

GREATER MANCHESTER HEALTH AND CARE JOINT COMMISSIONING BOARD

DATE: Tuesday, 19 October 2021

TIME: 2.00 pm

VENUE: Virtually via Microsoft Teams and Livestreamed via
Public i

Agenda

1. **APOLOGIES**
2. **CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS**
3. **MINUTES OF THE MEETING HELD ON 20 JULY 2021** 1 - 14
To approve the minutes of the meeting held on 20 July 2021.
4. **APPOINTMENT OF VICE-CHAIRS** 15 - 16
To note the appointment of Dr Munro and Cllr Chauhan as Vice Chairs.
5. **CHIEF OFFICER UPDATE** 17 - 24
Sarah Price, Interim Chief Officer, Greater Manchester Health & Social
Care Partnership
6. **SUMMARY UPDATE REPORT FROM THE GREATER
MANCHESTER JOINT COMMISSIONING BOARD EXECUTIVE** 25 - 30
Report of Rob Bellingham, Managing Director, Greater Manchester
Joint Commissioning Team.
7. **TACKLING INEQUALITIES IN GREATER MANCHESTER - NEXT
STEPS** 31 - 48
Sarah Price, Interim Chief Officer, Greater Manchester Health & Social
Care Partnership and Joanne Roney, Chief Executive, Manchester CC
and Lead Chief Executive for Inequalities.

8. DATE AND TIMES OF FUTURE MEETINGS

- 18 January 2022: 2pm
- 15 March 2022: 2pm (Provisional)

Agenda Item 3

**GM JOINT COMMISSIONING BOARD
MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 20 JULY 2021
VIA MS TEAMS (LIVESTREAMED VIA PUBLIC I)**

Bolton	Councillor Andrew Morgan Su Long
Bury	Councillor Andrea Simpson Geoff Little
Manchester	Councillor Joanna Midgley Ian Williamson Dr Ruth Bromley (for item 11/21)
Oldham	Councillor Zahid Chauhan Dr John Patterson Mike Barker
Heywood, Middleton and Rochdale	Councillor Daalat Ali Steve Rumbelow
Salford	Councillor John Merry Dr Tom Tasker (Chair) Steve Dixon
Stockport	Councillor Jude Wells Dr Cath Briggs Andrea Green
Tameside	Dr Ashwin Ramachandra Steven Pleasant
Trafford	Councillor Jane Slater Sara Radcliffe
Wigan	Councillor Keith Cunliffe Dr Tim Dalton Craig Harris
GM Commissioning Team	Rob Bellingham
GMCA	Andrew Lightfoot Jamie Fallon
GM Health and Social Care Partnership	Sarah Price

GMJCB 01/21 WELCOME AND APOLOGIES

Dr Tom Tasker, Clinical Chair, Salford CCG welcomed all locality members to the meeting of the GM Health and Care Joint Commissioning Board and explained that the meeting was being held virtually and livestreamed to the public in accordance with the Terms of Reference.

Apologies for absence were received from the following;

Councillor Brenda Warrington (Tameside), Dr Niruban Ratnarajah (Bolton), Dr Jeffrey Schryer (Bury), Dr Ruth Bromley (Manchester), Dr Chris Duffy (HMR CCG), Carolyn Willkins (Oldham), Dr John Patterson (Oldham), Jessica Williams (GM Directors of Commissioning), Dr Muhammad Imran (Trafford).

GMJCB 02/21 APPOINTMENT OF CO-CHAIRS AND VICE CO-CHAIRS

Dr Tom Tasker reported a conflict interest with the item and requested Rob Bellingham, Managing Director, Greater Manchester Commissioning Team introduce the appointments of both Co-chairs and Vice Co-Chairs.

Rob Bellingham confirmed that the Board had previously agreed (at the Annual General Meeting held on 20 July 2020) that both Co-Chairs Dr Tom Tasker and Councillor Brenda Warrington would continue in their role up to 31 May 2022.

It was reported that it was anticipated that the GM Joint Commissioning Board would cease to exist within its current form in April 2022, when a new statutory body, the 'GM Integrated Care Board' (GM ICB) would be implemented.

Referenced was point 7 of the ToR "Two of the JCB members shall be Vice-Chairs of the JCB. One of the Vice-Chairs shall be a JCB member who is a GP and the other shall be a JCB member who is an officer or elected member of the local authority that nominated him or her."

Members acknowledged that previously only one Vice-Chair had been appointed, noting that Dr Wirin Bhatiani had subsequently retired, leaving both roles vacant. Following discussion, Councillor Chauhan expressed an interest in becoming the political Vice-Chair which was supported and agreed by the Board. Furthermore, it was agreed that expressions of interest would be sought to the role of GP Vice-Chair.

RESOLVED

1. That the previously agreed appointments of Dr Tom Tasker and Councillor Brenda Warrington as Co-Chairs of the Greater Manchester Joint Commissioning Board for the period to 31 May 2022 be noted.
2. That the appointment of Councillor Zahid Chauhan as Vice-Chair for the period to 31 May 2022 be approved.
3. That a process to appoint the Clinical Vice-Chair be undertaken.

GMJCB 03/21 MEMBERSHIP OF THE GM JOINT COMMISSIONING BOARD 2020/21

Rob Bellingham, Managing Director, GM Joint Commissioning Team presented the appointments to the GM Health and Care Joint Commissioning Board for 2021/22.

Members were advised that Councillor Jude Wells had subsequently replaced Councillor McGee as Stockport's representative on the Board. Councillor McGee had been appointed as substitute.

Ian Williamson, Chief Accountable Officer, Manchester City Council advised that Councillor Joanna Midgley, Executive Member Health and Care, had been informally appointed to represent Manchester City Council, which would be formally confirmed in due course.

Councillor Andrew Morgan requested that his title be updated to reflect his role as Executive Member for Adult Services, Bolton Council.

RESOLVED

That the following appointments to the Greater Manchester Health and Care Joint Commissioning Board for 2020/21 be noted.

GM HEALTH AND CARE JOINT COMMISSIONING BOARD	
MEMBERSHIP 2021/22	
Bolton	
Councillor Andrew Morgan	Executive Cabinet Member for Adult Services, Bolton Council
Councillor Anne Galloway (Substitute)	Executive Cabinet Member for Children's Services, Bolton Council
Dr Niruban Ratnarajah	Clinical Chair, Bolton CCG
Su Long	Accountable Officer, Bolton CCG
Bury	
Councillor Andrea Simpson	Cabinet Member, Health and Wellbeing, Bury Council
Dr Jeff Schryer	Clinical Chair, Bury CCG
Geoff Little	Accountable Officer, Bury CCG
Manchester	
Councillor Joanna Midgley (TBC)	Executive Member Health and Care, Manchester City Council
Dr Ruth Bromley	Clinical Chair, Manchester Health and Care Commissioning
Ian Williamson	Accountable Officer, Manchester Health and Care Commissioning
Oldham	
Councillor Zahid Chauhan	Cabinet Member Health and Social Care, Oldham Council
Dr John Patterson	Clinical Chair, Oldham CCG
Carolyn Wilkins	Accountable Officer, Oldham CCG
Rochdale	
Councillor Daalat Ali	Cabinet Member for Health and Wellbeing, Rochdale Council

Dr Chris Duffy	Clinical Chair, Heywood, Middleton and Rochdale CCG
Steve Rumbelow	Accountable Officer, Heywood, Middleton, and Rochdale CCG
Salford	
Councillor John Merry	Cabinet Member Health and Wellbeing, Salford City Council
Councillor Damien Bailey (substitute)	Executive Support Member for Social Care and Mental Health, Salford City Council
Dr Tom Tasker	Clinical Chair, Salford CCG
Steve Dixon	Interim Accountable Officer, Salford CCG
Stockport	
Councillor Jude Wells	Cabinet Member Adult Care and Health, Stockport Council
Councillor Tom McGee (substitute)	Deputy Leader, Stockport Council
Dr Catherine Briggs	Clinical Chair, Stockport CCG
Andrea Green	Accountable Officer, Stockport CCG
Tameside	
Councillor Brenda Warrington	Leader, Tameside Council
Councillor Eleanor Wills (substitute)	Executive Member, Adult Social Care and Population Health, Tameside Council
Dr Ashwin Ramachandra	Clinical Chair, Tameside, and Glossop CCG
Stephen Pleasant	Accountable Officer, Tameside, and Glossop CCG
Trafford	
Councillor Jane Slater	Executive Member for Health, Wellbeing and Equalities, Trafford Council
Councillor Andrew Western (Substitute)	Leader, Trafford Council
Dr Muhammad Imran	Clinical Chair, Trafford CCG
Sara Radcliffe	Joint Accountable Officer, Trafford CCG
Gareth James	Joint Accountable Officer, Trafford CCG
Wigan	
Councillor Keith Cunliffe	Deputy Leader and Portfolio Holder for Adult Social Care, Wigan Council
Councillor David Molyneux (Substitute)	Leader, Wigan Council
Dr Tim Dalton	Clinical Chair, Wigan CCG
Craig Harris	Accountable Officer, Wigan CCG

GMJCB 04/21 TERMS OF REFERENCE (ToR)

Rob Bellingham presented the Board with the Terms of Reference for noting and explained that the ToR had not been amended since the previous time they were presented to the Board.

RESOLVED

That the GM JCB Terms of Reference be noted.

GMJCB 05/21 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

The Chair advised that following the announcement of Bill McCarthy's (Regional Director, NHS England) retirement from the NHS on Friday 16 July 2021, a letter had been sent on behalf of the system conveying our best wishes. Amanda Doyle, his successor, would commence her new role on the 1 August 2021.

GMJCB 06/21 DECLARATIONS OF INTEREST

A declaration of interest was made by Dr Tom Tasker regarding the appointment of Co-Chairs of the JCB.

RESOLVED

That the declarations made by Dr Tom Tasker be noted.

GMJCB 07/21 MINUTES OF THE JCB MEETING ON 20 APRIL 2021

The minutes of the meeting held on 20 April 2021 were submitted for consideration and approval.

Sarah Price, Interim Chief Officer, GM Health and Social Care Partnership provided an update on the Improving Specialist Care Programme which sought to deliver the agreed models of care for Breast Services, Vascular, Benign Urology and Paediatric Surgery which was previously paused at the outset of the COVID-19 pandemic.

