

**GREATER MANCHESTER
JOINT HEALTH SCRUTINY COMMITTEE**

DATE: Wednesday 12 July 2023

TIME: 10.30 am

VENUE: Boardroom, [GMCA](#) Offices, Broadhurst House, 56
Oxford Street, Manchester M1 7EU

ANNUAL MEETING AGENDA

1. APOLOGIES

2. APPOINTMENT OF CHAIR

To appoint a Chair for the 2023/24 Municipal Year.

3. APPOINTMENT OF VICE-CHAIR

To appoint a Vice-Chair for the 2023/24 Municipal Year.

BOLTON	MANCHESTER	ROCHDALE	STOCKPORT	TRAFFORD
BURY	OLDHAM	SALFORD	TAMESIDE	WIGAN

Please note that this meeting will be livestreamed via www.greatermanchester-ca.gov.uk, please speak to a Governance Officer before the meeting should you not wish to consent to being included in this recording.

4. MEMBERSHIP OF THE COMMITTEE 2023/24

To note the membership for the ensuing year.

Authority	Member	Substitute Member
Bolton	Councillor Andrew Morgan (Conservative)	Councillor Garry Veevers (Conservative)
Bury	Councillor Elizabeth Fitzgerald (Labour)	Councillor Joan Grimshaw (Labour)
Manchester	Councillor Zahid Hussain (Labour)	To be confirmed
Oldham	Councillor Eddie Moores (Labour)	Councillor Jenny Harrison (Labour)
Rochdale	Councillor Patricia Dale (Labour)	Councillor Sameena Zaheer Gallagher (Labour)
Salford	Councillor Sammie Bellamy (Labour)	Councillor Irfan Syed (Labour)
Stockport	Councillor David Sedgwick (Labour)	Councillor Lisa Smart (Liberal Democrat)
Tameside	Councillor Naila Sharif (Labour)	Councillor Jacqueline Owen (Labour)
Trafford	Councillor Sophie Taylor (Labour)	Councillor Barry Winstanley (Labour)
Wigan	Councillor Ron Conway (Labour)	Councillor John O'Brien (Labour)

5. MEMBERS CODE OF CONDUCT AND ANNUAL DECLARATION FORM 1 - 16

To remind Members of their obligations under the GMCA Member's Code of Conduct and to request Members to complete an annual declaration of interest form, which will be published on the GMCA website.

6. TERMS OF REFERENCE 17 - 30

To note the Committee's Terms of Reference for the 2023/24 Municipal Year.

ORDINARY BUSINESS

7. DECLARATIONS OF INTEREST 31 - 34

To receive declarations of interest in any item for discussion at the meeting. A blank form for declaring interests has been circulated with the agenda; please ensure that this is returned to the Governance & Scrutiny Officer at least 48 hours in advance of the meeting.

8. MINUTES OF THE MEETING HELD ON 8 MARCH 2023 35 - 44

To consider the approval of the minutes of the meeting held on 8 March 2023.

9. GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP STRATEGY 45 - 46

Presented by Warren Heppolette, Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care.

10. WORK PROGRAMME FOR THE 2023/24 MUNICIPAL YEAR

47 - 62

Presented by Nicola Ward, Statutory Scrutiny Officer, GMCA.

11. DATES AND TIMES OF FUTURE MEETINGS

To approve the dates and times of future meetings. All meetings will be held in person at the GMCA at 10.00 am on the following Wednesdays:

- 13 September 2023
- 8 November 2023
- 17 January 2024
- 13 March 2024

GOVWIFI INSTRUCTIONS

63 – 64

Greater Manchester Joint Health Scrutiny Membership 2023/24		
Name	Organisation	Political Party
Councillor Andrew Morgan	Bolton Council	Conservative
Councillor Elizabeth FitzGerald	Bury Council	Labour
Councillor Zahid Hussain	Manchester City Council	Labour
Councillor Eddie Moores	Oldham Council	Labour
Councillor Patricia Dale	Rochdale Council	Labour
Councillor Samantha Bellamy	Salford City Council	Labour
Councillor David Sedgwick	Stockport Council	Labour
Councillor Naila Sharif	Tameside Council	Labour
Councillor Sophie Taylor	Trafford Council	Labour
Councillor Ron Conway	Wigan Council	Labour

For copies of papers and further information on this meeting please refer to the website
www.greatermanchester-ca.gov.uk. Alternatively, contact the following
Governance & Scrutiny Officer: jenny.hollamby@greatermanchester-ca.gov.uk

This agenda was issued on 4 July 2023 on behalf of Julie Connor, Secretary to the
Greater Manchester Combined Authority, Broadhurst House, 56 Oxford Street,
Manchester M1 6EU

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LOCALISM ACT 2011

GREATER MANCHESTER COMBINED AUTHORITY (GMCA) CODE OF CONDUCT FOR MEMBERS

Register of Members' and Substitute Members' Disclosable Pecuniary Interests (in accordance with Sections 30 and 31 of the Localism Act 2011 and the relevant authorities (disclosable pecuniary interests) Regulations 2012 (S.I 2012 No.1464) and Members and Substitute Members personal interests in accordance with paragraph 2.1 of the GMCA's Code of Conduct for Members.

I, -----

Member of the GMCA (or one of its Committees) give notice that I have set out at Part 1 below under the appropriate heading the disclosable personal interests that I am required to notify to the GMCA's Monitoring Officer in accordance with Sections 30 and 31 of the Localism Act 2011 and The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 and/or by virtue of Rule 21 of the GMCA's Procedure Rules and that I have set out at PART 2 below the personal interests which I am required to notify to the GMCA's Monitoring Officer under Paragraphs 7.1 and 7.2 of the Code of Conduct for Members adopted by the GMCA at its meeting on the 27 July 2012 and have put 'NONE' where I am not required to notify any disclosable personal interests or personal interests under any heading.

