

**GREATER MANCHESTER
JOINT HEALTH SCRUTINY COMMITTEE**

DATE: Wednesday 13 September 2023

TIME: 10.00 am

**VENUE: Boardroom, GM Combined Authority, Tootal Buildings,
56 Oxford Street, Manchester M1 6EU**

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

1 - 10

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.

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.

3. MINUTES OF THE MEETING HELD ON 12 JULY 2023 11 - 20

To consider the approval of the minutes of the meeting held on the 12 July 2023.

4. UPDATE ON THE WORK OF THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP 21 - 32

Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care and Mayor Paul Dennett, (GMCA Deputy Mayor), and GMCA Portfolio Lead for Homelessness, Healthy Lives and Quality Care.

5. ACCESS TO NHS DENTISTRY ACROSS GREATER MANCHESTER 33 - 64

Presented by Ben Squires, Head of Primary Care, Greater Manchester.

6. WORK PROGRAMME FOR THE 2023/24 MUNICIPAL YEAR 65 - 74

Presented by Nicola Ward, Statutory Scrutiny Officer, GMCA

7. DATES AND TIMES OF FUTURE MEETINGS

All meetings will be held in person at the GMCA at 10.00am on the following Wednesdays:

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

FOR INFORMATION

8. LINKS TO MINUTES AND DECISIONS

[NHS Greater Manchester Integrated Care Board 17 May 2023](#)

[NHS Greater Manchester Integrated Care Board Partnership 24](#)

[March 2023](#)

Committee 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 5 September 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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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

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Please see overleaf for a quick guide to declaring interests 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 (eg employment, trade, profession, contracts, or any company with which you are associated).

2. You and your partner's wider financial interests (eg 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 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 interests, you must:

1. Notify the governance 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.

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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.

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

**MINUTES OF THE MEETING OF THE GREATER MANCHESTER
JOINT HEALTH SCRUTINY COMMITTEE HELD ON 12 JULY 2023,
GMCA, BOARDROOM, 56 OXFORD STREET, MANCHESTER M1 6EU**

PRESENT:

Councillor David Sedgwick	Stockport Council (in the Chair)
Councillor Andrew Morgan	Bolton Council
Councillor Elizabeth FitzGerald	Bury Council
Councillor Eddie Moores	Oldham Council
Councillor Patricia Dale	Rochdale Council
Councillor Sammie Bellamy	Salford City Council
Councillor Naila Sharif	Tameside Council
Councillor Ron Conway	Wigan Council

OFFICERS IN ATTENDANCE:

Warren Heppolette	Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care
Nicola Ward	Statutory Scrutiny Officer
Jenny Hollamby	Senior Governance & Scrutiny Officer
Oliver Fenton	Assistant Governance Officer

OTHERS IN ATTENDANCE:

Councillor Dylan Butt	Trafford Council
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JHSC/1/23 APOLOGIES

Apologies were received and noted from Councillor Paul Dennett and Councillor Zahid Hussain.

JHSC/2/23**APPOINTMENT OF CHAIR**

A nomination for Councillor David Sedgwick to be appointed as Chair was received and approved.

RESOLVED/-

That Councillor David Sedgwick be appointed as Chair for the 2023/24 municipal year.

JHSC/3/23**APPOINTMENT OF VICE-CHAIR**

A nomination for Councillor Sammie Bellamy to be appointed as Vice-Chair was received and approved.

RESOLVED/-

That Councillor Sammie Bellamy be appointed as Vice-Chair for the 2023/24 municipal year.

JHSC/4/23**MEMBERSHIP OF THE COMMITTEE 2023/24****RESOLVED/-**

That the Membership for the 2023/24 municipal year be noted as below:

Authority	Member	Substitute Member
Bolton	Councillor Andrew Morgan (Conservative)	Councillor Garry Veevers (Liberal Democrat)

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)

JHSC/5/23

**MEMBERS CODE OF CONDUCT AND ANNUAL
DECLARATION FORM**

RESOLVED/-

1. That the GMCA's Code of Conduct be noted.
2. That it be noted that all Members be requested to complete an annual register of interest form and return it to the Governance Officer.

JHSC/6/23

TERMS OF REFERENCE

RESOLVED/-

That the Terms of Reference for the Committee be noted.

JHSC/7/23

DECLARATIONS OF INTEREST

RESOLVED/-

No declarations of interest were received in relation to any item on the agenda.

JHSC/8/23

**MINUTES OF THE MEETING HELD ON WEDNESDAY
8 MARCH 2023**

RESOLVED/-

That the minutes of the meeting held on 8 March 2023 be approved as a correct record.

Warren Heppolette, Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care presented a report that confirmed the strategic priorities of the Greater Manchester Integrated Care Partnership (ICP). The report also set out how the integrated care system had been set up and organised to deliver on those priorities.

The report was also presented to further aid the Committee when discussing its priorities for the year and also to support its understanding of the organisation and operation of the wider integrated care system.

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

In presenting the published Strategy, it also set the scene for activities and challenges in the health and care system over the next five years and to help the Committee set and shape its work programme for the 2023/24 municipal year. The Chief Officer for Strategy & Innovation lead the Committee through the statutory Strategy, which was the single core duty of the Integrated Care Partnership Board (ICPB) as a statutory joint Committee between the Integrated Care Board (ICB), NHS Greater Manchester and each of the Local Authorities (LA) in the Greater Manchester system. The Strategy also aligned with the objectives of the wider [Greater Manchester Strategy](#).

The second statutory responsibility is to develop a joint forward plan.

A Member commented about the historical background of health and care in Greater Manchester and the challenges it had successfully overcome. Additionally, it was highlighted that the Strategy reflected the ambitions of Greater Manchester, wanting to do the best for all residents despite the current and forthcoming challenges.

A Member expressed concern regarding the delegation of responsibilities to localities and questioned how the ICPB intended to delegate its responsibilities to those localities. Officers recognised the need for delegation and assured Members that they had reviewed the governance structure of the ICP, ICB and locality boards. It was envisaged that 80% target of responsibilities would be delegated to localities and place-based partnerships operating across each of the neighbourhoods. In light of the review, governance would be reset, and an accountability framework would be established for the forward plan.