It was acknowledged that given the resource implications, an element of prioritisation was required, with breast services identified as a particular priority, supported by a streamlined and pragmatic approach to alignment and integration of ISC work and recovery programmes.

Members were advised that a Group had been convened (chaired by Rob Bellingham) to resolve immediate issues affecting breast services notwithstanding longer term solutions were required. It was recognised that a model of care had been agreed prior to the pandemic, noting that GM Medical Directors and Providers were considering how this could be delivered. To support this work an initial high level data collection exercise had been undertaken to understand the activity delivered, along with the current delivery standards which provided a complex picture, however, it was clear that the challenges remained in terms of workforce shortages, further exacerbated by a significant increase in referrals. It was confirmed that further work would be undertaken to validate the information, ensuring that there was a consistent interpretation of the definitions, and to understand the current breast pathways against the model previously agreed, whilst also considering the new treatment modalities and screening services, with a view to identifying further work which was required.

The initial work was expected to take three months to complete, with a view to identifying new ways of working which reflected the forthcoming changes to the system.

Members welcomed the update, whilst emphasising the need to ensure that both primary care providers and political leadership were proportionally represented in the development of the proposals.

RESOLVED

1. That the minutes of the meeting of the GM Joint Commissioning Board held on 20 April 2021 be approved as a correct record.
2. That the update on the Improving Specialist Care Programme be noted.
3. That the Boards comments regarding representation in the development of the work be noted.

GMJCB 08/21 CHIEF OFFICER UPDATE

Sarah Price, Interim Chief Officer, Greater Manchester Health and Social Care Partnership introduced a report which provided an update on how the Health and Social Care system in Greater Manchester was responding to the COVID-19 pandemic, including key developments over the last month.

Members celebrated the success of the GM COVID-19 vaccination programme which had delivered over 3.2 million vaccinations across GM. However, as Government had now revised their targets for each region to offer the first dose to all adults (cohorts 1-12), and to deliver all due second doses to over 40s (cohorts 1-10) by 19th July, the pressure on the system to meet required week-on-week delivery targets was intensifying as well as the assurance on delivery and requests for information from regional and national teams. Delivery was currently at 92.9% for second doses which was below the target of 95%.

The National Flu Immunisation letter had been received which outlined an expansion of the programme to school students up to year 11 for the first time, along with a target to offer the flu vaccine to everyone over 50. This programme, along with targets to deliver the Covid-19 booster jab would be challenging and planning was underway to ensure the requirements could be delivered.

The innovative work taking place across GM to increase vaccine uptake amongst cohorts with higher vaccine hesitancy was acknowledged, which included the initiative VaccChat (started at the end of June 2021) which promoted productive and honest conversation around vaccine safety between citizens and community figures such as hairdressers, barbers and beauticians. The campaign was being expanded to improve knowledge and engagement with the programme, particularly from younger cohorts. It was noted that in addition Government's plans to expand the

requirements to be double vaccinated to enter certain venues could potentially encourage young people to get vaccinated.

Primary, and Urgent and Emergency Care Departments, were under significant pressure, and the Primary Care Cell were focussing on what initiatives could be implemented to help relieve the pressures.

Mental health providers had experienced a sustained increase in the volume and acuity of demand over several months, particularly amongst young people. Focus Groups were taking place to consider the crisis management response particularly for young people whose care needs were not severe enough to require inpatient treatment but could not be managed at home.

Members considered whether national colleagues were considering the service user voice, recognising that young people had recently attended the GM Reform Board (2 July 2021) to share their experiences of mental health services and how they could be improved. It was confirmed that a meeting had taken place (the previous week) to focus on the impact of mental health in children and young people and potential solutions to improve the response which included ensuring that crisis beds were geographically distributed.

Following strong rates of recovery in outpatient and diagnostic services since the resumption of elective activity earlier in the year, there had been a slight decrease in performance, partly due to the increased COVID and urgent care pressures currently being experienced by hospitals. 365,000 patients were now on the waiting list in GM overall but the number of 52 plus week waiters was decreasing.

Other key pressure points highlighted were in home care and community services due to an increase in the number of staff who were self-isolating. Consideration was given to how the introduction of the new law, which meant that everyone working in care homes had to be fully vaccinated could impact on the sector. Members were advised that that vaccination rates amongst care home staff was increasing, with several localities reporting vaccination rates at over 80% of care home staff. A deep dive was conducted to identify the providers with the lowest vaccination rates and the results had been shared with the localities to support their targeted efforts to reduce vaccine hesitancy.

The Community Coordination Cell were aware of the potential destabilisation of the care market given the potential for staff to opt to leave the sector instead of receiving the vaccine, given that 15.2% of staff were not yet vaccinated. Leaders had agreed that particular care must be taken to ensure any messages were communicated appropriately. It was noted that GM ADASS were developing an action plan to mitigate adverse impacts on staff capacity which could result from these plans, which would become mandated in November 2021.

The potential impacts associated with the impending publication of the Care Quality Commission's (CQC) report (21 July 2021) on the number of COVID-19 related care home deaths was considered (reported during the period 10 April 2020 to 31 March 2021). It was confirmed that Bolton, Bury and Wigan would be included in the list of care homes where more than 30 deaths associated with Covid-19 had been reported, and reactive statements were being developed. The next update report would include updates on this topic.

Members expressed their frustration regarding the Track and Trace application which was causing confusion and impacting on public confidence. It was highlighted that GM were currently taking part in a pilot which provided support to Track and Trace Teams to increase the number of people contacted. It was noted that GM were hoping to make a case for oversight of the Track and Trace workstream in the future with attached funding for additional resources.

Testing capacity was currently limited, noting that, on occasion, the Test Booking System had been turned off without warning when capacity was reached. Clarification was being sought as to the rationale for this approach which could risk hindering people with symptoms from accessing a test.

Members acknowledged that there were currently high levels of transmission in GM, which was adding to the pressures across the system, however, this was not expected to impact on critical care as severely as previous waves. It was recognised that the system was currently trying to balance several significant pressures whilst also pushing ahead with recovery.

The update was welcomed.

RESOLVED

That the update be noted.

GMJCB 09/21 GM ELECTIVE RECOVERY AND REFORM PLANNING

Dr Catherine Briggs, Clinical Chair, Stockport CCG, introduced a report which provided an update regarding the current position, in relation to elective recovery and the key initiatives underway as a system to support recovery through transformation. Also in attendance was Laura Marsh, Programme Director, GM Elective Recovery and Reform Programme.

It was reported that there were currently 369,100 patients currently waiting for treatment and opportunities to maximise productivity and provision of additional Waiting List Initiatives were being extensively explored. Discussions had also commenced within the Clinical Reference Groups, (CRGs), regarding the formation of elective hubs, a concept which had been tested in other regions during the pandemic. Elective hubs could take a number of different forms and offer opportunities to maximise capacity and also protect elective capacity during further Covid surges/winter pressures.

Nationally, £1 billion has been made available for an Elective Recovery Fund to incentivise the delivery of additional secondary care elective activity and discussions were underway with finance colleagues to consider how the funding could be distributed to maximise productivity, particularly through secondary care, but also how funding could be accessed by other parts of the system which supported the elective recovery process such as community services and primary care.

It was recognised that the North West had particular waiting list challenges, with patients from the most deprived cohorts of the population facing long waits for treatment, which meant that GM faced significant challenges to address the backlog of patients, along with seeking to reduce health inequalities, which had been exasperated by the pandemic.

A GM Reducing Health Inequalities in Elective Recovery Group had been developed to understand the impact of Covid-19 for those waiting for elective care and any disproportionate impact on particular cohorts of the population. This forum would help to determine the initiatives already underway within individual localities that could be scaled up across the system to reduce health inequalities in the recovery approach, as well as any additional initiatives which could be implemented.

A GM core communications narrative document had been shared with all Trusts and CCGs across GM, to support with communication in relation to elective recovery. The core narrative would continue to be updated, including key messages, as recovery progresses to ensure we keep patients informed. In addition, a 'Waiting Well' framework; was being developed which would provide a repository of information for patients of the resources available to them while they were waiting for their outpatient appointment and/or procedure.

Laura Marsh advised that there were growing pressures on the system to implement recovery procedures which would drive transformation, that would only be achieved by the whole system working together. It was noted that the National Outpatients Transformation Team had now set ambitious targets for quarter 2 which the GM Team were striving to meet, whilst also ensuring that the supportive collaboration between organisations was maintained.

Rob Bellingham added that although funding was received centrally, the elective pathway did not start and end in hospitals and giving consideration to the pathway as a whole was essential. It was noted that the work to look after patients while they were waiting had received a positive response.

Members welcomed the report, recognising that real transformation would only be achieved by addressing the challenges as a system, with financial flows a critical consideration. The importance of including practical examples of how the inequalities were being addressed was recognised. It was acknowledged that Key Performance Indicators (KPI's) were an effective way of monitoring impact and would be explored in the future.

Concerns were raised regarding how the "Waiting Well" slogan could be interpreted, and it was agreed that this would be further considered.

It was suggested that the recommendations outlined within the Marmot report titled 'Build Back Fairer' should support the recovery process, particularly the work to address health inequalities.

RESOLVED

1. That the Boards comments be noted.
2. That the update be noted.

GMJCB 10/21 SUPPORTING PRIMARY CARE TO COPE WITH INCREASED DEMAND

Rob Bellingham, Managing Director, GM Joint Commissioning Team, and Primary Care Cell Chair provided a progress update on the work to support primary care with an unprecedented increase in demand, recognising the link to the previous discussion on Elective Recovery and Reform.

The pivotal role all four primary care disciplines, (General Practice, Dental, Pharmacy and Optometry), had played in the Covid-19 response was recognised, which included adopting a new delivery model overnight to support people throughout the pandemic, along with supporting the Covid-19 response particularly the delivery of the GM Vaccination Programme.

It was recognised that over the past few months, primary care, along with the rest of the health and care system, had experienced a significant increase in demand which was being closely monitored by the Community Coordination Cell via twice weekly Sit Rep reports. In addition, GPs were completing Pulse Checks which provided an understanding of the current pressures within general practice. It was acknowledged that the Pulse Check would continue to be refined over time to provide a more comprehensive overview of the pressures.