I am aware that in accordance with Section 30(3) of the Localism Act 2011, I am required to notify at Part 1 both my own disclosable personal interests and also any disclosable personal interests of:

- 1. my spouse or civil partner,**
- 2. a person with whom I am living as husband and wife, or**
- 3. a person with whom I am living as if we were civil partners**

("my partner"), where I am aware that my partner has the disclosable personal interest.

PART 1**DISCLOSABLE PECUNIARY INTERESTS****1. Any employment, office, trade, profession, or vocation carried out for profit or gain**

Member	
Partner	

NB: You need to include details of any employment or business in which you or your Partner are engaged. Employees should give the name of their employer. You should give the name of any company of which you or your Partner are a partner or remunerated director. Where you or your Partner hold an office, give the name of the person of the body which appointed you or your Partner (in the case of a teacher in a maintained school – the local education authority; in the case of an aided school – the school's governing body)

2. Sponsorship

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NB: You must declare any payment or provision of any other financial benefit (other than from the GMCA) made or provided to you in respect of any expenses incurred by you in carrying out your duties as a Member / Substitute Member of the GMCA, or towards your election expenses, within the period of 12 months ending with the day on which you give your notification to the GMCA's Monitoring Officer for the purposes of Section 30(1) of the Localism Act 2011 and/or by virtue of Rule 21 of the GMCA's Procedure Rules. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

3. Contracts with the GMCA

Member	
Partner	

NB: You should describe all contracts of which you are aware, which are made between the GMCA and either yourself or your Partner or a body in which you or your Partner have a beneficial interest (being a firm in which you or your Partner is a partner, or a body corporate of which you or your Partner is a director, or in the securities of which you or your partner have a beneficial interest),

which are not fully discharged and which are contracts under which goods or services are to be provided or works are to be executed.

Please note that the reference to “securities” means “shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

4. Land in the area of the GMCA

Member	
Partner	

NB: You should include any land (including houses, buildings or parts of buildings and any interests as mortgagee) within the GMCA’s boundaries in which you or your Partner, either alone or jointly, have a proprietary interest for your or your Partner’s benefit. You should give the address or brief description to identify it. **If you live within the GMCA’s boundaries you should include your home under this heading** either as owner, lessee or tenant. You should also include any property from which you or your partner receive rent, or of which you or your partner are the mortgagees.

If you wish to redact your home address you must apply for a sensitive interest redaction via your Local Authority giving the reasons for this request, once approved this can also be applied to your GMCA declaration, subject to the approval of the GMCA Monitoring Officer.

5. Licences to occupy land

Member	
Partner	

NB: You should include any land (including buildings or parts of buildings) within the GMCA's boundaries which you or your Partner have a right to occupy for 28 days or longer (either alone or jointly with others). You should give the address or a brief description to identify it.

6. Corporate tenancies

Member	
Partner	

NB: You should list here any tenancies of properties of which you are aware, where the landlord is the GMCA and the tenant is a body in which you or your Partner have a beneficial interest (being a firm in which you or your Partner is a partner, or a body corporate of which you or your Partner is a director, or in the securities of which you or your partner have a beneficial interest).

Please note that the reference to “securities” means “shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

7. Securities

Member	
Partner	

NB: You should list here any beneficial interest of you or your Partner in securities of a body where –

- a) that body (to your knowledge) has a place of business or land within the GMCA’s boundaries; and
- b) either –
 - i. the total nominal value of the securities held by you or your Partner exceeds £25,000 or one hundredth of the total issued share capital of that body; or

- ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you or your Partner has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Please note that the reference to “securities” means “shares, debentures, debenture stock.

Loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

PART 2

PERSONAL INTERESTS

1. Bodies to which you are appointed or nominated by the GMCA

NB: You should record here details of your **position of general control or management**, in any –

- Body to which you have been appointed or nominated by the GMCA as its representative.

2. Interests in charities, societies and other bodies

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NB: You should record here details of your **position of general control or management**, in any –

- Public authority or body exercising functions of a public nature;
- Company, industrial and provident society, charity, or body directed to charitable purposes. (Freemasons should include here membership of the Masonic Grand Charity)
- Body whose principal purposes include the influence of public policy, including party associations, trade union or professional association.

3. Gifts and hospitality

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You should list here any person from whom you have received a gift(s) or hospitality with an estimated value of at least £100 (including multiple gifts and/or hospitality with an aggregate value of at least £100 from the same person). You should provide a description of the gift(s) or hospitality and the person you believe to be the source of the gift(s) and hospitality (including accumulative gifts and/or hospitality).

You should list any such gifts or hospitality which you have received within whichever is the shortest of the period of 3 years or the period since you were first elected as a Member / Substitute Member of the GMCA.

I recognise that it can be a CRIMINAL OFFENCE under Section 34 of the Localism Act 2011 to: -

1. fail to comply with the obligation to notify the GMCA's Monitoring Officer of any disclosable pecuniary interests as required by Section 30(1) of the Localism Act 2011;
2. provide information in relation to disclosable pecuniary interests that is materially false or misleading, and
3. fail to comply with the obligation to notify the GMCA's Monitoring Officer of any further disclosable pecuniary interests that require notification in accordance with Sections 30(2) and 30(3) of the Localism Act 2011.

I authorise this information to be made available in the GMCA's Public Register of Member's / Substitute Member's Interests which will be published on the GMCA's website as required by Section 29(6)(b) of the Localism Act 2011.

Signed:

Date:

OFFICE USE ONLY

Received Date:

Signed: GMCA

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SHORT GUIDE

GMCA CODE OF CONDUCT FOR MEMBERS

1. WHO

Mandatory for

The Mayor

Members of GMCA

Substitute Members of GMCA

Voting Co-opted Members of GMCA's committees

Appointed Members of Joint Committees

Voluntary for

Non-voting Co-opted Members of GMCA's committees

Elected members from GM districts when they represent GMCA

2. WHEN

Acting in your official capacity, and

In meetings of:

- GMCA; or
- GMCA's Committees or Sub-Committees, Joint Committees or Joint Sub-Committees

3. CONDUCT

General Principles

Selflessness: the public interest not personal gain

Integrity: avoid undue influences

Objectivity: decisions made on merit

Accountability: scrutiny is the norm

Openness: transparent decisions with reasons

Honesty: declare interests and avoid conflicts

Leadership: lead by example.