A Member enquired about the innovations and research initiatives within Greater Manchester and whether any developments could assist with issues such as waiting lists and preventative work. Reference was made to the establishment of Health Innovation Manchester in 2017 and the annual agreement which sought to engage with the universities in Greater Manchester lead by the healthcare system supported by industry to identify issues that could be addressed with new treatments, among other solutions. However, given it could take 15 years for a proven new innovation to enter the healthcare system, it was acknowledged that there was work to do to close the gap from discovery to delivery. It was suggested that this might be a topic for the Committee's work programme.

A Member recognised that 'health was more than medicine' and asked how health inequalities would be managed through the Strategy, particularly considering the increasing number of individuals affected by the cost-of-living crisis. Officers described the way resources were delivered to NHS Greater Manchester using a needs based formula. It was acknowledged that there was work to do around

resource allocation across the system as distribution was not necessarily matched to health need across the population. Whilst the solution was being understood, it was recognised that it should be open and transparent and respond to different sectors in the health and care economy. Work was taking place nationally supporting integrated care systems around resource allocation modelling, which would support considerations in this area for Greater Manchester.

A Member enquired about how the Committee would be kept informed of new concepts and treatments that were developed, implemented, or not deployed, as some concepts, as previously mentioned, could take up to 15 years to be fully implemented. Officers acknowledged that the system was not transparent and could be more publicly visible, however suggested that the committee could engage with Health Innovation Manchester on this topic.

A concern was raised about the Strategy being too NHS-centric and neglected adult social care, specifically that if adult social care was not properly incorporated, LAs would bear the cost burden for patients. Officers acknowledged the risk of an unbalanced focus on waiting list times. However, the Strategy was trying to be more balanced and noted as being more successful in doing so than other areas of the UK, but recognised that social care was more than just a discharge pathway.

RESOLVED/-

1. That it be noted that the Committee received the Strategy to support its deliberations on its priorities for its work during the 2023/24 municipal year.
2. That it be noted that the Committee received the Strategy to support its understanding of the operation and organisation of the integrated care system in Greater Manchester.

Nicola Ward, Statutory Scrutiny Officer, GMCA provided a draft of the Committee's work programme for the 2023/24 municipal year (Appendix 1 of the report). Members were reminded that it was a working document, which would be updated throughout the year.

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

To further aid work programming, a list of items due to be discussed at LA health scrutiny meetings in 2023/24 was provided (Appendix 3 of the report).

Members suggested the following items for the work programme:

- Commissioning services of the Greater Manchester Mental Health Trust
- Mental health of young people
- Dentistry update (to be considered at the next meeting on 13 September 2023)
- Prevention of obesity
- Sexually transmitted diseases
- Development of new treatments/work of Health Innovation Manchester

RESOLVED/-

That the work programme be populated with the items suggested by Members.

JHSC/11/23

DATE AND TIME OF NEXT MEETING

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

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Greater Manchester Joint Health Scrutiny

Date: 13 September 2023

Subject: Update on the Work of the Greater Manchester Integrated Care Partnership

Report of: Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care and Mayor Paul Dennett, (GMCA Deputy Mayor), and GMCA Portfolio Lead for Homelessness, Healthy Lives and Quality Care

Purpose of Report:

This report provides an update on key issues and challenges for the Greater Manchester Integrated Care Partnership.

Recommendation:

The GM Joint Health Scrutiny Committee is requested to note the update provided and determine the focus for the GM Joint Health Scrutiny Committee within the Integrated Care governance model.

Contact Officers:

Warren Heppolette, Chief Officer, Strategy and Innovation, NHS Greater Manchester Integrated Care

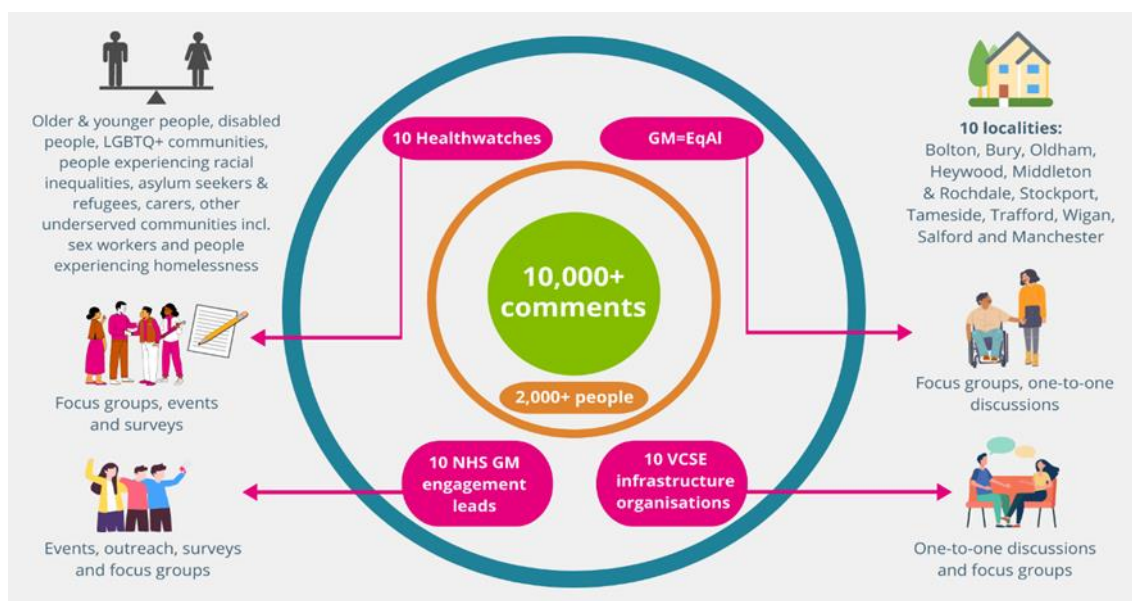
warrenheppolette@nhs.net

Paul Lynch, Director of Strategy and Planning, NHS Greater Manchester Integrated Care

paul.lynch@nhs.net

1.0 BACKGROUND

- 1.1. The Greater Manchester Integrated Care Partnership was established on 1 July 2022 after the passage of the Health and Care Act. The Partnership has two statutory elements.
- 1.2. Greater Manchester Integrated Care Partnership (ICP) Board is a statutory joint committee made up of NHS Greater Manchester Integrated Care and councils within Greater Manchester. It brings together a broad set of system partners to support partnership working and it is the responsibility of this Board to develop this Integrated Care Strategy - a plan to address the wider health, and care needs of the population.
- 1.3. NHS Greater Manchester Integrated Care, or NHS Greater Manchester (our Integrated Care Board) is a statutory NHS organisation leading integration across the NHS, managing the NHS budget and arranging for the provision of health services. It supports ten place-based integrated care partnerships in Greater Manchester to meet the diverse needs of our citizens and communities.
- 1.4. It is a statutory responsibility for ICPs to develop a strategy for the population they serve. We finalised our Integrated Care Partnership Strategy in March this year. It can be found here: <https://gmintegratedcare.org.uk/icp-strategy/>
- 1.5. The Strategy was developed through extensive engagement with communities, partner agencies and staff, across all ten localities. This was called the Big Conversation and is summarised below:



2.0 INTEGRATED CARE PARTNERSHIP STRATEGY

2.1. The Integrated Care Partnership Strategy outlines the key challenges facing the Greater Manchester health and care system:

- How to continue the improvements already made in GM's approach to integrated care and population health improvement
- The wider influences on health and good lives
- Economic inclusion
- Access to services, operational pressures and increasing demand
- Health outcomes and health inequalities
- The challenge of financial sustainability

2.2. The Strategy is clear that we must both meet these immediate pressures and continue to address their underlying causes through improving the health of our population.

2.3. We described how we will meet these challenges through the continued implementation of the Greater Manchester Model for Health and our six core missions.

2.4. The Greater Manchester Model for Health describes how we work with communities to protect against and prevent poor health and ensure support is available before crises occur to reduce demands on formal NHS and social care services. It is a social model for health and well-being with people and communities at its heart. It recognises that Greater Manchester will make the most progress in improving health if steps to tackle the social causes of health complement our clinical interventions.



2.5. Our strategy sets out our core missions in response to the current challenges. These are:

- **Strengthening our communities**

We will help people, families and communities feel more confident in managing their own health and wellbeing. We will act on this with a range of programmes, including working across Greater Manchester to support communities through social prescribing, closer working with the VCSE and co-ordinated approaches for those experiencing multiple disadvantages.

- **Helping people stay well and detecting illness earlier**

We will collaborate to reduce smoking rates, increase physical activity, tackle obesity and drug and alcohol dependency. We also want to do more to identify and treat high blood pressure, high cholesterol, diabetes, and other conditions which are risk factors for poor health. Working in partnership and with targeted interventions, we will embed a comprehensive approach to reducing health inequalities.

- **Helping people get into, and stay in, good work**

One of the purposes of Integrated Care Systems is to support wider social and economic benefits from NHS investment. We will act on this by expanding our Work and Health programmes, working with employers on employee wellbeing, through the Greater Manchester Good Employment Charter¹ and developing social value through a network of anchor institutions.

- **Recovering core NHS and care services**

We will work to improve ambulance response and A&E waiting times, reduce elective long waits and cancer backlogs, improve access to primary care services and core mental health services, improve quality and reduce unwarranted variation for adults and children alike. Consistent delivery of NHS constitutional standards is a priority as our system recovers.

- **Supporting our workforce and our carers**

We will promote integration, better partnership working and good employment practices, as well as supporting our workforce to be well and addressing inequalities faced in the workplace. We want more people choosing health and care as a career and feeling supported to develop and stay in the sector. We will consistently identify and support Greater Manchester's unwaged carers.

- **Achieving financial sustainability**

Financial sustainability - 'living within our means' - requires a focus on financial recovery of the health system to achieve a balanced position. We will identify the main reasons for financial challenges in our system and implement a system-wide programme of cost improvement, productivity, demand reduction and service transformation. Our work needs to address the current significant challenges we face across health and social care as well as taking the steps to make our system more sustainable for the long-term.

¹ <https://www.gmgoodemploymentcharter.co.uk/>

3.0 JOINT FORWARD PLAN

3.1. Each ICS is required to publish a Joint Forward Plan setting out its key priorities for the next five years. The Greater Manchester Joint Forward Plan sets out how we will deliver the Greater Manchester Integrated Care Strategy and what we will focus on. It was approved by both the ICB and ICP in June 2023 and can be found at: <https://gmintegratedcare.org.uk/icp-strategy/joint-forward-plan/>

3.2. For each of the six missions, the Joint Forward Plan describes the actions that we will take collectively as a GM system to deliver on our ambitions. Examples of these include:

- Enhancing the Role of NHS GM in Tackling Poverty as a Driver of Poor Health
- Giving every child and young person the best start in life
- Delivery of the CORE20+5 framework² for adults and children
- A renewed Making Smoking History Framework
- Early Cancer Diagnosis
- Early detection and prevention of cardiovascular disease
- Working with employers to deliver the GM Good Employment Charter across health and social care
- Improving urgent and emergency care and flow
- Reducing elective long waits and cancer backlogs
- Making it easier for people to access primary care services, particularly general practice
- Implementing our Mental Health and Well-Being Strategy
- Developing our Primary Care Blueprint
- Building a leadership culture committed to addressing health inequalities
- Delivery of Finance and Performance Recovery Programme

² Core 20 plus 5 outlines the key clinical areas that should be targeted to reduce health inequalities

3.3. For each area of work in the Joint Forward Plan we have set out:

- The main aims of the programme and who is involved
- How we will measure delivery
- Who is accountable for delivery

3.4. We completed the Joint Forward Plan by the national deadline of 30th June. In doing so, we recognised that further work was needed on our delivery plans, including:

- Setting out in detail the phasing of all the programmes set out in this plan – across years 1,2 and 3 of the plan and prioritising those initiatives that will have the greatest impact
- Ensure that all elements of the plan are costed in line with our medium-term financial plans and ensure we are maximising efficiency across the range of our activity
- Continue to strengthen the delivery metrics and accountability arrangements

3.5. These additional steps related to the review of Leadership and Governance across NHS GM that concluded in May 2023.

4.0 IMPLEMENTING THE LEADERSHIP AND GOVERNANCE REVIEW

4.1. We commissioned an independent review of our leadership and governance to gather views from across our large and complex system to better understand how we might make our longstanding journey of partnership and collaboration as effective as possible under the new statutory ICS arrangements. Some 200 senior leaders across Greater Manchester took part in the review.