At the request of the GM Primary Care Cell, a Task and Finish Group had been established to rapidly implement plans to support primary care (general practice, community pharmacy, optometry and dental) to manage the demand now, whilst also seeking to implement longer term changes that would enable primary care to manage demand in the future. Five priority areas had been identified which included:

- Improving Access
- Health and Wellbeing
- Communications and Engagement
- Workforce Development
- Urgent Care

In addition, there were five overarching considerations which included:

- Tackling Inequalities
- Quality
- Role of the Neighbourhood
- The Citizen Voice

- Resourcing

The Task and Finish Group would continue to work closely with primary care leads and providers in localities to ensure that there was no duplication, and that learning was taken from work already in progress. Where work was underway locally, the GM role would focus on sharing best practice and supporting scaling up where appropriate. A working group would be rapidly mobilised to determine the scope, timelines and refined costings for the GM health and wellbeing plan.

Innovative work was taking place on the Elective Recovery Fund, and the development of a Primary Care Accelerator, which involved learning from work which was being undertaken across other parts of the system to develop a model, which would support the sector to attract investment to implement innovative initiatives. In addition, the flexible use of funding already in the system was being explored.

Tim Dalton, Clinical Chair of Wigan Borough CCG, and Joint Chair of the Task and Finish Group advised that there was often a focus on activity which could be measured, which was often secondary care based, when a lot of the activity took place in community, primary care, and social care services. The Group was considering where it could add value and how best practice could be shared with localities. It was emphasised that this work needed to be driven at locality, neighbourhood, and even sub neighbourhood levels with GM acting as an accelerant.

The Chair welcomed the update and recognised the importance of this work, which given the pressures on the system, was opportune and timely. Communications and engagement with the public was deemed critical to educate them on how they could access support in the most efficient way, given the pace of change.

Concerns were raised regarding access to dentists, particularly within deprived areas, recognising the importance of good oral health. The Chair added that the pandemic had significantly reduced access to dentists which reflected the volume of complaints received. It was advised that further information on the current picture in terms of dental capacity in GM would be circulated to the Board.

RESOLVED

1. That the update be noted.
2. That the Board's support of the proposed approach be noted.
3. That a summary of dental capacity in GM be circulated to the Board.

GMJCB 11/21 HOMELESSNESS AND HEALTH IMPLEMENTATION UPDATE

Helen Simpson, Strategic Lead for Housing, Greater Manchester Health and Social Care Partnership provided an update on the continuing work on homeless healthcare and set out the plans for implementation.

Members were reminded that in April 2021, the Board formerly committed to support a two-year programme of investment (to March 2023) to support a Homeless

Healthcare response to tackle the areas of the biggest health inequalities, which was a long-term ambition of the GM Homelessness and Health Group and would mean that any health system investment into homelessness should support the improvements and reorganisation in the health system to support homeless and inclusion health groups. The investment divided the committed funding, to begin the transition away from solely funding accommodation, with an identified proportion utilised to support delivery of the GM Homelessness and Health Group ambitions. The impact rough sleeping and homelessness had on both physical and mental health, and the risk to life of sleeping on the street was recognised.

The GM Homelessness and Health Group had positioned its work to date on establishing how sustainable transformation could be implemented to deliver system change to reduce health inequalities in GM's homeless population. This approach sought to shift expectations away from commissioning and the provision of a whole system of specialist services for the homeless population, and instead considered how existing services could be more inclusive and built towards a health system, which re-affirms the fundamental rights of homeless people in their access to and interactions with health care.

It was advised that a further detailed implementation plan for 2021-2022 had been developed, to ensure that there was focus on areas which warranted immediate attention, which included Primary Care, Secondary Care and a Trauma Responsive workforce. There was more work to do on collaboration between mental health and substance misuse services, and it was noted that officers were working proactively with the two GM Mental Health Providers on an appropriate response.

Work underway included;

- Four pilot models of out of hospital care established, with funding from DHSC, to test 'housing-led' discharge that supported recovery after a hospital episode, based on research by Kings College London.
- Embarking on a programme of work to identify and empower homeless champions in Primary Care Networks.
- Aligning work to the Trauma Responsive GM programme.
- Ensuring ongoing connectivity to wider homelessness work through GMCA and localities, supporting workstreams on Homeless Families and engaging with development and implementation of the Homelessness Prevention Strategy.

It was confirmed that there were specific elements of the plan which would be supported by the investment which included:

- Utilising the Trauma Responsive GM workforce development framework to buy in specific training targeting at the frontline health and homelessness workforce.
- Work with GMHSCP Primary Care Transformation Team and VCSE partners to invest in the development and scope of the PCN Homeless Champions offer.

- Investment in specialist homelessness GP practices to create a workforce development offer which was aligned to the PCN Homeless Champions.

The Chair welcomed the update, emphasising the importance of addressing the issue as a system, given that the life expectancy for a homeless person remained in the mid-forties which was inconceivable.

RESOLVED

That the update be noted.

GMJCB 12 /21 GREENER NHS PROGRAMME

Sarah Price, Interim Chief Officer, Greater Manchester Health and Social Care Partnership introduced a report which provided an update on the “Carbon Net Zero” & Sustainability plans for the NHS.

The Board were reminded that in August 2019, the GMHSCP declared a climate emergency and agreed to develop a plan to show how the NHS in GM would meet its obligations under the Climate Change Act to achieve net zero carbon emissions by 2050. A pledge was made to fulfil the Greater Manchester Five Year Plan for the Environment, which set out the bold ambitions for the city region to be one of the globe's healthiest, cleanest, and greenest city-regions and to be carbon neutral by 2038.

This work was supported by the development of an interim ICS Sustainable Development Management Plan (SDMP) for 2019/20. The SDMP brought together current actions already underway as well as outlining the additional ambitions to the end of 2019/20. These included:

- Cutting carbon emissions from energy use by improving efficiency and using low-carbon sources.
- Working with partners to improve local transport around NHS sites, to improve air quality and cut the impact of supply chain transport.
- Understand how to use workplaces and buildings more efficiently.
- Reducing waste, managing waste better and reusing or recycling using green space and the natural environment as a method of enabling good health and recovery.

There was also an ambition to develop a 5 Year Integrated Care System Plan (SDMP) to run from 20/21 to 2025/26. However, due to COVID-19 and other resource constraints this had been delayed. However, good progress had been made with the establishing of a Sustainable Development Leadership Group, undertaking leadership training on sustainability, and ensuring the inclusion of the sustainability and carbon agenda within wider partnership strategic plans. It was confirmed that GM was now well placed to make good progress on the agenda, which was attracting a huge amount of focus, which could create opportunities to access funding in the future. Consideration was being given to how the approach would join up with locality plans.

It was recognised that the forthcoming changes to the current governance arrangements posed a risk to the work, and a further update on mitigation would be forthcoming.

Members were advised that currently different pots of funding were being collated to support the response, with the potential for national funding to be released. Officers were working closely with AYGO and the Partnership's Procurement Lead to develop some innovative approaches, however, it was noted that as the work progressed, more substantial investment would be needed.

The Chair welcomed the update, recognising that by attending more virtual meetings Members had been able to reduce their carbon footprint.

RESOLVED

That the progress made to date be noted.

GMJCB 13/21 SUMMARY REPORT FROM THE JOINT COMMISSIONING BOARD EXECUTIVE

Rob Bellingham, Managing Director, GM Joint Commissioning Team, presented a progress update from the Greater Manchester Joint Commissioning Board Executive and advised that since the last meeting of the JCB, the Executive (which met on the 18 May 2021 and 15 June 2021) had considered updates on a number of items which included the Greater Manchester Drug and Alcohol External Review and Greater Manchester Assisted Conception.

RESOLVED

That the Record of Key Decisions made by the JCB Executive for the period May 2021 to June 2021 be formally received and approved.

GMJCB 14/21 ANY OTHER BUSINESS

There were no items of any other business.

GMJCB 15/21 DATES OF FUTURE MEETINGS

19 October 2021

Meeting time and arrangements to be circulated in advance

Greater Manchester Joint Commissioning Board

Date: 19 October 2021

Subject: Appointment of Vice Chairs

Report of: Rob Bellingham, Managing Director, Greater Manchester Joint Commissioning Team

PURPOSE OF REPORT:

The terms of reference of the Joint Commissioning Board include the following relating to Vice Chair arrangements:

Two of the JCB members shall be Vice-Chairs of the JCB. One of the Vice-Chairs shall be a JCB member who is a GP and the other shall be a JCB member who is an officer or elected member of the local authority that nominated him or her.

The following members are proposed as Vice Chairs for the period to the end of March 2022:

- Clinical Vice Chair – Dr Cath Munro (Stockport CCG)
- Political Vice Chair – Cllr Zaheed Chauhan (Oldham Council)

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to approve the appointment of Dr Munro and Cllr Chauhan as Vice Chairs.

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Greater Manchester Joint Commissioning Board

Date: 19 October 2021

Subject: Chief Officer Update

Report of: Sarah Price, Interim Chief Officer, Greater Manchester Health & Social Care Partnership

PURPOSE OF REPORT:

The enclosed report is an update from the Chief Officer of the Partnership on how the Health and Social Care system in Greater Manchester is responding to the COVID-19 pandemic.

RECOMMENDATIONS

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report

CONTACT OFFICERS:

Paul Lynch, Deputy Director, Strategy and System Development, GM Health and Social Care Partnership

paul.lynch@nhs.net

Conor Dowling, Strategy and System Development, GM Health and Social Care Partnership

conor.dowling@nhs.net

INTRODUCTION

The enclosed report is an update from the Chief Officer of the Greater Manchester Health and Social Care Partnership on how the Health and Social Care system in Greater Manchester is responding to the challenges presented by the COVID-19 crisis and system recovery over the past month, as well as our transformation into an Integrated Care System following the announcement of the NHS Bill.

SYSTEM PRESSURES

COVID Rates

The most recent GM Contain Cell Assessment outlines how case rates have remained high in Greater Manchester in recent weeks. All boroughs have seen a decrease in overall rates and over 60s rates. Highest rates remain in Secondary school aged group and in all boroughs, with most boroughs seeing on-going increases. We expected a rise in cases attributed to children returning to school. We are seeing impacts from both an increase in detection and in actual school-associated transmission.

Urgent Care

Hospitals continue to be very busy. Children's hospital activity has increased due to the return of children and young people to schools, and more mixing and socialising together. This is typical for this time of year, though after less contact with others, and protracted restrictions on mixing and travel, as well as enhanced infection control measures, it's likely that some people's immunity has reduced causing a more serious illness to usual. Attendance and admissions are a combination of respiratory and emotional health and wellbeing issues.