DO NOT

- Unlawfully discriminate
- Bully or be abusive
- Intimidate a complainant, a witness, or an investigator under the Code of Conduct
- Compromise the impartiality of GMCA's officers
- Disclose confidential information without authority
- Deny lawful access to information
- Bring GMCA into disrepute
- Abuse your position
- Use GMCA's resources improperly

DO

- Pay due regard to the advice of the Treasurer and Monitoring Officer
- Register your interests
- Declare your interests

INTERESTS

A. Pecuniary interests (you, your spouse or your partner)

Register within 28 days

- Employment or other paid office
- Sponsorship – payment in respect of expenses as a Member of GMCA, or election expenses.
- Contracts – between you/your partner (or a body in which you or your partner has a beneficial interest) and GMCA:

- Land you have an interest in within Greater Manchester
- Corporate Tenancies – where GMCA is the landlord you/your partner (or a body in which you or your partner has a beneficial interest) is the tenant
- Securities – you have a beneficial interest in securities of a body which has a place of business or land in the area of the GMCA

Do not speak or vote at a meeting on a matter in which you have a disclosable pecuniary interest

Disclose the interest at the meeting

Withdraw from the meeting

It is a criminal offence to fail to register disclosable pecuniary interests and to participate in any discussion or vote on a matter in which you have a disclosable pecuniary interest.

B. Other Interests

Personal Interests

You have a personal interest -

- If your well-being or financial position would be affected (i.e. more so than other ratepayers)
- If the well-being or financial position of somebody close to you would be affected or the organisations in which they are employed
- If the well-being or financial position of body referred to below would be affected
 - A body of which you are in a position of general control or management and to which you are appointed or nominated by GMCA;
 - A body of which you are in a position of general control or management which
 - i.exercises functions of a public nature;

- ii. is directed to charitable purposes; or
- iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union),
- the interests of any person from whom you have received a gift or hospitality with an estimated value of at least £100.

Disclose the interest at the meeting

You may speak and vote

C Prejudicial Interests

You have a prejudicial interest -

Where your personal interest is one which a member of the public would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest and it:

- affects your financial position (or those persons or bodies referred to in section B above); or
- relates to the determining of any approval, consent, licence, permission or registration

Do not speak or vote at a meeting on a matter in which you have a prejudicial interest

Disclose the interest at the meeting

Withdraw from the meeting

Terms of Reference

<p>Portfolio</p> <p><i>Insert the name of the Committee / portfolio body</i></p>	<p>Greater Manchester Joint Health Scrutiny Committee</p>
<p>Function/Purpose</p> <p><i>Include here where functions have been given to the Committee through Government legislation, or where a joint purpose has been agreed.</i></p>	<p>The GM Joint Health Scrutiny Committee has the delegated powers from the 10 Authorities of Greater Manchester (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, and Wigan) to undertake all the necessary functions of health scrutiny in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Local Health Scrutiny Regulations”), relating to reviewing and scrutinising health services matters where these are at a Greater Manchester level, and to provide a body to which Health Services Providers have a duty to consult under the Local Health Scrutiny Regulations.</p> <p>The Committee will scrutinise:</p> <ul style="list-style-type: none"> a. The strategies, policies, actions, and consultations of the work of the Greater Manchester Integrated Care Partnership including:

- | | |
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| | <ul style="list-style-type: none">• functions carried out in Greater Manchester by NHS England under delegated authority under the devolution agreement• The joint work of the Greater Manchester Provider Collaboratives• Relevant public health functions including those undertaken by the <u>UK Health Security Agency and Office for Health Improvement and Disparities</u> (previously public Health England (Greater Manchester))• Local Authorities across Greater Manchester regarding their role as providers and commissioners of social care, and as public health agencies.• All other cross-boundary NHS services e.g. North West Ambulance Service, Christies, Specialist Children's Services provided by the Royal Manchester Children's Hospital <p>b. Services provided to patients living and working across Greater Manchester</p> <p>c. Specific health issues that cut across geographical boundaries</p> <p>d. Individual authorities will reserve the right to undertake scrutiny of any of those authorities listed above with regard to matters relating specifically to their local population</p> |
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OBJECTIVES

- a.** To ensure that the needs of local people are considered as an integral part of the delivery and development of health services; and to contribute to Improving outcomes in population health and healthcare
 - Tackling inequalities in outcomes, experience, and access
 - Helping the NHS support broader social and economic development
 - Enhancing productivity and value for money
- b.** To review proposals for consideration or items relating to proposed substantial developments/substantial variations to services provided across Greater Manchester by the GM Integrated Care Partnership or individual NHS organisations, including:
 - Changes in accessibility of services
 - Impact of proposal on the wider community
 - Patients affected
- c.** To engage pro-actively with the GM Integrated Care Partnership and GM Integrated Care Partnership Strategy.
- d.** To keep abreast of organisational changes and key policy implementation within the NHS.
- e.** To bring together the responsibilities of local authorities to promote health service provision, delivery, and accessibility within the remit of the Health Scrutiny function.