4.2. The review made recommendations for improvement covering our operating model, delivery planning, the nature and frequency of meetings and the development of a single information and data system that all partners recognise and use. The review seeks to ensure that the ten locality boards are empowered to drive integration at place level – and builds on the fact that all ten are now formally established.

4.3. An action plan was agreed to implement the recommendations, and each is led by a senior executive. We expect to provide a full report on the completion of the recommendations to the Integrated Care Board on 20th September and will provide a further update to Scrutiny following this.

5.0 SYSTEM PERFORMANCE

5.1. Our Partnership is currently facing significant financial and performance challenges.

5.2. The past few years have seen a deterioration in our financial position, with considerable cost savings required to achieve financial balance in 2023/24. NHS Greater Manchester inherited a system structural budget deficit This reflected the ongoing cost of additional resources (mainly workforce) put in place during the pandemic.

5.3. Our 2023/24 financial plan is highly challenging to deliver. As reported at our August Finance Committee, our year date deficit position is £86.5m (as of the end of June 2023) against a plan of £20m. A range of factors has led to this position including a shortfall in efficiency delivery within providers, the effects of industrial action and agency and bank costs being above plan.

5.4. We are under increased scrutiny by NHS England. We have been moved into various programmes linked to lower levels of assurances – for example on urgent and emergency care, elective care, and cancer care.

5.5. We have set up a single Finance and Performance Recovery Programme to meet these challenges and improve services for people across Greater Manchester.

5.6. We looked at a wide range of opportunities to address these financial and performance challenges. These can be summarised into the following themes:

a) Increasing the work, we put into reducing demand for both physical and mental health services from the NHS, by:

- Looking at alternatives to hospital
- Improving support for people with long-term conditions
- Improving support for those who are frail and/or vulnerable

- b) Improving our productivity so that we can optimise the care delivered within our resources in the most efficient way. This includes setting clear goals around activity levels and length of stay
- c) Identifying savings which can be made without impacting on the quality and safety of patients. Ideally, these will be reductions outside of delivery of services, but it is possible some funding decisions will need to be made which affect services.

- 5.7. In the short term we need to exercise greater control over our costs to achieve our financial targets and make action plans to improve performance. All proposals will undergo a quality and equality impact assessment.
- 5.8. It is vital that we continue to support our health and care workforce through these challenges. There are areas of our spend on workforce, however, that we are scrutinising closely to ensure the most effective use of our resources. These workforce pressures have increased due to a combination of factors, including high levels of sickness absence; the financial impact of industrial action; and the shortfall in funding for this year's pay award. We are working with partners across Greater Manchester to tackle these pressures and make sure we are getting best value from our spending on workforce.
- 5.9. To improve grip and control on workforce spend, we commissioned a rapid pilot review of providers' variable pay spend to understand what additional efficiencies could be available.
- 5.10. The findings of this review highlight areas to improve grip and control with a potential opportunity of over £69m. These findings and recommendations have been incorporated into the list of controls (both pay and non-pay) that have been agreed and adopted by providers in the system. They include strengthening of vacancy control panels and agency control panels and reviews of consultant job plans and nursing policies.

- 5.11. NHS GM has set up a Finance and Performance Recovery sub-committee with its NHS provider partners. This will provide collective leadership to address these challenges and a set of shared priorities. There will also be strong clinical and care professional leadership running through the programme.
- 5.12. This Recovery Plan covers this financial year, 2023-24, and will create a stronger starting point for the 2024-25 period. It will focus on three broad areas:
- Firstly: short-term cost reduction schemes, stepping down additional capacity which was put in place as our response to COVID-19, assessing new recruitment for business-critical roles, assuring our non-pay spend is best value for money
 - Secondly: short-term action plans to improve challenged performance areas, increasing the number of procedures done as a day case, improving theatre productivity to improve elective waiting times
 - Thirdly: commence a series of improvement projects that are expected to show impact in the second half of this financial year and into 2024/25. For example, establish a high intensity use service for the most complex and high need people in our population which will provide targeted support to reduce avoidable hospital admissions
- 5.13. Looking longer term, we have begun a programme of work to develop a Strategic Financial Framework to support our ICP Strategy and Joint Forward Plan. This will assess the financial impact of our strategy and plan and the extent to which our current and planned delivery programmes close the financial gap.
- 5.14. The framework will look at how different segments of our population utilise health and care services and will examine the impact of forecast demographic change. It will position the key choices on what we should prioritise and invest in as a system and what activities we may need to stop to make the most effective use of our resources. We are aiming to complete the framework by early October.
- 5.15. The next key review meeting with the NHS England Chief Financial Officer is on 4th September when we will update on the financial position and the progress of the measures we are implementing.

5.16. We will keep Scrutiny updated on the delivery of this vital recovery and financial planning programme.

6.0 RECOMMENDATIONS

The GM Joint Health Scrutiny Committee is requested to:

- Note the update on the work of the Integrated Care Partnership and determine the focus for the GM Joint Health Scrutiny Committee within the Integrated Care governance model.

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Greater Manchester Joint Health Scrutiny Committee

Date: 13 September 2023

Subject: Access to NHS Dentistry across Greater Manchester

Report of: Ben Squires, Head of Primary Care, Greater Manchester

Purpose of Report:

To provide Members with an update on improving access to NHS Dental Services, with a focus on the new Dental Quality and Access Scheme implemented in June 2023.

Recommendation:

That Members note the work to date.

Contact Officers:

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Rob Bellingham, Director of Primary Care and Strategic Commissioning, Greater Manchester

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DENTISTRY ACROSS GREATER MANCHESTER

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September 2023

Prepared by: Lindsey Bowes, Senior Primary Care Manager (Dental)
Emma Hall-Scullin, Consultant in Dental Public Health
Ashley Seasman, Business Manager (Dental)
Lindsay La Vantae, Business Manager (Dental)

- Introduction
- Dentistry across Greater Manchester
- Improving Access to NHS Dental Services
- Oral Health Improvement
- Addressing inequalities through access to NHS Dental Services
- Patient Feedback
- Care Quality Commission (CQC)

INTRODUCTION

1. This presentation provides an update on the provision of, and access to, NHS Primary, Secondary, and Community Dental services and delivery of Oral Health Improvement activity across Greater Manchester.
2. It will highlight the actions taken to address health inequalities and to improve access to dental services to ensure patients are able to receive dental care and oral health improvement in a safe way.