In Urgent Care, both 999 calls and incidents have remained broadly stable, but response times are worsening for categories 2 and 4¹. The number of patients conveyed to ED showed no change over the last week, but turnaround times are showing a small improvement. 111 activity is also broadly stable. There has been an underlying improvement in the longer waiting times for answer, even though call pick up remains challenged and an increase in calls abandoned gives cause for concern. Both Cells will continue to work with NWS colleagues and the GM Urgent Care team to identify additional ways to support patients waiting for a long time for an ambulance.

Discharges

This month, the number of people requiring discharge has been higher than the 'new baseline' which was set when the focus on discharges was renewed in January 2021.

¹ Category one is for calls about people with life-threatening injuries and illnesses.

Category two is for emergency calls.

Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home.

Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist.

This is due to the high and sustained demand pressures in emergency departments alongside continued COVID admissions and elective recovery. Capacity issues in domiciliary care also appear to be impacting effective flow back home and into the community.

The number of long lengths of stay in Greater Manchester have also increased by 20%, though North West peer systems have increased by around 200% on average. GM has therefore succeeded in limiting this increase in long lengths of stay despite the pressures encountered in the system currently.

A high number of out of area patients ready for discharge/repatriation have also been reported, 25% of this number are to outside of the GM region which indicates that neighbouring systems are also facing challenges to discharge.

Elective Recovery

Outpatient activity continues to be above pre-Covid levels and both day case and elective activity levels have improved. The total number of patients waiting continues to incrementally increase though the number waiting over 52 weeks has stayed stable and makes up less than 10% of the total waiting list. Across Greater Manchester, we have a range of measures to reduce waits including providing weekend clinics, mutual aid between hospitals including the independent sector and greater use of technology to enable more people to be seen.

'While You Wait' Launch

The While You Wait website aims to provide further information and advice, along with handy resources, to help patients manage their physical and mental wellbeing while waiting for hospital care. This includes:

- How to stay as fit and healthy as possible while you wait for your treatment, both physically and mentally
- Where to find any extra support either online or in your local community
- Where to find further information about waiting lists
- We will provide updates to ensure the latest information is available, so please do check back on a regular basis

The website is now live and has been developed with multiple stakeholders in GM including the VCSE, Healthwatch and primary and secondary care clinicians. It is recognised that further work is needed on the readability of the site before it is launched.

A second phase, focused on localities, is planned for launch in October. The locality version will place a greater emphasis on face-to-face contact. An interactive map of locality level assets for patients to access is currently under development.

Primary Care

Primary care is experiencing high demand and remains under significant pressure. Over the past few months there has been a rise in the instances of abuse towards staff. Abuse in any form towards our staff and patients will not be tolerated, accepted, or ignored. All staff have the right to work in a safe environment and in Greater Manchester we are taking a zero-tolerance approach to abuse and aggression.

Primary care leaders have highlighted this month that the sector is approaching a level of risk where it is becoming more difficult to manage staff and patient welfare and wellbeing, given levels of emotional burnout and trauma following the pandemic and sustained pressures. Locality level plans have been developed in response and system level support such as the work of the pressures task and finish group, cross-system accelerator bids and continued communication with regional and national colleagues.

Key pieces of work undertaken by the Primary Care Pressures task and finish group have included progress on the rollout of seven dental schemes aimed at improving access and reducing inequalities, a review of appointment type (e.g., virtual and face-to-face), which revealed that both nationally and in GM, around 40% of appointments are telephone appointments, the commissioning of a Homeless Sight Testing service at two city centre sites in Manchester, progression of the development of a baseline offer of occupational health across Primary Care providers in Greater Manchester, an analysis of recent NHS 111 call data to understand trends in demand and utilisation and a series of actions in response to the continuing pressures on community pharmacy services.

Update Following Incident at Florence House – 17th September

In addition to the action plan detailed in September's update to GM Health and Care Board, Florence House welcomed a visit from Sajid Javid, Secretary of State (SoS) for Health and Social Care, on Sunday 3rd October. A number of GM colleagues were in attendance along with past and present staff of the practice, including several of those who were present during the assault on 17th September. Staff appreciated the opportunity to explain how the incident felt and welcomed the SoS to the frontline. The SoS appeared to be open to an ongoing relationship with GM and was grateful to speak to the Florence House staff. In addition to speaking about the Florence House incident, there was some discussion with the SoS about support in regard to the press, highlighting that the national media are instrumental in supporting the relationship between citizens and the NHS.

Adult Social Care

Localities are responding to the pressures as a result of variation in care home bed availability both within and between the localities. The issue of increased demand impacting bed availability appears to be due to the lowering of restrictions and discharge policies are exposing more people to care than previously.

Home care agencies remain under severe pressure. GM Directors of Adult Social Services continue to escalate the key issues and develop actions to mitigate pressures.

Recent sitreps have shown that the number of unvaccinated care staff has fallen dramatically across GM which is partially due to big pushes in providers to ensure staff vaccination and ensuring that our data is of good quality at locality and system level. Further guidance for staff who have passed the 16th September point for vaccination is expected in the coming weeks, with the Directors of Adult Social Services supporting providers in the system to make sense of the guidance as it is released. An aggregated system view of the potential impact of the mandatory vaccination programme is being developed by the Mass Vaccination Programme team.

Community Services

This month's community services pulse check reports have shown sustained pressures in a couple of localities, mainly due to increased service demand and workforce shortages. Localities are reviewing their local capacity and demand models to help address challenges in the system. All staff absence levels, though high this month, have not reached the levels they were during the summer holiday period. COVID related absence has remained static. The work of the LCO Network Board has been devoted to identifying system resilience issues and mitigation as we move into the winter.

Mental Health

It is widely acknowledged that there are significant backlogs within mental health services, in the face of both rising demand and long-standing challenges which have been exacerbated by the pandemic. All services are experiencing an increase in demand from the start of 2021 with referrals to community mental health teams growing significantly. Slight reductions in pressures on inpatient bed capacity have been reported this month, along with a reduced number of delayed transfers of care and out-of-area placements.

A 24/7 crisis helpline has been developed for anyone who needs it and work has started in setting up mental health urgent care centres at each acute hospital across Greater Manchester to provide a safe space for people to access support and assessment, away from busy high-stimulus departments.

On the 1st October 2021, Greater Manchester Mental Health NHS Foundation Trust went live as being lead provider for adult low and medium secure services and Pennine Care NHS Foundation Trust as lead provider for children and young people's specialist mental health inpatient services as part of the NHS-Lead Provider Collaboratives approach as detailed in the NHS Long Term Plan. An NHS-Lead Provider Collaborative is a group of providers of specialised mental health, learning disability and autism services who have agreed to work together to improve the care for their local population. They will do this by taking responsibility for the budget for their given cohort population, enabling local services to be more influential in the redesign of pathways.

Winter Planning

Over the course of the past month, focus has been given to preparations for the coming winter period. As part of local winter planning for 2021/22 NHSE&I has requested that GM completes a winter assurance template, covering:

- Winter Planning System Flow Assessment – Indicating preparedness ahead of winter by demonstrating achievement against a series of key deliverables.
- Identifying the top three local risks ahead of winter.
- Further Support – identifying what further support is required, either regionally or nationally ahead of winter.

The GM submission outlines locality responses regarding compliance and assurance levels, a summary to show common risks and support needed across GM and locality winter assurance responses. The top three risks identified overall were:

- General concern regarding the sustained high demand across the system;
- Staff wellbeing and burnout;
- Pressures on paediatric services in light of an anticipated surge in Respiratory Syncytial Virus (RSV) rates over the winter period – a comprehensive action plan is being rolled out in preparation for this pressure.

Further mitigatory action to these issues is referred to as part of Greater Manchester's CSR submission and H2 planning below.

COMPREHENSIVE SPENDING REVIEW (CSR) SUBMISSION AND H2 PLANNING ROUND

Greater Manchester has proposed a Levelling Up Deal to Government ahead of the Spending Review and Levelling Up White Paper, which will deliver a London-style transport network with affordable London-level fares, accelerating our plans for a net zero future with better, greener homes and communities: and better jobs and skills. Within this broader Deal, we have set out the support we need so that our health and care system can recover from the pandemic, so we can move as quickly as possible

to reduce waiting lists, and so we can continue to make gains in improving population health and wellbeing across GM.

There are four core elements to the submission:

- Tackling the backlog in elective care
- Tackling the backlog in community care
- Transforming adult social care
- Expanding health innovation

The 'H2' 2021-22 Operational Planning Guidance was released by NHS England on 30th September. It sets out the key delivery requirements for the remainder of this year, with particular focus on clearing long waits and activity volumes at hospital site level, as well as supporting the health and wellbeing of staff and reducing inequalities in care.

Plans in response to the guidance will be co-ordinated at system level through a weekly GM Planning Group which features senior leaders from all sectors, locality representatives will also be sent invitations. The final submission deadline for plans to the regional office is 16th November 2021.

VACCINATION PROGRAMME

As of 11th October, we have delivered a total of 3,803,802 vaccinations across GM (7-day increase of 17,823). This equates to 1,988,100 total first doses (7-day increase of 8,381) and 1,815,702 total second doses (7-day increase of 9,442). All pregnant women in Greater Manchester are being encouraged to take up the offer of a lifesaving Covid-19 vaccine whatever stage of pregnancy they are at. Women can book through the National Booking Service (NBS). The National Booking Service (NBS) is now allowing eligible people to book their Covid-19 booster vaccine appointments in vaccine sites that are on the NBS.

School Aged Immunisation Services have begun in schools across Greater Manchester, though the programme has been difficult to operate in light of the high rates of COVID transmission in schools. We would urge parents and carers to complete the consent forms and support their children's health and education.

The programme continues to work toward national targets of ensuring that all care home residents have received their booster by 1st November, and to ensure that all staff have been vaccinated with their second doses by 11th November.

Hospital hubs and PCNs in GM continue to co-administer the flu and COVID vaccines where the required provisions are in place - as well as care homes and domiciliary services.

UPDATE ON DEVELOPMENT OF ICS SHADOW ARRANGEMENTS

The Greater Manchester Partnership Executive Board (PEB) and Greater Manchester Health and Care Board (HCB) approved the proposals for GM Integrated Care System shadow governance on 22nd September 2021. This included the priority of setting up and operating the Joint Planning and Delivery Committee (JPDC) and the stepping down of the Partnership Executive Board.