Principles	<p>Principles of Joint Health Scrutiny's operation:</p> <ul style="list-style-type: none"> • The GM Joint Health Scrutiny Committee will be positive, objective, and constructive. It will acknowledge good practice and will recommend improvements where they could be of benefit. The GM Joint Health Scrutiny Committee will concentrate on service outcomes and seek to add value to each service that it considers. • The health and well-being of Greater Manchester residents is dependent upon many factors including the health services provided in partnership by NHS trusts and foundation trusts who provide services within the Integrated Care Partnership area and primary medical services providers, NHS England, voluntary services, and services provided by GM Authorities. This shared responsibility will be acknowledged by scrutiny and will feature in scrutiny reviews. • The GM Joint Health Scrutiny Committee will only be truly successful if key organisations work and co-operate together in an atmosphere of mutual respect and trust with an understanding and commitment to its aims. • The key organisations involved in health scrutiny must be willing to share information, knowledge and reports which relate to the delivery and success of health services in Greater Manchester and carry out duties that would be expected of them to enable health scrutiny to be successfully undertaken.
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	<ul style="list-style-type: none">• At all times both officers and members of the organisation involved in health scrutiny, patient representatives and members of the public will be treated with respect and courtesy. Matters of confidentiality will be treated with respect.• The GM Joint Health Scrutiny Committee will be open and transparent. Any person involved in health scrutiny will always declare any personal or other pecuniary interest that they have either in a scrutiny exercise or during a meeting of the Scrutiny Committee in accordance with the Code of Conduct relating to standards of conduct and ethics.• The GM Joint Health Scrutiny Committee whilst working in partnership, is independent of the NHS, the GMCA & AGMA Executive Board, District Health Scrutiny Panels, and the voluntary and community sector.• The GM Joint Health Scrutiny Committee will be focused on improving services and service provision for the people of Greater Manchester and will concentrate on outputs that are intended to help improve their health.• All dates and times of meetings of the GM Joint Health Scrutiny Committee, agendas, minutes, and reports will be circulated to members and Partners in accordance with the Local Government (Access to Information) Act 1985 or subsequent legislation.
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	<ul style="list-style-type: none"> • All members of the Greater Manchester Integrated Care Partnership will be consulted on Annual Work Programmes and informed in advance of scrutiny exercises that the GM Joint Health Scrutiny Committee is intending to undertake. Partners will be informed of the scope of all scrutiny exercises and will be given adequate notice of invitations to attend meetings of GM Joint Health Scrutiny Committee and any required information. • All members of the Greater Manchester Joint Health Scrutiny Committee will be consulted on any draft reports before they are published. Final reports will be presented to the Greater Manchester Integrated Care Board , GMCA, AGMA Executive, the NHS Trusts, be published on the GMCA website and circulated in accordance with the regulations on health scrutiny. • The GM Joint Health Scrutiny Committee will not be used as a complaint procedure. Case Studies may however be used as part of supporting information for scrutiny exercises. • All members of the Greater Manchester Integrated Care Partnership will be informed of any press releases relating to Health Scrutiny although officers may speak to the press in advance of the meeting to brief them about forthcoming Scrutiny Committee meetings.
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	<ul style="list-style-type: none"> The GM Joint Health Scrutiny Committee will at all times comply with the Constitution of GMCA and AGMA..
Expectations	<p>Expectations upon relevant bodies:</p> <p>The Greater Manchester Integrated Care Partnership, NHS England, Public Health England, and NHS Trusts will:</p> <ul style="list-style-type: none"> work in partnership with GM Joint Health Scrutiny Committee to provide objective and effective scrutiny of health services in Greater Manchester and the health of its residents. They will be mindful of their duty to consult on the planning, provision, or operation of a health service within Greater Manchester. provide information relating to the planning and operation of health services that is required by the Scrutiny Committee so that it can undertake health scrutiny. This includes responses to NHS Plans, proposals and consultations and undertaking health scrutiny reviews. This will not include confidential information that identifies individual people unless it can be presented in a way in which does not identify individuals or if an individual consents to the information being disclosed. provide the GM Joint Health Scrutiny Committee with such information within one month of the receipt of the request.

	<ul style="list-style-type: none"> • respond to health scrutiny reviews within one month of receipt. A copy of such response will be sent to the GMCA & AGMA Executive, and all other organisations involved in the review. • carry out consultations with the GM Joint Health Scrutiny Committee on plans for substantial developments in services, or substantial variations in service provision. • work jointly with GM Joint Health Scrutiny Committee to compile annual work programmes for health scrutiny. • ensure that officers attending Scrutiny Committee meetings are able to answer questions openly and are given appropriate support by their line managers.
Work Plan	<p>The GM Joint Health Scrutiny Committee will determine in consultation with members of Greater Manchester Integrated Care Partnership, an annual work programme. The GM Joint Health Scrutiny Committee is however responsible for setting its own agenda. Members of Greater Manchester Integrated Care Partnership may only make recommendations. Also, in setting the work programme the GM Joint Health Scrutiny Committee should consider the wishes of members on that committee who are not members of the largest political group on the Council.</p>
Recommendations	<p>Once it has formed recommendations on proposals for development, the GM Joint Health Scrutiny Committee will prepare a formal report and submit it to the appropriate officer for consideration by the relevant members of the Greater Manchester Integrated Care Partnership.</p>

	The relevant members of Greater Manchester Integrated Care Partnership shall consider the report of the GM Joint Health Scrutiny Committee and make a response to the Scrutiny Committee within one month of it being submitted.
Delegations <i>Include here where delegations have been given through legislation or directly by the GMCA or GM Mayor.</i>	The Committee has the delegated powers from the 10 Authorities of Greater Manchester.
Accountability <i>Include here how the committee or portfolio body is made up, to where it directly reports etc.</i>	GMCA, AGMA Executive Board/Greater Manchester Integrated Care Partnership

<p>Statutory/Decision Making/Informal</p> <p><i>Include here whether the committee or portfolio body is statutory i.e. legally required.</i></p>	<p>Statutory</p>
<p>Membership</p> <p><i>Detail here the membership of the committee or portfolio body, the required number of (and type of) members i.e., those who are elected members. In listing officers, ensure that these are referenced by job title/organisation.</i></p>	<p>The membership of the GM Joint Health Scrutiny Committee will be nominated by the ten Greater Manchester local authorities.</p> <p>Each local authority will nominate one non-Executive/Cabinet member.</p> <p>Where possible, members will be drawn from the individual local Scrutiny Panels/Committees that have responsibility for scrutinising Health and Social Care issues within their area.</p> <p>Officers of Individual District Health Scrutiny Panels/Committees are invited to attend to support and advise Members from their local authority on Health Scrutiny Issues and will have access to all agendas, briefing notes and minutes.</p> <p>Substitutes will be allowed but will need to be non-Executive/Cabinet members of the respective local authority.</p> <p>Members and substitutes will be appointed until the Annual Meeting of the GMCA/AGMA.</p>