DENTISTRY ACROSS GREATER MANCHESTER

General Dental Care

Patients are not registered with a General Dental Practice (GDP) in the same way as they are with a GP. Any patient may access dental services from any practice in any area.

The spend on NHS Dental Services across Primary, Secondary and Community services is in the region of £206.2m

In Greater Manchester there are:

- 350 Primary Care NHS Dental contracts
- 13 Urgent Dental Care providers linked to networked provision across Greater Manchester
- 38 Urgent Dental Care Hubs – providing additional urgent dental care capacity in response to continued pressures initially, as a result, of COVID

Specialised Dental Services

- Community Dental Services (special care and paediatric) clinics delivered by Bridgewater Community Healthcare NHS FT, Northern Care Alliance, and Manchester Locality Care Organisation – commissioned to provide specialist dental services to children and adults with additional needs on referral with clinics located within the community.
- 30 Orthodontic contracts
- 10 Specialist Tier 2 Oral Surgery contracts

Secondary Care Dental Services

12 dental specialities (including Oral Surgery, Maxillofacial Surgery, Restorative Dentistry, Paediatric Dentistry, Periodontics) available in Greater Manchester, commissioned from Manchester Foundation Trust, Northern Care Alliance, Bolton Foundation Trust, Wigan Wrightington and Leigh Foundation Trust

IMPROVING ACCESS TO NHS DENTAL SERVICES

IMPROVING ACCESS – GENERAL DENTISTRY

In Greater Manchester there are:

- 350 Primary Care NHS Dental contracts
- 10 Tier 2 Oral Surgery contracts
- 30 Orthodontic contracts

All NHS General Dental Practices continue to prioritise patients in pain, children, patients who are deemed as high risk – such as those receiving treatment for cancer, and those who are mid-way through a course of treatment.

Access is still steadily increasing but has not yet returned to pre-pandemic levels.

IMPROVING ACCESS

GM DENTAL QUALITY ACCESS SCHEME



The quality focus for 2023/24 is to increase access to NHS General Dental Services, in recognition of the significant patient and public feedback that clearly presents the difficulties faced for patients seeking to access services.

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The expectations of delivery are:

The participating practice will be open to new patients and ensure that the NHS.uk / NHS Choices website indicates that they are accepting new adult and child patients.

All participating practices will see and treat an agreed number of new patients.

All participating practices will become part of the wider Urgent Dental Care System.



There are currently 176 Practices signed-up to deliver this scheme. This represents 50% of all GDS contracts across GM.

Quality access scheme (cont.)

The scheme was launched in
June 2023

- 176 Practices signed up which represents 50% of all Practices across GM
- 31,231 new patients have been seen
- 31,594 urgent patients have been seen
- 5893 patients who booked appointments failed to attend

Map of Greater Manchester sign up to Quality Access Scheme

Dental Access Initiative Map of Scheme Participants

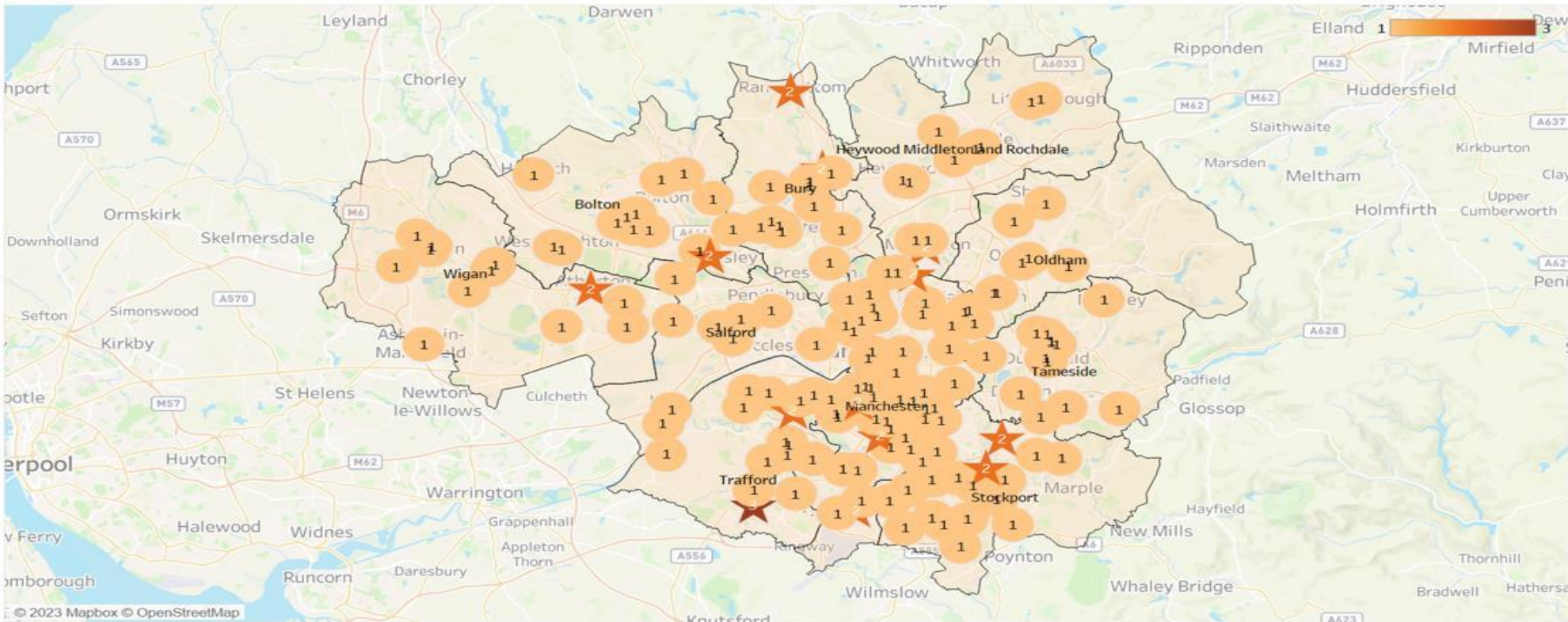
DRAFT DASHBOARD - STILL IN DEVELOPMENT



Part of Greater Manchester Integrated Care Partnership

Select metric to show on map
Number of Providers

Hover over a circle to show providers at a site for the chosen metric.
Circles denote sites with a single contract/ods code. Stars denote sites with multiple contract/ods codes.



