the new way of recruitment would encourage more people into jobs, training and switching pathways.

RESOLVED/-

1. That the report be received and noted.
2. That Officers raise the Member's feedback on the Workforce Strategy with colleagues.
3. That the membership data from the Good Employment Charter be shared with Members.

JHSC/39/23 GREATER MANCHESTER ELECTIVE CARE RECOVERY AND REFORM

Vicky Sharrock, Greater Manchester Programme Director for Elective Care, NHS Greater Manchester Integrated Care gave a presentation, which addressed a previous request by Members at an earlier meeting for a further update on Greater Manchester's ambition to ensure no elective surgery patients were waiting over 78 weeks by the end of March 2023 aligned to the national target.

Over the first three quarters of this year there had been an increase of patients being referred elective surgery at a rate of 2000 per week, resulting in 539,000 patients on the wait list at the 25 December 2022. There had been a significant decrease since January 2023 which was in line with the national position.

At present there were 3500 who had been waiting over 78 weeks for their elective care in Greater Manchester, however it was anticipated that by the end of March this would be 650 complex patients who had potentially also requested to wait for a

specific time. It was felt that this was a significant reduction from the 8400 patients reported to the Committee in September 2022 and had been achieved through a multi-faceted approach of additional clinics, theatre times and staff. A transformational approach had allowed for mutual aid provision across sites including the independent sector and flexibilities across waiting lists according to available resources.

Officers recognised that there was a significantly long way to go in reducing the overall wait times for elective care, with particular high risks for the gynaecological and dermatological cohorts, however there was movement in the right direction.

A Member asked whether reductions to the overall wait list was on target. Whilst the figures had doubled during the pandemic, decreases were now evident. To accelerate progress, the overall Elective Recovery Strategy would consider capacity, efficiency, and productivity to drive down numbers. To have further impact on the overall wait list, alternatives to delivery such as a community led models and collaborative working arrangements were being considered. Whilst capacity increased significantly care had been given not to increase inequalities.

A Member enquired about primary and secondary care and if access to primary care could be increased in different ways to prevent patients having to access secondary care. Officers agreed that poor access to primary care had impacts on other areas such as Accident and Emergency (A&E) departments. Part of the overall Elective Recovery Strategy was around supporting General Practitioners (GPs) to provide specialist advice and guidance and to look at alternatives for individuals, so patients did not need referring to secondary care. The pilots employing the specialist advice and support model such as the GP Gynaecological Pilot had seen a 20% reduction in patient referrals and further work would be undertaken to reflect on this learning so that it could be applied to other specialties.

A Member asked about GP appointments and described how a resident visiting their GP was told they could only talk about one health issue per visit. Whilst the Officer agreed to discuss this with the Primary Care Group and GP forum, it was

acknowledged that GPs across Greater Manchester Had a range of approaches to appointments.

A question was raised regarding the national shortage of corneal grafts as highlighted in the report. It was explained there was a national shortage of graft material, which had been raised at national level. It was explained that supplies were now starting to flow into the country, and patients with the greatest clinical need would be treated as a priority.

RESOLVED/-

1. That the presentation be received and noted.
2. That Officers raise the variation in GP appointment practices with the Primary Care Group and GP Forum.

JHSC/40/23 DATE AND TIME OF NEXT MEETING

The dates and times of future meetings would be shared with Members once they had been agreed.

The Chair thanked Members for their contributions and Officers for their work throughout the 2022/23 Municipal Year.