<p>Appointment of Chair (and Vice Chair)</p> <p><i>Explain how the Chair is appointed and whether there is a legal requirement to appoint a certain person to Chair, also whether there is a designated length of term.</i></p>	<p>Appoint a Chair and Vice Chair at its first meeting for the municipal year.</p>
<p>Quoracy</p> <p><i>Detail how many members of the Committee or portfolio body are required to be present before a meeting can take place, and whether there are any specifications as to the breakdown of these members.</i></p>	<p>There must be five local authorities represented at each meeting in order for it to be quorate.</p>
<p>Voting</p>	<p>Voting will be made by a simple majority; the Chair will have the casting vote.</p>

<p><i>Set out here how a vote will be taken, if there is a majority vote, any casting vote etc.</i></p>	<p>In addition, as many of the sub-regional issues the Committee considers are also of interest to neighbouring authorities, representatives from surrounding local authorities are invited to attend all meetings if they wish. This role is for information, questions, and comments. If a vote is taken only the 10 GM authorities have voting rights.</p> <p>GM Authorities may agree to confer full voting rights to some or all “associate members” in relation to specific issue being considered if it is felt that this issue under consideration cuts across Greater Manchester boundaries. This decision would be at the discretion of Committee Members.</p>
<p>Meeting arrangements</p> <p><i>Detail here the current meeting arrangements, i.e. frequency, location etc</i></p>	<p>The GM Joint Health Scrutiny Committee will meet six times a year in person.</p> <p>Dates of forthcoming meetings will be confirmed at the first meeting of each municipal year. In addition, extra meetings may be scheduled to effectively deliver the work programme for the forthcoming year.</p>
<p>Lead contact</p> <p><i>Include here who is the main point of contact for the Committee / portfolio body</i></p>	<p>Nicola Ward, Statutory Scrutiny Officer, GMCA</p>

Date TOR were approved <i>Detail the date that these terms of reference were approved</i>	13.7.22
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Declaration of Councillors' Interests in Items Appearing on the Agenda

Name and Date of Committee _____

Agenda Item Number	Type of Interest - PERSONAL AND NON PREJUDICIAL Reason for declaration of interest	NON PREJUDICIAL Reason for declaration of interest Type of Interest – PREJUDICIAL Reason for declaration of interest	Type of Interest – DISCLOSABLE PECUNIARY INTEREST Reason for declaration of interest

Please see overleaf for a quick guide to declaring interest at GMCA meetings.

Quick Guide to Declaring Interests at GMCA Meetings

Please note: should you have a personal interest that is prejudicial in an item on the agenda, you should leave the meeting for the duration of the discussion and the voting thereon.

This is a summary of the rules around declaring interests at meetings. It does not replace the Member's Code of Conduct; the full description can be found in the GMCA's constitution Part 7A.

Your personal interests must be registered on the GMCA's Annual Register within 28 days of your appointment onto a GMCA committee and any changes to these interests must notified within 28 days. Personal interests that should be on the register include:

1. Bodies to which you have been appointed by the GMCA.
2. Your membership of bodies exercising functions of a public nature, including charities, societies, political parties, or trade unions.

You are also legally bound to disclose the following information called Disclosable Personal Interests which includes:

1. You, and your partner's business interests (e.g., employment, trade, profession, contracts, or any company with which you are associated).
2. You and your partner's wider financial interests (e.g., trust funds, investments, and assets including land and property).
3. Any sponsorship you receive.

Failure to disclose this information is a criminal offence

Step One: Establish whether you have an interest in the business of the agenda

1. If the answer to that question is 'No' then that is the end of the matter.
2. If the answer is 'Yes' or 'Very Likely' then you must go on to consider if that personal interest can be construed as being a prejudicial interest.

Step Two: Determining if your interest is prejudicial

A personal interest becomes a prejudicial interest:

1. Where the wellbeing, or financial position of you, your partner, members of your family, or people with whom you have a close association (people who are more than just an acquaintance) are likely to be affected by the business of the meeting more than it would affect most people in the area.
2. The interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest.

For a non-prejudicial interest, you must:

1. Notify the Governance and Scrutiny Officer for the meeting as soon as you realise you have an interest.
2. Inform the meeting that you have a personal interest and the nature of the interest.
3. Fill in the declarations of interest form.

To note:

1. You may remain in the room and speak and vote on the matter.

If your interest relates to a body to which the GMCA has appointed you to, you only have to inform the meeting of that interest if you speak on the matter.

For prejudicial interest, you must:

1. Notify the Governance and Scrutiny Officer for the meeting as soon as you realise you have a prejudicial interest (before or during the meeting).
2. Inform the meeting that you have a prejudicial interest and the nature of the interest.
3. Fill in the declarations of interest form.
4. Leave the meeting while that item of business is discussed.
5. Make sure the interest is recorded on your annual register of interests form if it relates to you or your partner's business or financial affairs. If it is not on the Register update it within 28 days of the interest becoming apparent.

You must not:

Participate in any discussion of the business at the meeting, or if you become aware of your disclosable pecuniary interest during the meeting participate further in any discussion of the business, participate in any vote or further vote taken on the matter at the meeting.

**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
Councillor Jaqueline Radcliffe
Councillor Elizabeth Fitzgerald
Councillor Patricia Dale
Councillor Ifran Sayed
Councillor Naila Sharif

Stockport Council (in the Chair)
Bolton Council
Bury Council
Rochdale Council
Salford City Council
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 grant 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.

Greater Manchester Joint Health Scrutiny

Date: 12 July 2023

Subject: Greater Manchester Integrated Care Partnership Strategy

Report of: Warren Heppolette, Chief Officer for Strategy & Innovation,
NHS Integrated Care

Purpose of Report:

This report is offered to provide the Committee with confirmation of the strategic priorities of the Greater Manchester Integrated Care Partnership. It also sets out how the integrated care system is set up and organised to deliver on these priorities.