IMPROVING ACCESS – GM URGENT DENTAL CARE

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The GM Dental Commissioning Team commissions an Urgent Dental Care (UDC) Service for the population of GM. The UDC network has 13 Urgent Dental Care Service sites across GM.

Patients can access urgent dental care at any of the sites across GM by ringing the UDC helpline on 0333 332 3800.

In response to the pressures caused by the COVID-19 pandemic, extra capacity was commissioned from the helpline and the UDC service providers **plus** 38 urgent dental care hubs were set up and will continue to offer additional urgent dental capacity until at least March 2024.

IMPROVING ACCESS – PLANNING AND RECOVERY

The GM Dental Commissioning Team working with the Dental Provider Board, the Consultant in Dental Public Health and the Local Dental Network Chair, are co-developing and implementing an action plan to recover dental services across the whole system. This will be delivered via the Primary Care Blue Print.

The plan standardises the approach for all dental services and supports opportunities at locality-level for actions to meet local population needs that reduce oral health inequalities.

The purpose of the plan is to reduce oral health inequalities and improve dental access by ensuring patients can receive care at the right time, in the right setting and reduce wait times. Actions include:

- Population oral health needs assessment
- Continued development of digital with an e-referral management system to support clinical triage to direct referrals to the right setting at the right time, including referrals from non-dental professionals
- Workforce and training for healthcare professionals
- Increase Dental Access

IMPROVING ACCESS – RESTORATION OF ELECTIVE SECONDARY CARE DENTAL SERVICES

- **Specialist Dental Hospital and also specialist dental services delivered within secondary care.**

An NHS priority is the restoration of all services to pre-pandemic levels and action is agreed to address the backlog of patients following the COVID-19 pandemic.

- Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement. The Children and Young People Core20PLUS5 framework identifies Oral Health as a clinical priority area with a requirement to increase the number of general anaesthetic sessions for children needing dental extractions.
- Paediatric (to include Paediatric Dentistry) and Oral Surgery Clinical Reference Groups lead recovery for elective surgical cases supported by five dental specialty clinician-led GM Managed Clinical Networks. Activity includes:
 - Co-develop e-referral management system with robust clinical triage to direct referrals to the right setting at the right time, including referrals from non-dental professionals with potential use of virtual consultations
 - Workforce and training for healthcare professional to meet current and future needs

ORAL HEALTH IMPROVEMENT

ORAL HEALTH IMPROVEMENT – GM CHILDREN & YOUNG PEOPLE PROGRAMME

The evaluation of the GM Oral Health Transformation Programme (OHTP) demonstrated the success in delivering at-scale to improve the oral health of our children. The first phase of the GMOHTP programme included:

- Daily supervised toothbrushing in all nursery and reception Early Year settings for children aged 2-5 years (over 58,000 children; 88.4% of population, in 88% of settings)
- Deliver Health Visitor 0-3 years training and fluoride dental packs distribution at 1 year and 2-2 ½ year checks.

It is planned that the second phase of the programme will be rolled out across the GM footprint as part of the GM C&YP Oral Health Improvement Programme.

This will support the additional funding Greater Manchester will receive from **GM CYP Transformation funding stream for 2024-25** around Early Years for dental pack distribution to children aged 0-2 years.

ORAL HEALTH IMPROVEMENT – ONLINE TRAINING

NHSE has supported training for healthcare providers across GM by developing open access online training packages.

Mouth Care Matters in the community - training material suitable for the wider care team, including care managers and care staff carrying out admissions, assessments and provision of daily mouth care. It ensures dignity and comfort.

Mouth Care Matters in the acute sector – developed to support NHS Nightingale North West and for all nurses and care staff providing and supporting effective mouth care for all hospitalised patients during COVID. Daily mouth care in hospital reduces the risk of infection such as Hospital-acquired pneumonia (HAP), which in turn reduces the length of a hospital stay.

Supervised Toothbrushing in Early Years and Educational Settings - training material intended for early years and education staff who are working with their local health teams to deliver a supervised toothbrushing programme.

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ADDRESSING INEQUALITIES THROUGH ACCESS TO NHS DENTAL SERVICES

ADDRESSING INEQUALITIES – HEALTHY LIVING DENTISTRY PROJECT

The Healthy Living Dental Practice (HLD) framework is focused on improving the health and wellbeing of the local population and helping to reduce health inequalities through the provision of inclusive, holistic high-quality care in general dental practice across Greater Manchester.

In GM the Healthy Living Dentistry (HLD) project continues to be developed and delivered.

Currently there are 60 Practices across GM signed-up to deliver this quality assured scheme where Dental practices undertake national & local health campaigns, often linked to local GPs & Pharmacies. Plans are in place to begin a further recruitment campaign to encourage all Practices to sign-up to this scheme.

All practices have access to training and development that is supported by NHSE and available online.

Practices who sign up to HLD, can deliver targeted health promotion to specific groups such as:

- Dementia Friendly Dentistry
- Baby Teeth DO Matters
- Mouth Cancer Awareness
- Sugar free diet and medicines
- Flu awareness



ADDRESSING INEQUALITIES – GM DENTAL TOOLKITS – DEMENTIA FRIENDLY DENTISTRY

The aims of this toolkit are:

Firstly, to improve the general experience of attending the dental practice for those living with dementia and their carers. By improving understanding of dementia and making simple adjustments within the dental practice, anxiety around attending for dental care can be greatly reduced and consequently dental visits can remain part of everyday life for as long as possible.

Secondly to provide guidance to primary care clinicians around planning dental care for people living with dementia. There is particular emphasis on assessment and treatment planning for those in the earlier stages of the condition and for those who have been recently diagnosed. Careful planning of dental treatment and prevention whilst the patient is in the earlier stages of dementia, and still able to tolerate dental treatment, will reduce the risk of acute and more complex dental problems developing during the later stages when provision of dental treatment becomes more challenging and may require onward referral to specialised services.

