Public Document

GMCA GREATER MANCHESTER COMBINED AUTHORITY

GREATER MANCHESTER

JOINT HEALTH SCRUTINY COMMITTEE

DATE: **17 January 2024**

TIME: **10.00 am**

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

AGENDA

1. Welcome & Apologies

2. Chair's Announcements and Urgent Business

3. Declaration of Interest 1 - 4

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.

4. Minutes of the Meeting Held on 13 September 2023 5 - 14

To consider the approval of the minutes of the meeting held on the 13 September 2023.

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.

5. **Minutes of the Joint Meeting of the Greater Manchester Joint Health Scrutiny Committee and the GMCA Overview and Scrutiny Committee held on 8 November 2023** 15 - 26

To consider the approval of the minutes of the Joint Health Scrutiny Committee and the GMCA Overview and Scrutiny Committee held on 8 November 2023.

6. **Mental Health Inequalities** 27 - 60

Presented by Xanthe Townend, Programme Director – Mental Health, NHS Greater Manchester Integrated Care.

7. **Young People's Health and Wellbeing - #BeeWell Programme** 61 - 74

Presented by Francesca Speakman, BeeWell Project Manager, GMCA.

8. **Work Programme for the 2023/24 Municipal Year** 75 - 84

Presented by Nicola Ward, Statutory Scrutiny Officer, GMCA

9. **Dates and Times of Future Meetings**

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

- 13 March 2024

Glossary of Terms 85 - 86

Name	Organisation	Political Party
Councillor Samantha Bellamy	Salford CC	Labour
Councillor Ron Conway	Wigan Council	Labour
Councillor Patricia Dale	Rochdale Council	Labour
Councillor Elizabeth FitzGerald	Bury Council	Labour
Councillor Zahid Hussain	Manchester City Council	Labour
Councillor Eddie Moores	Oldham Council	Labour
Councillor Andrew Morgan	Bolton Council	Conservative
Councillor David Sedgwick	Stockport Council	Labour
Councillor Naila Sharif	Tameside MBC	Labour
Councillor Sophie Taylor	Trafford 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 9 January 2024 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

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 13 SEPTEMBER 2023, GMCA, BOARDROOM, 56 OXFORD STREET, MANCHESTER M1 6EU

PRESENT:

Councillor David Sedgwick	Stockport Council (in the Chair)
Councillor Andrew Morgan	Bolton Council
Councillor Zahid Hussain	Manchester City Council
Councillor Patricia Dale	Rochdale Council
Councillor Sammie Bellamy	Salford City Council (Vice-Chair)
Councillor Sophie Taylor	Trafford Council
Councillor Ron Conway	Wigan Council

OFFICERS IN ATTENDANCE:

Warren Heppolette	Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care
Ben Squires	Head of Primary Care, Greater Manchester.
Jim Rochford	Greater Manchester Primary Care Provider Board and Greater Manchester Federation of Dental Committees Member
Nicola Ward	Statutory Scrutiny Officer
Jenny Hollamby	Senior Governance & Scrutiny Officer
Oliver Fenton	Assistant Governance Officer

OTHERS PRESENT:

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

JHSC/12 /23 APOLOGIES

Apologies were received and noted from Councillor Eddie Moores, Councillor Elizabeth FitzGerald, and Councillor Naila Sharif.

JHSC/13/23 DECLARATIONS OF INTEREST

RESOLVED/-

No declarations of interest were received.

JHSC/14/23 MINUTES OF THE MEETING HELD ON WEDNESDAY 12 JULY 2023

RESOLVED/-

That the minutes of the meeting held on 12 July 2023 be approved as a correct record.

JHSC/15/23 UPDATE ON THE WORK OF THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP (ICP)

A report was provided by 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.

The report provided an update on the key issues and challenges for the Greater Manchester Integrated Care System (ICS).

Sir Richard Leese reported that there had been a recently lengthy transition process due to the scale of the task of integrating 12 organisations into the ICS in Greater Manchester, ensuring that there was continued support and full consultation with each of the Locality Boards.

In addition to this, there had also been a governance review which was due for sign off by the ICB (Integrated Care Board) at their meeting next week, which included clarity over the role and function of Locality Boards and decision and resources delegated to them to ensure oversight of health and care in their locations.