The report is offered recognising that the Committee will be discussing its priorities for the year, and also to support the committee's understanding of the organisation and operation of the integrated care system.

[The Improving Health and Care in Greater Manchester 2023-28 Strategy](#) follows engagement and discussion with the Committee earlier in 2023.

Recommendations:

The Joint Health Scrutiny Committee is requested to:

1. Receive the strategy to support the Committee's deliberations on its priorities for its work during the municipal year.
2. Receive the strategy to support the Committee's understanding of the operation and organisation of the integrated care system in GM.

Contact Officers

Warren Heppolette, Chief Officer, Strategy and Innovation, NHS Greater Manchester.

warrenheppolette@nhs.net

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Greater Manchester Joint Health Scrutiny Committee

Date: 12 July 2023
Subject: Work Programme for the 2023/24 Municipal Year
Report of: Nicola Ward, Statutory Scrutiny Officer, GMCA

Purpose of Report:

To provide Members with the draft Committee's Work Programme for the 2023/24 Municipal Year (Appendix 1). Members are reminded that this is a working document which will be updated throughout the year.

Also provided is the Action Plan (Appendix 2) from 2022/23 to inform Members about what actions and work have been taken as a result of their discussions at meetings.

To further aid work programming, a list of items due to be discussed at District Health scrutiny meetings in 2023/24 is attached (Appendix 3).

Recommendation:

That Members consider and populate the Committee's draft Work Programme.

Contact Officers:

Nicola Ward, Statutory Scrutiny Officer, GMCA

nicola.ward@greatermanchester-ca.gov.uk

Jenny Hollamby, Senior Governance and Scrutiny Officer, GMCA

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Appendix 1

Greater Manchester Joint Health Scrutiny - Work Programme (July 2023 to June 2024)

Date	Item	Lead	Ask of scrutiny
12.07.23	Introduction to NHS Greater Manchester Integrated Care	Warren Heppolette Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care	To provide the current situation, role, accountability, and background of NHS Greater Manchester Integrated Care.
13.09.23*	Dentistry Update	Rob Bellingham, Director of Primary Care and Strategic Commissioning, NHS Greater Manchester Integrated Care	To provide an update following the Dentistry update provided at the 18.02.23 meeting.
	Joint Health Scrutiny and Integrated Care Arrangements	Paul Dennett, Chair of the Integrated Care Partnership (ICP) and Sir Richard Leese, Chair of the Integrated Care Board (ICB)	To consider the role of the Committee in the integrated care arrangements.
08.11.23*			

17.01.24*			
13.03.24*			

*To be confirmed

ITEMS TO BE SCHEDULED:

1. Mental health inequalities – requested by Members at the meeting on 08.03.23.
(Sandeep Ranote, Mental Health Lead for NHS GM Integrated Care)

Items Previously Considered in 2022/23			
13.07.22	Strategic Approach to Recovering in Greater Manchester	Richard Mundon, Director of Strategy and Planning at Wrightington Wigan and Leigh Teaching Hospitals NHS Foundation Trust and Chair of GM Provider Directors of Strategy	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Discuss the GM Strategic Approach to Recovery, noting the scale and interconnectivity of the proposed. 2. Comment on whether this provides a practical joined-up framework for delivery. 3. Identify any area for further in-depth engagement at future sessions.
14.09.22	Greater Manchester Health and Care Digital Strategy/Maturity and Inclusion Work	Laura Rooney Director of Corporate Strategy (Interim) Health Innovation Manchester	To understand how digitalisation will be used as an enabler to deliver the NHS Recovery Plan, and what it has enabled to date. Also, to review how digital exclusion is impacting on health inequalities.
	Elective Recovery Update	Vicky Sharrock Deputy Director Strategic Operations NHS GM Integrated Care	To provide members with the current status of elective care, including the extent of the backlog challenge, the approaches being utilised in GM to address it and the progress (and challenges) so far.

21.11.22	Integrated Care Strategy (ICS)	Paul Dennett, Chair of the Integrated Care Partnership	To have an opportunity to consider the ICS before publication to ensure that it is in line with GM priorities.
	Urgent Care System Update	Salman Desai, Deputy Chief Executive Officer and Dan Smith, Interim Head of Service for GM	To understand the continued pressures on the urgent care system and plans to address issues for Accident and Emergency (A&E) departments, ambulances and within social care.
18.01.23	Dentistry	Rob Bellingham, Director of Primary Care and Strategic Commissioning	To gain an understanding of the current picture across the dentistry sector, its challenges and what is being done to improve services.
	ICS and Performance Measures	Warren Heppolette, Chief Officer for Strategy and Innovation, NHS GM Integrated Care	To enable the Committee to comment on the draft ICS before approval, specifically to understand more about its performance monitoring framework against delivery.
	Integrated Care Board report on Quality and Performance Update	Steve Dixon Chief Delivery Officer, NHS Greater Manchester	This report is provided for information in response to their questions around performance measures at the last meeting.
08.03.23	Integrated Care Strategy (ICS)	Warren Heppolette, Chief Officer for Strategy and Innovation, NHS GM Integrated Care	Final draft of the Strategy before approval by the Integrated Care Board (ICB) and following on from discussions in January 2023.

	Mental Health Plan	Sandeep Ranote Mental Health Lead for NHS GM Integrated Care	To understand how GM is addressing the significant increase in people experiencing mental health issues, in particular young people.
	Greater Manchester People and Culture Strategy	Janet Wilkinson, Chief People Officer and Councillor Bev Craig, Manchester City Council (Economy, Business and International - GMCA Portfolio Lead)	To look closer at GM's Workforce Wellbeing Strategy, wellbeing toolkit and reference to future workforce planning. To further consider work underway in relation to the real living wage, good employment charter and social value.
	Elective Care Update	Vicky Sharrock, GM Programme Director for Elective Care	To provide the Committee with an update on the delivery of the 78-week position following a report in September 2022 which advised there would be 84,000 patients to be treated before the end of March 2023.