The toolkit also includes advice for the primary care dentist providing dental care to those in the middle or later stages of dementia. In these circumstances the primary care clinician may be involved in a shared care arrangement with a specialist service, or required to respond to an urgent dental care need.



ADDRESSING INEQUALITIES – GM DENTAL TOOLKITS – HEALTHY GUMS DO MATTER

The Greater Manchester Local Dental Network (GM LDN) has worked on periodontal management in primary dental care since 2014. A steering group to the GM LDN was established to plan, implement and embed this project into primary care.

A periodontal resource toolkit for primary dental care teams in Greater Manchester has been produced. The intention is to compliment the evidence informed guidance on prevention that has been published in the 3rd edition of Delivering Better Oral Health (DBOH), with evidence informed periodontal care and treatment pathways to support primary dental care teams in GM to improve outcomes for patients. The toolkit will distil the evidence and specialist guidance available on prevention and treatment, into workable care pathways for NHS primary dental care practices in Greater Manchester.

The care pathways have been developed according to periodontal need and as such, describes the periodontal need and outcomes of care for patients attending NHS primary dental care in Greater Manchester. It is important that we use the funding in current contracts effectively by facilitating primary dental care teams to appropriately manage periodontal diseases in NHS practice. The Dental commissioning team are integral to the work and have agreed to support delivering best practice. The success of this work depends on clinical teams engaging, having knowledge and confidence to deliver evidence based practice for periodontal disease with patients understanding their responsibility in self-care to demonstrate improved outcomes for everyone.



ADDRESSING INEQUALITIES – GM DENTAL TOOLKITS – SAVING SMILES

The Greater Manchester Local Dental Network (GM LDN) established a 'Trauma Network' sub-group.

The Trauma Network was established to support a safer, faster, better first response to dental trauma and follow up care across GM.

The Toolkit was produced to support dentists in managing dental trauma and improving outcomes for patients and aims to ensure that:

- All clinicians in GM have the confidence and knowledge to provide a timely and effective first line response to dental trauma.
- All clinicians are aware of the need for close monitoring of patients following trauma, and when to refer.
- All settings have the equipment described within the 'armamentarium' section of this booklet to support optimal treatment.



ADDRESSING INEQUALITIES – DENTAL TOOLKITS – ORAL CANCER CARE

To support Dental Teams in Greater Manchester, the GM Local Dental Network has adapted the Oral Cancer guide created by Cheshire and Merseyside LDN.

The Toolkit aims to improve the oral cancer survival rates in Greater Manchester by:

- Enabling dental teams to support patients in reducing risk factors for cancer and oral cancer and undertake brief intervention, including signposting to support services as part of a healthy living dentistry approach to care.
- Raising awareness of the signs, symptoms and risk factors associated with oral cancer.
- Helping dental teams in GM to make appropriate urgent 'Two Week' referrals to a secondary care cancer service.
- Promoting good practice guidance on how to engage when talking about oral cancer with high-risk patients.
- Supporting dental practices in the dental care of patients with oral cancer and other cancers.



ADDRESSING INEQUALITIES – CHILD FRIENDLY DENTAL PRACTICE (CFDP) NETWORK

Two Child Friendly Dental Practice pilots were initiated in November 2020.

Children who have been referred for an oral health assessment to a specialist setting (including those referred for dental extractions under general anaesthesia) are instead offered evidence-based treatment at an identified Child Friendly Dental practice.

Treatment includes:

- Prevention – Oral Hygiene Instruction, diet advice, fluoride varnish application, fissure sealants
- Stabilisation – Silver Diamine Fluoride, Temporary Fillings
- Restoration – Hall Crowns, Definitive Fillings
- Extractions

This primary care service supports our specialist community services for children and reduces referrals and pressures in secondary care and has been rolled out across Greater Manchester to 9 Practices.

Funding has been received from National Institute for Health and Care Research (NIHR) for a two-year evaluation led by the University of Manchester.

ADDRESSING INEQUALITIES – A DENTAL HOME FOR LOOKED AFTER CHILDREN

Led by the GM Dental Commissioning Team and Consultant in Dental Public Health linking with Local Authority Teams supporting health care for children in care, a digital referral service has been developed that will support looked after children in Greater Manchester **find a dental home.**

The objective is to seamlessly connect referrals for any child who is looked after with a dental practice near their home. In GM, all dental practices may accept children in care. There are 39 Practices also accepting via digital referrals route.

Children are seen and treated and offered regular appointments and re-calls dependent on their oral health need. The long-term objective will be to strengthen the links of the GM Safeguarding Team with our dental teams to ensure that there is ease of access for all children in care to find a dental home.

FIGURE 2: PERCENTAGE OF 5 YEAR OLD CHILDREN WITH OBVIOUS DENTAL CARIES 2022 (2019) IN GM

	Percentage of children with any decay experience	Average number of dentinally decayed (d3), missing due to dental decay (m) and filled (f) teeth (t) among those with any decay experience
Bolton	42.8 (32.7)	4.3 (3.5)
Bury	34.6 (35.2)	4.3 (3.9)
Manchester	31.6 (38.3)	4.4 (4.6)
Oldham	39.5 (43.2)	4.1 (4.4)
Rochdale	39.8 (40.7)	4.3 (4.3)
Salford	33.6 (39.0)	3.7 (4.2)
Stockport	17.5 (22.0)	3.6 (3.1)
Tameside	33.0 (33.1)	3.5 (3.1)
Trafford	24.5 (26.0)	3.3 (3.9)
Wigan	32.6 (31.9)	3.8 (3.2)
NHS Greater Manchester	33.8 (34.7)	4.0 (3.9)
North West	30.6 (31.7)	3.8 (3.8)
England	23.7 (23.4)	3.5 (3.4)

ADDRESSING INEQUALITIES – AFGHAN EVACUEE AND ASYLUM SEEKER PATHWAY

Led by the GM Dental Commissioning Team and Consultant in Dental Public Health linking with Local Authority Teams and Localities supporting health care for Afghan Evacuees and Asylum Seekers, a new referral service has been developed that will support this cohort of patients in Greater Manchester to access urgent dental care.