The shadow JPDC will be the focal point of the GM level shadow governance arrangements. The nationally mandated Board and Committee will then be established in the lead up to the Integrated Care Board (ICB) going live in April 2022, taking account of the anticipated model Terms of Reference and guidance when published.

The GMHSCP Governance Group met to draft the Terms of Reference (TOR) for the JPDC and recognised the committee has two distinct phases where its structure, functions and responsibilities will differ:

- a) Operating in shadow form between October 2021 and March 2022 and;
- b) Post April 2022, when part of the established ICB governance structure

The shadow Joint Planning and Delivery Committee will oversee processes to ensure that Locality programmes, Provider Collaborative programmes and GM enabling programmes work together coherently. There will be a strong focus on delivery of national and locally determined standards and outcomes working collaboratively with locality boards.

RECOMMENDATIONS

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report.

Greater Manchester Joint Commissioning Board

Date: 19 October 2021

Subject: Summary Update Report from the Greater Manchester Joint Commissioning Board Executive

Report of: Rob Bellingham, Managing Director, Greater Manchester Joint Commissioning Team

PURPOSE OF REPORT:

As members are aware, in the months where the full JCB does not meet, a JCB Executive meeting is held. To ensure proper connectivity from the Executive to the Board, it is proposed that each meeting of the JCB will receive a summary of the work done via the Executive.

PROGRESS UPDATE:

The JCB last met in public on the 20th July 2021. Since then, the Executive met on the 17th August 2021 and 21st September 2021.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to formally receive and approve the Record of Decisions made by the JCB Executive during this period.

The following recommendations are specifically presented to the JCB for consideration and approval:

Standing down of the JCB Executive meetings

It had recently been agreed that as we move into shadow arrangements for the ICB, the JCB Executive meetings will cease to meet, effective from October 2021. However, the JCB will continue to meet in public on a quarterly basis up to the end of March 2022.

GM Assisted Conception Review

Formally approve the recommendations set out in the table below.

Integrating NHS Pharmacy and Medicines Optimisation

Receive and confirm support for the recommendations set out in the table below.

CONTACT OFFICERS:

Jane Falkner, Business Manager, Greater Manchester Joint Commissioning Team.

janefalkner@nhs.net

GM JOINT COMMISSIONING BOARD EXECUTIVE – RECORD OF DECISIONS

JCB EXECUTIVE – 17 TH AUGUST 2021		
Covid 19 Response Update	The report provided an update on how the Health and Social Care system in GM is responding to the COVID-19 crisis. The report covered key developments in our COVID-19 response over the last month.	The Executive noted the content of the report. It was agreed that an update on the pressures within Adult Social Care and recovery plans would be provided at the next meeting. To note: This was included in the Covid 19 Response Update from the Chief Officer at the meeting in September 2021.
GM Health and Partnership Review – Update for JCB members	As members are aware, we are currently engaged in a review process relating to the next steps for our Health and Social Care Partnership. The following papers were shared with JCBE members for formal receipt and any comment: - <ul style="list-style-type: none"> ▪ GM Governance Proposals ▪ Health Governance Group Update - Next steps to enact shadow ICS governance arrangements 	The Executive:- <ul style="list-style-type: none"> ▪ Noted the content of the update reports and proposed next steps. ▪ Agreed that the JCB will continue to meet as statutory obligated in October 2021 and January 2022. ▪ The JCB will meet in March 2022 if required.
JCB EXECUTIVE – 21 ST SEPTEMBER 2021		
Covid 19 Response Update	The report provided an update on how the Health and Social Care system in GM is responding to the COVID-19 crisis. The report covered key developments in our COVID-19 response over the last month.	The Executive noted the content of the report.
Future Direction of the GM Health and Social Care Partnership	As members are aware, we are currently engaged in a review process relating to the next steps for our Health and Social Care Partnership. The following papers were shared with JCBE members for formal receipt and any comment: - <ul style="list-style-type: none"> ▪ <u>Update on establishing the Integrated Care Board</u> 	The Executive noted the content of the reports and supported the following : - <ul style="list-style-type: none"> ▪ That work be progressed to support the establishment of the shadow governance from October 2021 as proposed in the paper, with the Joint Planning and Delivery Committee as the

	<p><u>Shadow Governance</u></p> <p>The paper had been developed to set out the current work being done to establish the shadow governance arrangements for the ICB in GM, from October 2021.</p> <ul style="list-style-type: none"> ▪ <u>ICS Transition Board – Progress Update</u> <p>The paper provided a progress update on the work of the ICS Transition Programme giving headlines on the work to date.</p>	<p>focus.</p> <ul style="list-style-type: none"> ▪ That work be progressed to obtain nominations and agree membership of the Shadow Joint Planning and Delivery Committee. ▪ That work be progressed to stand down PEB with its functions being subsumed into the Shadow Joint Planning and Delivery Committee. ▪ Agreed to the 10 Locality Boards being established. ▪ JCB Executive meetings to be stood down in November and December 2021 and February 2022.
<p>GM Assisted Conception Review Update and Next Steps</p> <p style="text-align: center;">Page 28</p>	<p>In 2019/2020 the Department of Reproductive Medicine at Saint Mary’s Hospital undertook an internal review of their Assisted Conception and Fertility Treatment Service. A range of key issues were identified which were impacting on service delivery and patient experience.</p> <p>The findings from the Saint Mary’s Hospital review were presented to the GM Joint Commissioning Board (JCB). In 2020, the JCB commissioned a review of all GM wide NHS contracted providers of assisted conception and fertility treatment services. The purpose being to ensure ongoing commissioning of clinically safe, high quality, sustainable services, making the best use of the existing resources (e.g., buildings, workforce) across GM.</p> <p>The report updated the JCB Executive on the work undertaken to date and set out next steps.</p>	<p>The Executive: -</p> <ul style="list-style-type: none"> ▪ Noted the headline findings from the staff and patient listening exercise and the approach to patient pathway development that will shape options for the future clinical model of Assisted Conception and Fertility Treatment Services in Greater Manchester. ▪ Supported the publication of the Executive Summary from the patient and public listening exercise via the GM Health and Social Care Partnership website. ▪ Supported the outline Evaluation Criteria to assess service model options which will be subject to further development. ▪ Noted the suggestion of the potential development of a single GM-wide Integrated Care Board (ICB) IVF commissioning/funding position following its establishment in April 2022.
<p>Integrating NHS Pharmacy and Medicines Optimisation (IPMO)</p>	<p>The report provided an update on the work of the GM Integrated Pharmacy and Medicines Optimisation Programme, (IPMO) and consideration of how this sits within the governance of the GM ICB.</p>	<p>The Executive: -</p> <ul style="list-style-type: none"> ▪ Noted the content of the report and the update in respect of the development of the IPMO and its respective workstreams ▪ Supported the approach outlined in respect of the delivery, programme management and oversight ▪ Supported the proposal that the GM Medicines Board be

		accountable to the GM ICB Joint Planning and Delivery Committee to ensure connectivity to both GM and Place.
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Greater Manchester Joint Commissioning Board

Date: 19 October 2021

Subject: Tackling Inequalities in Greater Manchester – Next Steps

Report of: Sarah Price, Interim Chief Officer, Greater Manchester Health & Social Care Partnership

PURPOSE OF REPORT:

The attached paper provides an overview of the report of the GM Independent Inequalities Commission and the Build Back Fairer in Greater Manchester report and proposes next steps for the Health and Care Board in terms of translating the ambitions within the reports into action and improved outcomes.

RECOMMENDATION:

The GM Joint Commissioning Board is asked to:

- Note the content of the attached update report and proposed next steps.

CONTACT OFFICERS:

Sarah Price, Interim Chief Officer, GM Health and Social Care Partnership
sarah.price16@nhs.net

David Boulger – Head of Population Health Transformation, GMHSCP
david.boulger@nhs.net

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Greater Manchester Health and Care Board

Date: 1 October 2021

Subject: Tackling Inequalities in Greater Manchester – Next Steps

Report of: Sarah Price, Interim Chief Officer, GMHSC Partnership and Joanne Roney, Chief Executive, Manchester CC and Lead Chief Executive for Inequalities

SUMMARY OF REPORT:

This paper provides an overview of the report of the GM Independent Inequalities Commission and the Build Back Fairer in Greater Manchester report, and proposes next steps for the Health and Care Board in terms of translating the ambitions within the reports into action and improved outcomes.

KEY MESSAGES:

There are high levels of inequality in Greater Manchester which impact directly upon the lives of local people.

These two reports, which cover both the unequal impact of the Covid-19 pandemic and the pre-existing inequalities which contributed to this, provide a call to action to services for the public and to citizens in Greater Manchester.

Whilst both reports highlight a challenge of enormous scale and complexity, they also provide practical recommendations and an overwhelming sense that change is achievable in Greater Manchester.

PURPOSE OF REPORT:

To provide the Health and Care Board with an overview of both reports.

To confirm next steps for the Health and Care Board in relation to the Greater Manchester system response to the report of the GM Independent Inequalities Commission and the Build Back Fairer in Greater Manchester report.

RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to:

1. Note the findings and recommendations of the GM Independent Inequalities Commission report and the Build Back Fairer report and commit to contributing to the co-production of the GM system response.
2. Agree to receive the proposed system response to Build Back Fairer and the areas of synergy with the Independent Inequalities Commission at an Autumn meeting of the GM Health and Care Board.
3. Re-emphasise the importance of both reports being considered within the development of the GM Integrated Care System.

CONTACT OFFICERS:

David Boulger – Head of Population Health Transformation, GMHSCP
david.boulger@nhs.net

“Amid deep uncertainties, we believe this is a once in a lifetime chance to build a fairer society fit for the future; the pandemic brings opportunities as well as lessons...This must be a time of great hope. This is the time for change, a time of recognition that we all want to build back better, and that we cannot let the shadows of the past dim the bright promise of a fairer future. And this is the place” – GM Independent Inequalities Commission (2021)

1. INTRODUCTION

1.1 Prior to the Covid-19 pandemic, tackling inequalities was a recognized priority within Greater Manchester and the system was already acutely aware of the challenges that existed.

1.2 Put simply, there are significant inequalities that exist between GM and the rest of the country, between localities in GM, within localities and across specific groups within our population.

1.3 The Covid-19 pandemic has served to amplify and exacerbate these inequalities and two recent GM reports have sought to quantify the scale of the challenge and propose potential solutions.