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Greater Manchester Joint Health Scrutiny Action Plan (July 2022 – March 2023)

Date	Item and Actions	Lead	Completed by
13.07.22	STRATEGIC APPROACH TO RECOVERY IN GREATER MANCHESTER 1. That workforce, the role of digital in supporting recovery and digital inclusion and NHS dentistry be further considered for in-depth engagement at future meetings of the Committee. 2. That the update be shared by Committee Members with their local Health Scrutiny Committees and engage stakeholders in developing the approach to recovery.	Janet Wilkinson Laura Rooney Rob Bellingham All Members	08.03.22 14.09.22 18.01.23 On-going
21.09.22	GREATER MANCHESTER ELECTIVE RECOVERY AND REFORM 1. That an Elective Care Update with a focus on the delivery of the 78 week position be considered at the meeting on 8 March 2023. 2. That Officers find ways to promote the good news story of reducing the number of patients waiting over 104 weeks for their elective care. A joint message was sent out through comms leads across organisations thanking staff for their efforts in delivering against the long wait ambition.	Vicky Sharrock Vicky Sharrock, Mary Fleming and Francis Andrews	08.03.23 Complete

	3. That Officers consider a relaunch of 'Please Write to Me' initiative to improve patient communications. A comms and engagement approach has been developed, which has included on-going updates to our While You Wait Web Site, a patients and engagement programme and have agreed to establish a lived experience panel all to improve engagement with those on the wait list. Further work is currently being planned in response to a recent patient engagement piece of work.	Francis Andrews	Complete
	4. That the Committee would seek to understand the specific challenges affecting children's mental health services at a future meeting.	Sandeep Ranote	08.03.23
	DIGITAL HEALTH AND CARE UPDATE ON INVESTMENTS PRIORITIES AND DIGITAL		
	1. That Officers would consider the use of young people as future digital champions through a programme for schools and colleges that potentially widened the role.	Laura Rooney	
	2. That the Committee welcome the outcomes of the Lighthouse project case study in due course.	Laura Rooney	

18.01.23	PROVISION AND ACCESS TO DENTISTRY		
	1. That Member's comments about the report and presentation be fed back to the co-authors.	Rob Bellingham	Complete
	2. That a further dentistry update be presented to the Committee at a future meeting.	Rob Bellingham	13.09.23
	DEVELOPING THE ICP STRATEGY		
	1. That the GM Model of Health and Care Diagram be updated and shared with Members.	Paul Dennett/ Warren Heppolette	Complete
	2. That the Annual Health Check Performance diagram be updated to include Rochdale.	Paul Dennett/ Warren Heppolette	Complete
08.03.23	GREATER MANCHESTER INTEGRATED CARE STRATEGY (ICS) – 5 YEAR STRATEGY		
	1. That the ICP be challenged to ensure that the ICS reaches all communities via all available communications.	Paul Dennett/ Warren Heppolette	Underway review of accessible information standard now being initiated.

	ADDRESSING THE INCREASED PRESENTATION TO YOUNG PEOPLE EXPERIENCING MENTAL HEALTH ISSUES 1. That mental health inequalities across different communities and demographic groups be considered at a future meeting.	Sandeep Ranote	On the 2023/34 Work Programme
	GREATER MANCHESTER PEOPLE AND CULTURE STRATEGY 1. That Officers raise the Member's feedback on the Workforce Strategy with colleagues.	Janet Wilkinson	Complete
	2. That the membership data from the Good Employment Charter be shared with Members.	Janet Wilkinson	Complete
	GM ELECTIVE CARE RECOVERY AND REFORM 1. That Officers raise the variation in GP appointment practices with the Primary Care Group and GP Forum.	Vicky Sharrock	

Greater Manchester Joint Health Scrutiny – District Items 2023/24

District	Date	Topic
Bolton	4.7.23	<ul style="list-style-type: none"> • Informal meeting to consider what items will be scrutinised in 2023/24
Bury	18.7.23	<ul style="list-style-type: none"> • TBA
Manchester	24.5.23	<ul style="list-style-type: none"> • Greater Manchester Mental Health (GMMH) Trust
	21.6.23	<ul style="list-style-type: none"> • Adult Social Care Community Capacity Market Development and Commissioning • Manchester Safeguarding Partnership Annual Report
	19.7.23	<ul style="list-style-type: none"> • Adverse Childhood Experiences (ACEs) & Trauma Informed Practice • Disaggregation of Complex Services • Implementing Ockenden: One Year On
	6.9.23	<ul style="list-style-type: none"> • Planning for Winter 2023/24 Across Health and Care • NHS Greater Manchester Integrated Care System Update • COVID-19 National Inquiry
	11.10.23	<ul style="list-style-type: none"> • Making Manchester Fairer
	8.11.23	<ul style="list-style-type: none"> • Budget proposals for Adult Social Care and Public Health • Update on Dementia • Update on Extra Care • Update on Learning Disability (LD) Autism with a focus on Transitions
	6.12.23	<ul style="list-style-type: none"> • Climate Change Update • Health and Homelessness

	10.1.24	<ul style="list-style-type: none"> • Drugs and Alcohol Services • Cancer Screening
	7.2.24	<ul style="list-style-type: none"> • Budget Proposals for Adult Social Care and Public Health • Implementation of the 2023/24 Winter Plans
	6.3.23	<ul style="list-style-type: none"> • Carers Strategy • Manchester Public Health Annual Report • Update on Health Infrastructure Projects
	Items to be Scheduled	<ul style="list-style-type: none"> • Findings from the Care Quality Commission (CQC) Reports into Manchester Based Services and the Publication of the GMMH Independent Review by Professor Shanley • Health Provision For Asylum Seeker Contingency Hotels • An Update On Health Protection Outbreaks as they Arise
Oldham	TBA	<ul style="list-style-type: none"> • TBA
Salford	5.7.23	<ul style="list-style-type: none"> • CQC Adult Social Care Readiness • Performance of Adult Social Care in Salford
	2.8.23	<ul style="list-style-type: none"> • Section 75 across Northern Care Alliance (NCA) and System Control Centres (SCC) • Integrated Care Locality Board (Performance and Financial Sustainability)
	6.9.23	<ul style="list-style-type: none"> • GM Health Scrutiny Policy Matters • North Manchester Hospital Consultation
	4.10.23	<ul style="list-style-type: none"> • GP Access/Primary Care Networks (PCNs) Management of Long-term Conditions • Pharmacy Services/Healthy Living Pharmacies