The service was rolled out in October 2021 and provides access to urgent dental care for those placed in Bridging Hotels and Contingency Hotels across GM. In GM, the Bridging and Contingency hotels are currently located in Manchester, Wigan, Stockport and HMR.

The objective is to seamlessly connect referrals for Afghan Evacuees and Asylum Seekers with a provider in within their locality.

Across Greater Manchester there are currently 14 practices signed up to this scheme.

PATIENT FEEDBACK

PATIENT FEEDBACK – RESPONDING TO FEEDBACK



We don't usually have locality specific reporting of complaints and feedback around dentistry, as access to these services are not geographically restricted (in the way that GP practices operate within a practice boundary).



The national NHSEI Customer Contact Centre (CCC) has received a large number of general enquiries about dentistry, with Greater Manchester area receiving the largest reported numbers of patient enquiries. The main themes include not being able to get an appointment, patients being told that they must pay for PPE on top of the NHS banding, or patients being told that they cannot be seen in the NHS but can be seen the same week privately.



Although a large number of enquiries are being received, these are not being taken forward as formal complaints and are generally dealt with informally. It is also recognised that the reported regional areas are not comparable in size or service provision.



The GM Dental Commissioning Team is working in conjunction with the Local Dental Networks to ensure adherence to national guidance in service delivery; and NHS Greater Manchester Communications Team to develop a suite of communications assets shared across all our partner organisations detailing what is currently available, how patients can access services, and what to expect when attending.



The GM Dental Commissioning Team continues to support the GM Complaints team with advice and written responses to all patient enquiries, complaints, MP enquiries, and enquiries from the Mayoral Office.

PATIENT FEEDBACK – HEALTHWATCH

All Greater Manchester Local Dental Committee (LDC) Chairs have committed to engaging with local Healthwatch Officers to ensure that there is clear communication and understanding of any issues that are highlighted by clients.

LDC Chairs have agreed to attend local Healthwatch meetings, and it has been agreed that a Healthwatch representative from GM is invited to attend the Dental Provider Board to provide a report on behalf of the 10 Healthwatch organisations.

CARE QUALITY COMMISSION (CQC)

CARE QUALITY COMMISSION (CQC)

The CQC is the independent regulator of health and adult social care in England.

They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

The CQC regime is to inspect 10% of dentists in England each year. The inspection reports can help to understand the quality of care. Unlike most types of service, the CQC don't give ratings to dentists. This is because they only inspect 10% of dental services because dental services pose a lower risk to patient safety than other sectors regulated by the CQC. Instead, they display ticks and crosses against each of their five key questions to show if:

- There is no action required.
- The service has been asked to make improvements
- Enforcement action has been taken

The five key questions relate to the following areas:

- Safe
- Effective
- Caring
- Responsive
- Well-led

Greater Manchester Joint Health Scrutiny Committee

Date: 13 September 2023
Subject: Work Programme for the 2022/23 Municipal Year
Report of: Nicola Ward, Statutory Scrutiny Officer

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.

Recommendation:

That Members consider the Committee's draft Work Programme.

Contact Officers:

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

Date	Item	Lead	Ask of scrutiny
08.11.23*	GM work to tackle health inequalities	<ul style="list-style-type: none"> • Warren Heppolette, Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care • David Boulger, Assistant Director, Population Health NHS Greater Manchester Integrated Care 	<ul style="list-style-type: none"> • Joint session with the GMCA Overview & Scrutiny Committee (to be confirmed). • To consider the strategic role for the GMCA Overview & Scrutiny Committee in terms of the Greater Manchester Strategy outcomes for health. • The Fairer Health for All Framework to be introduced.
17.01.24*	Young People's health and wellbeing	<ul style="list-style-type: none"> • Caroline Simpson, Chief Executive, Stockport and Mandy Philbin, Chief Nurse, NHS GM Integrated Care - Lead Officers for Children's Board 	<ul style="list-style-type: none"> • To consider the findings of the recent Bee Well Survey and the actions that have been undertaken by organisations across GM in order to improve the health and wellbeing of young people.

		<ul style="list-style-type: none"> • Sandeep Ranote, Mental Health Lead for NHS GM Integrated Care 	
	Mental health inequalities	<ul style="list-style-type: none"> • Manisha Kumar, Chief Medical Officer, NHS GM Integrated Care 	<ul style="list-style-type: none"> • Requested by Members at the meeting on 08.03.23 - that the mental health inequalities across different communities and demographic groups be considered.
13.03.24*	Obesity prevention	<ul style="list-style-type: none"> • Sara Price, Chief Officer for Population Health and Inequalities and Deputy Chief Executive of NHS Greater Manchester Integrated Care • Jane Pilkington, Director of Population Health, NHS GM Integrated Care – to provide GM approach and coordination 	<ul style="list-style-type: none"> • To find out what is being done across GM to prevent obesity and any learning that could be shared from the programme in Salford.

13.03.24*	Sexually transmitted infections	<ul style="list-style-type: none"> • Sara Price, Chief Officer for Population Health and Inequalities and Deputy Chief Executive of NHS Greater Manchester Integrated Care • Jane Pilkington, Director of Population Health, NHS GM Integrated Care – to provide GM approach and coordination 	To consider how the recent rise in sexually transmitted infections across Greater Manchester is being addressed, in particular HIV.
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*To be confirmed

ITEMS TO BE SCHEDULED:

1. Development of new treatments/work of Health Innovation Manchester – as suggested at the Annual meeting on 12.07.23.
(Laura Rooney, Director of Strategy, Health Innovation Manchester)

Item Previously Considered in 2023/24			
13.09.23	Dentistry Update Joint Health Scrutiny and Integrated Care Arrangements	<ul style="list-style-type: none"> • Rob Bellingham, Director of Primary Care and Strategic Commissioning, NHS Greater Manchester Integrated Care • Paul Dennett, Chair of the Integrated Care Partnership (ICP) and Sir Richard Leese, Chair of the Integrated Care Board (ICB) 	<p>To provide an update following the Dentistry update provided at the 18.02.23 meeting.</p> <p>To consider the role of the Committee in the integrated care arrangements.</p>
12.07.23	Introduction to NHS Greater Manchester Integrated Care	<ul style="list-style-type: none"> • 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.

Items Previously Considered in 2022/23			
13.07.22	Strategic Approach to Recovering in Greater Manchester	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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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