1.4 The GM Independent Inequalities Commission report and Build Back Fairer in Greater Manchester make for necessarily uncomfortable reading and should serve as a call to action to both those who provide services to the public and to citizens themselves.

1.5 Responding to the issues that are exposed requires the entire GM system, working alongside those who live and work here, to embark on a journey of transformation that is unprecedented in both its scale and complexity, and in its potential reward.

1.6 This report represents the start of the next stage of this journey for the GM Health and Care Board and whilst there are clear challenges to address, it represents an unmissable opportunity to make a real and lasting difference.

2. THE REPORT OF THE GREAT MANCHESTER INDEPENDENT INEQUALITIES COMMISSION

“2020 was a wake-up call. The Covid-19 pandemic exposed the fractures running across our society: The North-South divide, deep inequalities in health, our resilience and resistance eroded by austerity, and the fragility and insecurity of so many people’s livelihoods and wellbeing. Even before the pandemic, death rates had started to rise in some groups and rates of mental ill health were rising in children and adults.” - GM Independent Inequalities Commission (2021)

Overview:

2.1 The Greater Manchester Independent Inequalities Commission was established in October 2020 to influence the city-regional recovery from the Covid-19 pandemic, providing expert opinion, evidence and guidance as Greater Manchester's economy and society reshapes over the coming months and years.

2.2 The Commission provided a deep dive, rapid research into the structural inequalities which exist in Greater Manchester, engaging across communities, public and business stakeholders, carrying out research, and gathering ideas, on inequalities associated with health, education, employment, and skills; structural racism; future economic strategy, and the powers that Greater Manchester has to tackle these issues

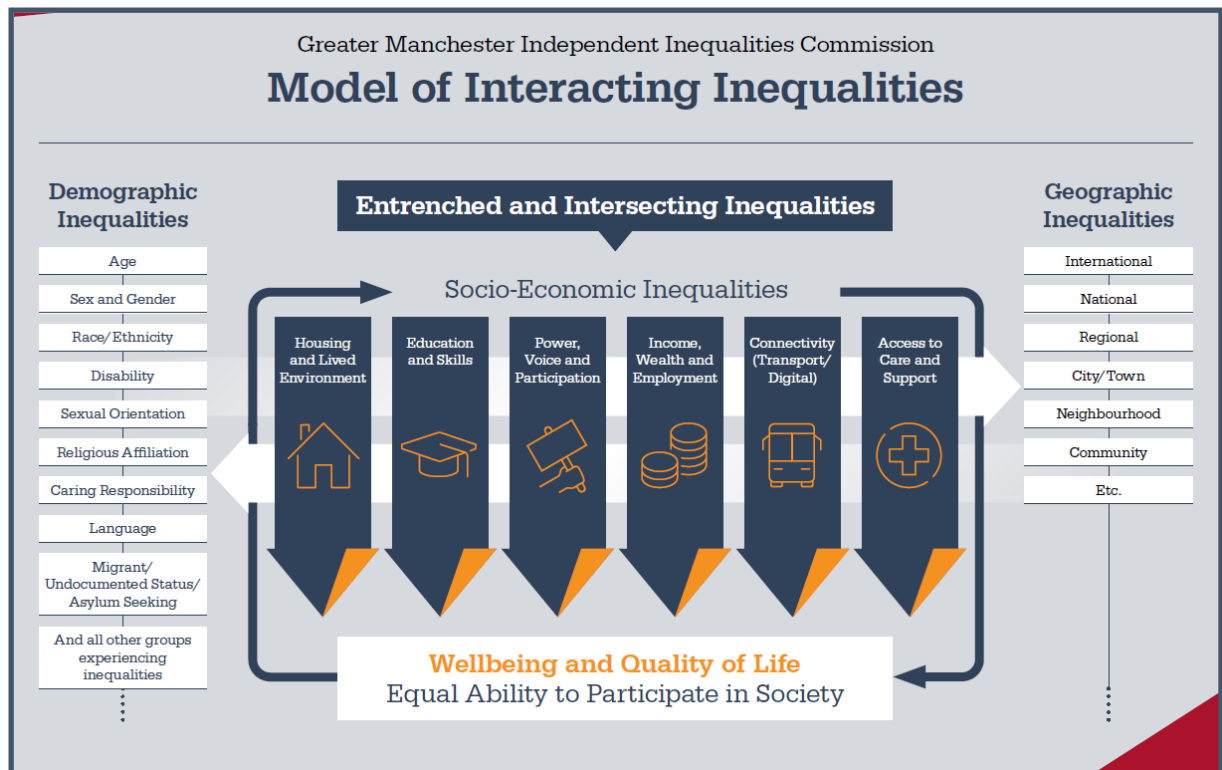
2.3 The Commission was encouraged to act an independent 'critical friend' for Greater Manchester, be challenging and radical, and report back recommendations that are hard-hitting and practical, to enable positive change.

2.4 The Commission launched their final report on 26th March 2021 and at its meeting in June, the GM Combined Authority resolved:

- That the publication of the Commission's Report which includes a number of flagship recommendations for addressing inequality in Greater Manchester, be welcomed
- That the Tackling Inequalities Board will ensure all future work on inequalities is aligned and takes full account of the Commission's recommendations.

Findings:

2.5 The Commission highlighted the interconnection of inequalities, and that all inequalities are important. In Greater Manchester there are self-perpetuating cycles of inequality which systematically disadvantage people and impact in different ways. These can be made worse by overlapping identities. The Commission looked at the causes of intersecting and interacting inequalities, not simply looking at issues in isolation (for example, health, poverty, or digital connectivity), but seeking to understand the common drivers of all these inequalities. This is articulated in a Model of Interacting Inequalities



2.6 The Commission's vision set out the need to focus on reducing inequalities at the foundations of Greater Manchester's prosperity and wellbeing:

- A good job,
- A decent home
- Affordable transport
- Digital access
- Green space
- Clean air
- Safe streets
- Support to maintain good health,
- The chance to learn and develop.

The report describes how Greater Manchester must ensure that everyone has access to the basics for a good life – no matter *who* they are or *where* they live – and target resources at the people and places within Greater Manchester who face the greatest barriers to living good lives knowing that when inequalities are reduced, everyone will benefit.

2.7 To achieve this vision, the Commission has described principles and approaches:

- You can only level up from the bottom up; Top-down actions and leadership must enable this to happen
- Greater Manchester needs clear leadership and focus from the top on prioritising inequalities, and being brave enough to share power with those most affected by inequalities

- Greater Manchester must also tackle the root causes of inequalities in the economic system, in the way public services work, and in deep-rooted discrimination of all kinds, including structural racism.
- This should be done by building on what's there; the vast amount of good work that's already happening, but going further, deeper, and wider.
- Tackling Inequality requires the whole system working together; collaboration and shared responsibility to be creative and resourceful with the powers and resources available.
- Greater Manchester will also need to lever in power and resources, lobbying and working with national government

Recommendations made by the Commission:

2.8 The Commission made three broad types of recommendations:

- a) Flagship** – numbered recommendations, the ‘we think you must do’ recommendations
- b) Suggestions** – policy ‘hooks’, ideas, inspiration (which are embedded within the text), the ‘here are some great ideas or existing activities we strongly urge you to consider’
- c) Influencing** – suggested ways to influence key actors – government, big businesses, anchor institutions, anchor sectors (again mentioned in the text and in a section near the end on influencing government), the things that Greater Manchester should be encouraging others to do.

2.9 The recommendations in the Commission’s report cover five areas:

- i. The Essential Pivot** – putting wellbeing and equality at the heart of our strategies and actions
- ii. People Power** – putting more power in the hands of the people of Greater Manchester
- iii. Good jobs, decent pay** – providing good employment, paying the Real Living Wage, and creating skills opportunities
- iv. Building wealth** – spreading wealth, asset holding and the benefits from these within and between communities
- v. Services for a good life** – facilitating a move towards universal basic services

2.10 The full list of recommendations is included as **Appendix 1**.

3. BUILD BACK FAIRER IN GREATER MANCHESTER

“Within Greater Manchester, as across the world, inequalities in COVID-19 mortality have been only too apparent and the long-term economic and social impacts of containment measures will widen inequalities in health for the foreseeable future. Analysis shows that rates of mortality from COVID-19 in Greater Manchester are 25 percent higher than in England as a whole. Life expectancy in the North West of England also declined more during 2020 than in England overall.”

- Build Back Fairer (2021)

Overview:

3.1 The Greater Manchester Build Back Fairer review was completed and published in July 2021 as a partnership between the GM system, the Institute of Health Equity and Professor Sir Michael Marmot and to signify the establishment of GM as a Marmot City Region.

3.2 It builds upon the “Health Equity in England: The Marmot Review 10 Years On” report, the accompanying Greater Manchester evaluation, and the December 2020 “Build Back Fairer: The COVID-19 Marmot Review” and represents the latest stage in a long-standing collaborative arrangement between Greater Manchester, the Institute of Health Equity and Professor Sir Michael Marmot.

3.3 The report highlights how levels of social, environmental, and economic inequality in society are damaging health and wellbeing and explores how these inequalities have been exposed and magnified by COVID-19 and its impacts.

3.4 It sets out a series of recommendations to underpin the Covid-19 recovery in Greater Manchester.

Findings:

3.5 The report found that prior to the coronavirus pandemic health inequalities in Greater Manchester were already widening, health improvement was stagnating, and that this was amplified and accelerated by the Covid-19 pandemic.

3.6 The impact of the Covid-19 pandemic on the GM population has been profound, and disproportionate across a range of measures: COVID-19 mortality rates are 25% higher in Greater Manchester than in England as a whole; Covid-19 mortality rates are highly unequal within the city region – 2.3 times higher in the most deprived decile than the least, a gap that is wider than in the rest of England; Life expectancy in the North West of England declined more during 2020 than in England overall.

3.7 Higher infection and mortality rates in Greater Manchester can partly be explained by several factors that are fundamentally tied to pre-existing inequalities such as economic inequality, poverty, and deprivation; Working and living conditions; Types of employment.

3.8 The report also found that Greater Manchester has experienced particularly damaging longer-term economic, social and health effects from national and local lockdowns, which will further damage health and widen inequalities if mitigating action is not in place. These include:

- Strains in public finances, affecting community and environmental conditions
- Widening inequalities in attendance and attainment in education and early years
- Increasing poverty, debt, and income inequality
- Rising unemployment, particularly for young people
- Deteriorating mental health for all age groups, but particularly for young people.