	1.11.23	<ul style="list-style-type: none"> • Performance A&E • North West Ambulance Service (NWAS) Update
	6.12.23	<ul style="list-style-type: none"> • GMMH Services • Live Well in Salford/Carers Update
	7.2.24	<ul style="list-style-type: none"> • TBC/Joint Panel with Children's • Early Help and 0-19 Service Outcomes
	6.3.24	<ul style="list-style-type: none"> • Health Improvement/Health Checks • Tobacco Alliance/Smoke-Free Settings
	3.4.24	<ul style="list-style-type: none"> • Public Health Annual Report 2023/24 • Health and Wellbeing Board Priorities/Healthwatch Reports
	1.5.24	<ul style="list-style-type: none"> • Asylum Seekers and Refugees • Welfare Rights and Debt Advice
Stockport	15.6.23	<ul style="list-style-type: none"> • Health and Adult Social Care Portfolio Performance and Resources Report Quarter4/Year End • Portfolio Performance and Resources – Draft 2023/24 Agreement • Stockport Safeguarding Adults Partnership Annual Report
	Items to be scheduled	<ul style="list-style-type: none"> • Volunteer Sector – delivery of services across Stockport • Technology Enabled Care - to support and enhance the experience of people and their independence in their own homes • Digital Access Programme (including access figures) – to promote and enable digital access

		<ul style="list-style-type: none"> • Quality and Capacity of Mental Health Provision in Stockport/ Service Providers Update – coping with increasing mental health in local areas • Update from the Adults Safeguarding Board • Stockport Family Special Educational Needs and Disabilities (SEND) Pilot • Update on the progress of the Foundation Living Wage • Health & Wellbeing Board and One Stockport Health & Care Locality Board – roles, responsibilities and relationship • Mental Health & Wellbeing Strategy update including progress and performance • Six month update relating to workforce and wellbeing across adult social care including the progress made • That Greater Manchester Integrated Care System (ICS) senior colleagues be invited to a future meeting of the Committee
Tameside	8.6.23	<ul style="list-style-type: none"> • Role of Scrutiny • Annual Work Programme – future items TBA
Trafford	26.7.23	<ul style="list-style-type: none"> • TBA
Wigan	24.7.23	<ul style="list-style-type: none"> • TBA



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You will be sent a username and password unique to either your email address or mobile number that you can use to login to GovWifi on any of your devices.

Connecting to GovWifi

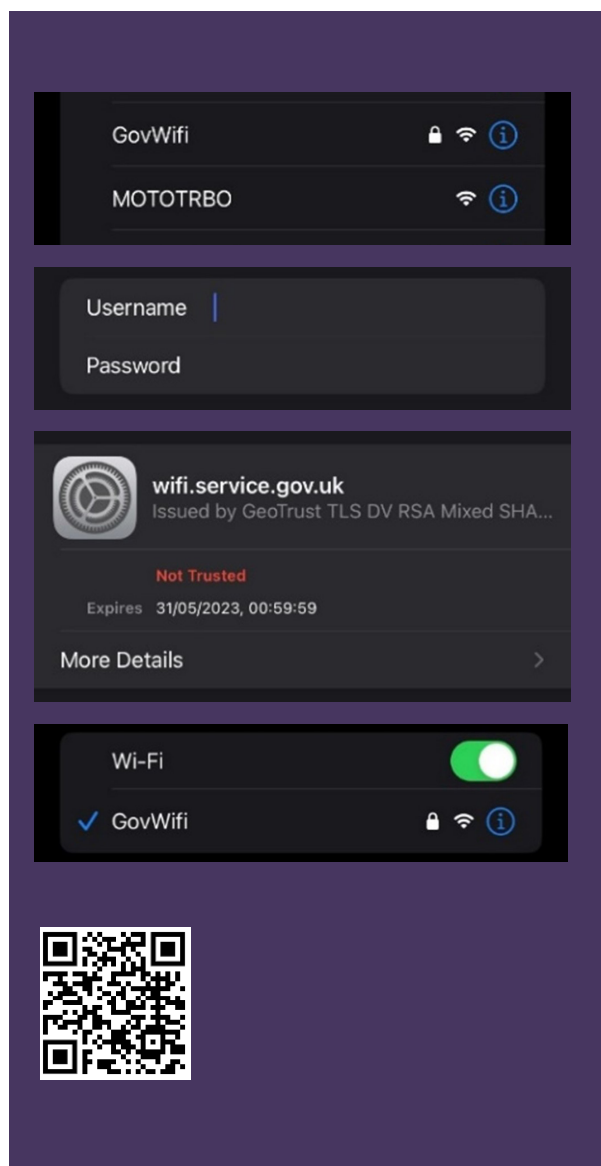
After you have received your username and password open your Wifi settings menu to select the GovWifi option.

Enter the username and password you were sent during registration.

You will be presented with a certificate screen you will need to validate. Check the issuing service is 'wifi.service.gov.uk' and then select the certificate is valid and that it is trusted.

You will then connect to GovWifi this can take a few seconds to complete.

Guidance on how to connect on specific devices can be found here:



Internet access is passing through the GMCA content filtering as per the standard corporate internet access with one exception that personal email is permitted.

In accepting the terms of connection to the GovWifi service you will be agreeing to the acceptable use policy.

If you require any further assistance, please contact the ICT Service Desk on 0161 608 4425 or log your call via the Self Service Portal

The GovWifi Terms of Service can be found here:



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