3.9 A focus on the social determinants of health (those factors outside health care that affect health) is fundamental to Covid-19 recovery and achieving a permanent reduction in health inequalities. This includes an emphasis on: Communities and places; Housing, transport, and the environment; Early years, education, and young people; Income, poverty and debt; Work and unemployment; Public health.

3.10 While the pandemic has exacerbated social, economic and health inequalities, there are reasons to believe the crisis can be a positive transformative moment:

- Health has been the priority
- Society and government have at times worked together for a common goal
- Businesses have become more engaged in societal outcomes
- Services have worked much more closely and collaboratively with communities.
- There has been a greater appetite seen to reduce the inequalities exposed during the pandemic

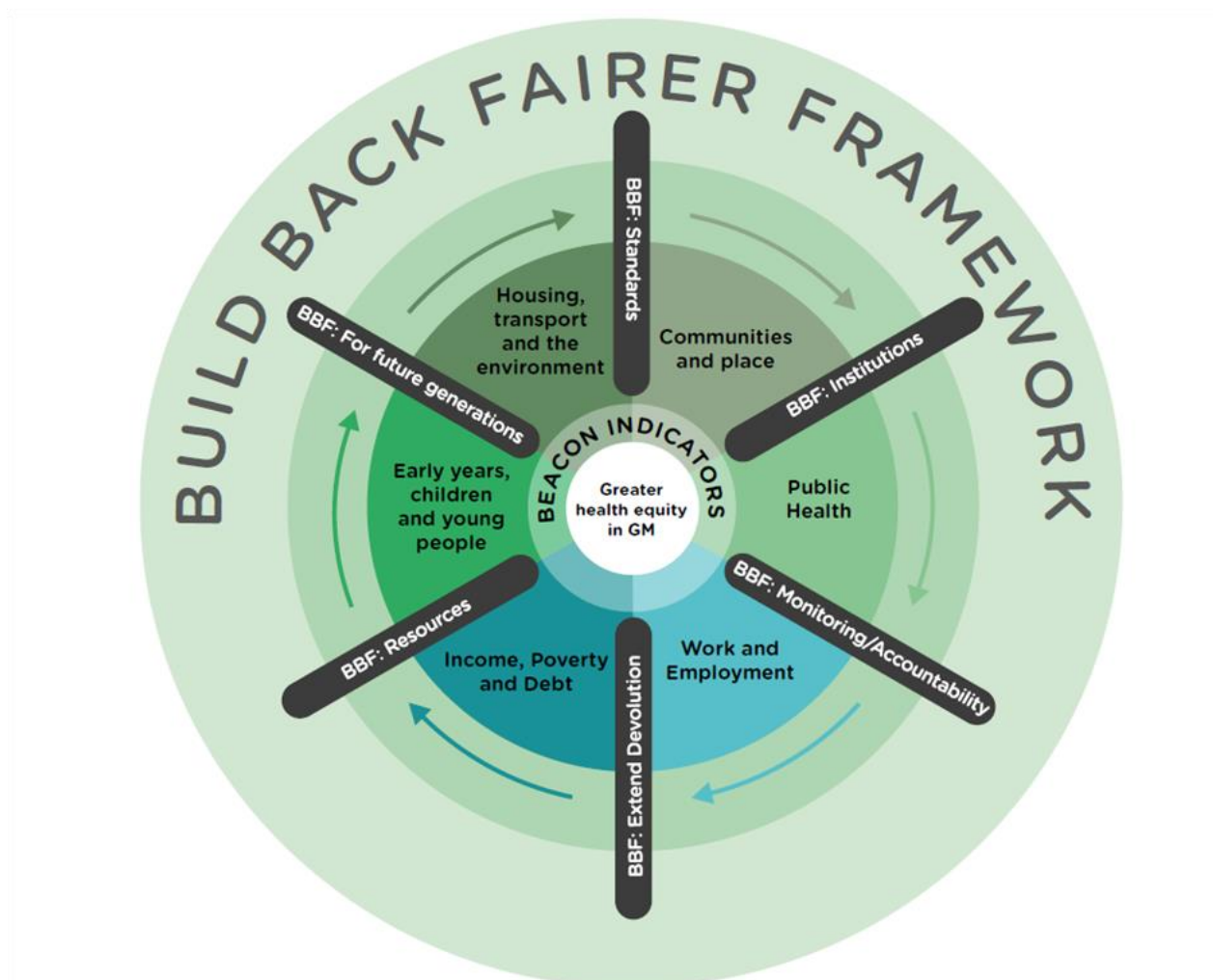
Recommendations made in the Report

3.11 The report concludes that there is an urgent need to do things differently and argues that Greater Manchester, as a **Marmot City-Region**, should establish a clear ambition to:

- Build a society based on the principles of social justice
- Reduce inequalities of income and wealth
- Build a wellbeing economy that puts health and wellbeing, rather than narrow economic goals, at the heart of economic strategy
- Build a society that responds to the climate crisis
- Achieve greater health equity

3.12 The report calls for health equity to be placed at the heart of Greater Manchester governance (including within resource allocation), and for all policies in the city region to be geared towards achieving greater equity of health and wellbeing.

3.13 It provides a proposed **Build Back Better Framework** to underpin the approach to post Covid-19 recovery which is built around **6 key themes**:



3.14 These six key themes are accompanied by recommendations for specific actions in six key areas:

- a) **Communities and Places** – including by providing more resources for more deprived areas and communities – by redistributing existing resources / assets and seeking greater investment from business and central government.
- b) **Housing, Transport, and the Environment** – including by developing ‘healthy living’ standards for housing, environment, and employment; providing guaranteed training and support for young people, affordable transport and clean air
- c) **Early years, Children and Young People** – including by prioritising future generations and ensuring that no young person is without employment,

education or training after they leave school; providing additional support for mental health in schools and workplaces and more mental health service provision for young people

- d) **Income, Poverty and Debt** – including by developing a minimum income level for healthy living, specific to the cost of living healthily in Greater Manchester and advocating nationally for this minimum income level to be the benchmark for wages and welfare payments
- e) **Work and Unemployment** – including by seeing a stronger role for business in achieving social goals, including reducing health and social inequalities – by being good employers, having ‘equitable’ supply chains, investing in / contributing to communities, investments to be sustainable and healthy, and providing beneficial products and services; Extending positive impacts of public sector organisations, beyond their services
- f) **Public Health** – including by providing a guaranteed offer of universal access to public health / wider public services

3.15 The report recommendations are included in full as **Appendix 2**.

3.16 In addition, the report makes the case for the GM system to adopt a series of ‘**Marmot Beacon Indicators**’ as measures of the extent to which the system is addressing the factors which impact upon levels of inequality and to identify areas where additional focus is required. The proposed Indicator Framework is attached as **Appendix 3**.

4. NEXT STEPS

4.1 These reports provide a call for action, not a request for new or separate public sector ‘strategy’. They have been widely shared with partners, networks, boards, panels, and communities to ensure that essential momentum is maintained and that this remains as much a priority for public services as it is for wider society.

4.2 In addition, localities are examining their current work through the lens of the Commission’s report to see where opportunities lie to go further and faster on key issues. To enable a coordinated response, identifying existing good practice, local priorities and areas of interest, a request has already been made that Local Authorities and Greater Manchester agencies share their current activities and plans in response to further inform the Greater Manchester development of next steps and actions.

4.3 There are clear emerging areas of synergy across the two reports, many of which will sit at the heart of Health and Care transformation in Greater Manchester such as the importance of addressing the wider, social and commercial determinants of health; an ambition to embed improving health and tackling inequalities in all policies and strategies; the need for the whole system to pivot towards a relentless pursuit of improved outcomes and reduced inequalities; the interdependence that exists between health and wealth; the important role that can be played by public services as ‘*anchor institutions*’; the systematic

rebalancing of investment towards prevention and early intervention; the importance of engaging and involving communities and citizens; the establishment of clear goals, targets and ambitions in relation to health and inequalities.

4.4 Wide-ranging activity is now taking place to co-produce the Greater Manchester system response. It is proposed that this response is brought to both the GM Health and Care Board and GM Combined Authority in the autumn, as an example of a truly collective first step on the next stage of this Greater Manchester journey.

5. RECOMMENDATIONS

5.1 The GM Health and Care Board is asked to:

5.1.1 Note the findings and recommendations of the GM Independent Inequalities Commission report and the Build Back Fairer report and commit to contributing to the co-production of the GM system response.

5.1.2 Agree to receive the proposed system response to Build Back Fairer and the areas of synergy with the Independent Inequalities Commission at an Autumn meeting of the GM Health and Care Board.

5.1.3 Re-emphasise the importance of both reports being considered within the development of the GM Integrated Care System

Appendix 1 – GM Independent Inequality Commission Recommendations

Our Recommendations

There is a vast amount of good work being done and many areas in which Greater Manchester is leading the way and making progress. But now is the time for a step change in its delivery. Our recommendations focus on how Greater Manchester can both respond to the immediate challenges created by the pandemic, and pivot towards a new way of doing things that puts tackling inequality at its heart. We have not tried to provide a comprehensive blueprint for tackling all inequalities in Greater Manchester – that is beyond the scope of our short Commission. Instead, we have focused on some key ways in which Greater Manchester could seek to shift wealth, power and opportunity to those too often denied it.

Greater Manchester Combined Authority (GMCA) can set goals and show leadership, but ultimately the vision will only be achieved by the whole system working together: GMCA, local authorities, health and the wider public sector, businesses and trade unions, the community and voluntary sector, and local residents. The Commission recognises that many of the big shifts needed to tackle inequality are outside of Greater Manchester's control and sit with national government – for instance, the urgent need to repair our social safety net by reforming Universal Credit and lifting statutory sick pay.

The double hit of the pandemic and a decade of austerity has also put local authority budgets under more pressure than ever before. This makes it all the more urgent to be creative with the powers and resources that are available – targeting resources to where they are most effective and working in partnership with communities.

The Commission hopes that our proposals will take Greater Manchester to the next level in creating a good life for all, built on the strong foundations already present in the city-region.

An Essential Pivot

1. Put **wellbeing and equality goals** at the heart of the Greater Manchester Strategy and align budgets, portfolios and activities to these so that good lives for all is the focus of everything Greater Manchester does.
2. Convene a **GM Anchor Action Network** and use their spending, investment and soft power to drive social value, support disadvantaged groups and create good, secure, living wage¹ jobs.

People Power

3. Create a **People's Taskforce** to put power into people's hands at every level of Greater Manchester and a **People's Assembly** to contribute to priority setting and work with public authorities in delivering them.
4. Give the **Equality Panels more teeth** with a stronger mandate and resources to constructively challenge public bodies.
5. Establish an **independent Anti-Discrimination** body to tackle breaches of the Equality Act.
6. Agree a joint commitment across GMCA, districts and statutory partners to **tackle inequality faced by minority groups** with a clear plan for roll out.
7. Develop a **GMCA Race Equality Strategy**, backed by a plan to increase representation of Black and Asian minorities in senior positions in GMCA and tackle race inequality in health, education, policing, work and housing.

Good Jobs, Decent Pay

8. Set up **'GM Works'** to create good jobs, upskill and reskill people to take up these jobs and provide apprenticeships and 6-month Job Guarantees for disadvantaged groups in key sectors.
9. Set an ambitious target for every employer in Greater Manchester to **pay the living wage and offer living hours by 2030**, using the Good Employment Charter, conditions on access to public goods, services and contracts and support for businesses in low paid sectors to get there.
10. **Bridge the skills divide** with universities, colleges and training providers working jointly to improve access to training, life-long learning and in-work progression schemes for disadvantaged groups.

Building Wealth

11. **Create a Community Wealth Hub** to support and grow co-operatives, mutuals, social and community enterprises, staffed by people from the co-operative and community sector who understand the market.
12. Set up a **Community Investment Platform** to tap into local savings, unlock community investment and build-up assets to share wealth with everyone in Greater Manchester.
13. Set up a **Land Commission** to look at ownership and control of land in Greater Manchester, its impacts on inequality and potential solutions.

Services for a Good Life

14. Move towards **universal basic services** in which education, health, childcare, adult social care, housing, transport and digital connectivity are provided to all and lobby central government to invest and devolve funding to make this a reality.
15. Launch an **Education Challenge** to give every child an equal start in life by levelling up schools in deprived areas, supporting young people's transition at 16 and improving access to activities that build social skills, confidence and resilience.
16. Scale up **public and social sector housebuilding** to deliver affordable, decent homes, backed by a plan to acquire land, rental properties, new builds and commercial properties for social housing.
17. Amplify the **Greater Manchester Model of integrated public services in 10 pathfinder deprived neighbourhoods and pilot an income guarantee** in one or more to tackle inequality, using community-led priorities, cross-service teams, pooled budgets and participatory budgeting.

In our full report we give detail on these recommendations and encouragement for other actions, including GMCA's role as a convener of calls to action for national actions and policies.



Appendix 2 – Build Back Fairer Recommendations

<p>1</p> <p>Build Back Fairer for future generations</p>	<p>Prioritise children and young people</p> <ul style="list-style-type: none"> • Provide further support for early years settings in more deprived areas, including additional support for parents • Extend interventions to support young people’s mental health and wellbeing at school and at work • Ambition for all young people, 18–25 years old, to be offered in-work training, employment or post-18 education • All policies assessed to consider impacts on health equity for future generations • Implement all recommendations and commitments in Greater Manchester’s Young Person’s Guarantee
<p>2</p> <p>Build Back Fairer resources</p>	<p>Rebalance spending towards prevention</p> <ul style="list-style-type: none"> • Share expertise and evidence of prevention interventions across local authorities and public services, and continue to build capacity and partnerships • Double the budget for prevention in the total health care budget in Greater Manchester within five years and a system-wide prevention/health spending target for all of Greater Manchester to be developed by end of 2021, with incremental targeted increases over five years • Advocate for real terms percentage increase in the regional budget for public health <p>Build Back Fairer opportunities for all</p> <ul style="list-style-type: none"> • Ensure proportionate universal funding – increase funding in more deprived communities and particular areas of public services • Advocate for increases in local government funding and public service allocations and other regional shares of national budgets • Establish a Build Back Fairer Investment Fund in Greater Manchester to include contributions from businesses that support the Build Back Fairer agenda • Increase funding and support for training and apprenticeships in more deprived communities • Request that businesses invest in a regional Build Back Fairer Investment Fund or equivalent through social value approaches and corporate social responsibility <p>Build Back Fairer commissioning</p> <ul style="list-style-type: none"> • Extend social value commissioning to all public sector contracts and to businesses in Greater Manchester to enhance business contributions to Building Back Fairer
<p>3</p> <p>Build Back Fairer standards</p>	<p>Standards for healthy living</p> <ul style="list-style-type: none"> • Identify the minimum income for healthy living in Greater Manchester and advocate for national resources to meet this in public sector pay and support business to pay the minimum income for healthy living • Guarantee offer of universal access to quality services including existing public services and public health services and universal access to training, support and employment for young people • Develop Greater Manchester minimum standards for quality of employment, environment and housing, and transport and clean air and advocate for enforcement powers and resources

4

Build Back Fairer Institutions

Extend anchor institution approaches

- Implement Greater Manchester's social value framework and extend anchor institutions approaches to VCSE sector and businesses
- Extend the remit of anchor institutions to incorporate social value procurement and commissioning and contributions to the Build Back Fairer Investment Fund

Scale up social value contracting and extend business role

- Health and social care act as leaders in social value commissioning and work in partnership across local authorities to develop local supply chain across Greater Manchester
- Embed widescale social value requirements in the Local Industrial Strategy and Good Employment Charter
- Add provision of apprenticeships for all ages to the social value framework
- Link Innovation Greater Manchester with social value framework

5

Build Back Fairer monitoring and accountability

Develop Build Back Fairer equity targets for Greater Manchester

- Based on the Marmot Beacon Indicators develop publicly accessible targets to monitor progress towards Building Back Fairer
- Report biannually on Marmot Beacon Indicators related to targets
- Invest in routine data collection to support monitoring of reductions in inequalities in wellbeing, opportunity and community cohesion within local authorities

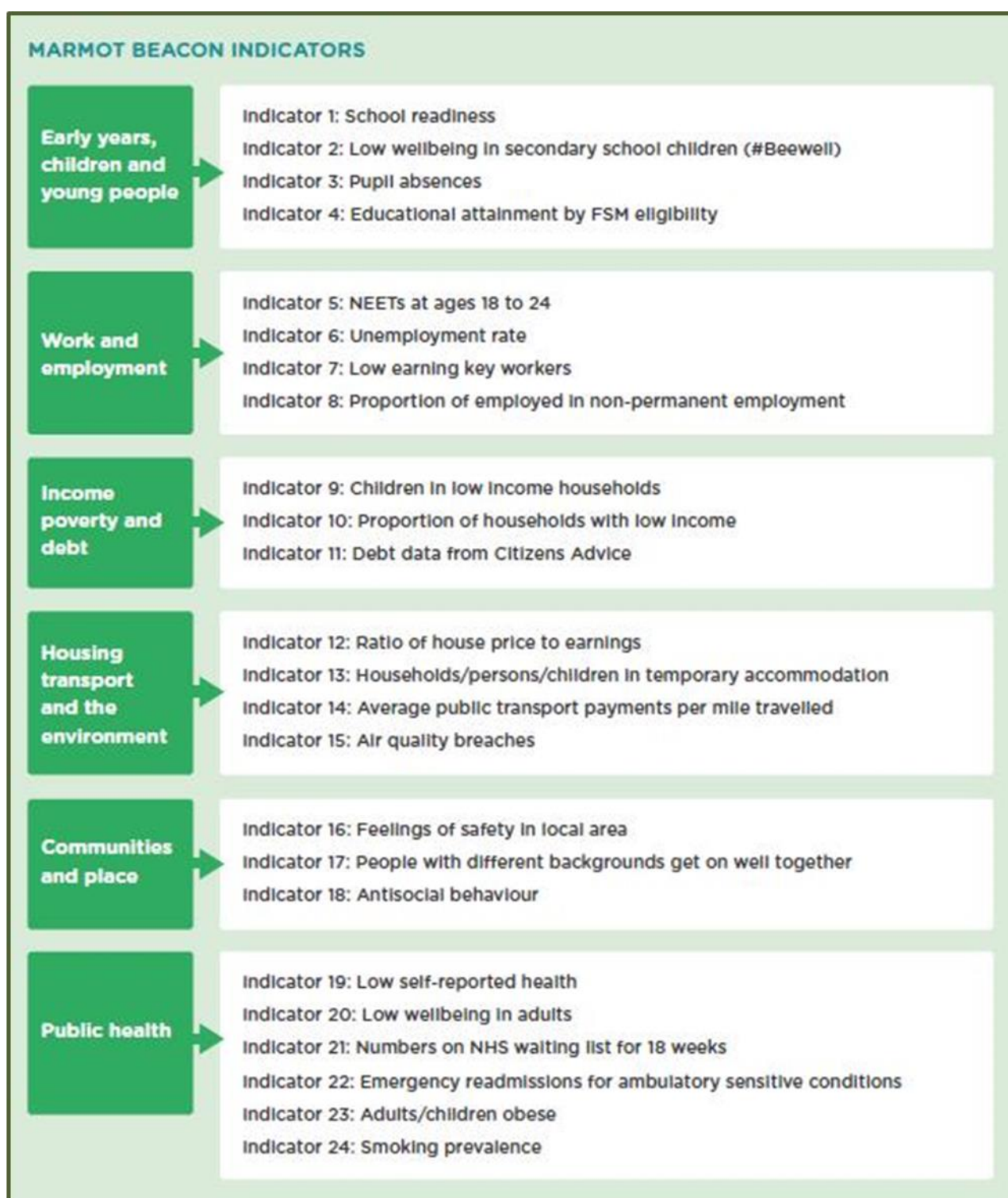
6

Build Back Fairer through greater local power and control

Build Back Fairer devolution

- Advocate for increased local control of employment services, post-16 skills, labour market, social housing and early years policies and services
- Build on success of devolved services and advocate for further powers and resources to deliver local health and wellbeing needs
- Further involve communities in the design and delivery of interventions to support their health and wellbeing
- Enhance public visibility of the Build Back Fairer approach in Greater Manchester, including explicit commitments and offers to the public
- Develop publicly accessible data on equity in health, wellbeing and the social determinants of health

Appendix 3 – Marmot Beacon Indicators



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