In relation to budget and performance, the creation of the Greater Manchester ICB brought with it an inherited deficit of £500m which there was a clear commitment to address through the ambitions of the Integrated Care Strategy (the strategy) and a focus on more efficient joint planning. Improved performance had already been reported which was a reassuring outcome of these significant organisational changes.

Moving forward, the joint Forward Plan sets out the behaviours needed to deliver the strategy, which will also help to identify commonality in values across all organisations.

With regard to the Integrated Care Partnership (ICP) specifically, City Mayor Paul Dennett outlined that it had been tasked to develop an integrated care plan which focussed on the wider determinants of health and wellbeing, which it had done so in conjunction with the ten place-based districts across GM. It provides a clear set of outcomes including access to health services, improved health outcomes and addressing inequalities, reducing NHS demand, and keeping people active and in their own homes.

A Member enquired about the meeting between the ICP and the NHS England's Chief Financial Officer and requested an update on the meeting held. Officers explained that the meeting did not proceed as scheduled and would take place in October 2023. Furthermore, Officers clarified that they were looking to implement medium-term solutions for the financial challenges rather than short-term ones to aid with financial planning in order to address the inherited shortfall.

A Member commented on the ambitions outlined in the strategy and drew attention to page 24 of the agenda pack, which highlighted one of the core missions of the ICP's: strengthening communities. The Member emphasised that the success of the strategy depended on the effective delivery of services to these communities.

The same Member raised a case from a constituent regarding the challenges faced in attending a diabetic eye test appointment, which was normally undertaken locally however now needed assistance to travel to their appointment outside of their locality. Officers explained that it might not be feasible to have diagnostic equipment in every borough of Greater Manchester, although the ICS tried to keep services close to communities, in some cases, travel might be necessary for the best level of treatment. However, Members were also reminded that the NHS could provide transportation support for such situations.

In addition, it was reported that one of the strategies for elective recovery involved increasing the number of operations performed, and certain sites had been designated as high-volume elective recovery centres, with Rochdale Infirmary being one of them along with Trafford General Hospital. Surgeons from trusts across Greater Manchester were able to use these locations to perform surgeries over the weekends which gave patients the option to choose whether to travel there or not. This arrangement enabled patients to access services more quickly.

Another case was highlighted from a constituent concerning a cancer biopsy and the time to receive the results which was six weeks instead of the expected two. This delay was thought to be due to the laboratory’s location being overseas as Officers explained that all genetic testing was sent to laboratories outside of Greater Manchester, but it should not take six weeks to receive results. Additionally, Officers stated that laboratory capacity was an issue that would be investigated. The Member was concerned about public perception as patients experiences in both cases was below expectations.

Members were reassured that both of the issues raised were being picked up in the Joint Forward Plan and Officers also agreed to take up the cases with the Member outside of the meeting. However, were also reminded that the local issue could be reported to the Member's Place-Based Lead.

A Member inquired about Greater Manchester's health inequalities, where they were, and which measures would be most effective to reduce them given the financial pressure being faced. Officers explained that a social model of health and care across Greater Manchester for services such as mental health were being adopted. However, addressing health inequalities required good data to identify service recipients, those in need of services, and whether services were being delivered. Officers highlighted that the primary indicator of health inequalities was economic deprivation, followed by those with learning difficulties and then some specific ethnic groups. Officers ensured they had access to this data and were implementing programmes that addressed those inequalities. It was stressed that a deeper examination was necessary to identify the root causes, with deprivation being a significant driver of health inequalities. Poverty, including unaffordable housing and unemployment, were also cited as contributing factors. Transportation was also highlighted as important in terms of accessing appointments and employment. Furthermore, Officers had aligned the strategy with the Greater Manchester Strategy to further address these issues and take a systematic approach to health inequalities.

A Member asked whether the ICP's financial position could hinder its ability to achieve the ambitions outlined in the strategy and Joint Forward Plan. Officers acknowledged the financial pressure and risk, but Officers were unable to demonstrate value for money at this early stage and therefore unable to secure more funding until the ICS was further embedded. To solve health inequalities and social determinants, it was emphasised that a joint approach and collaboration with localities to understand the underlying causes of poor health, the housing and employment sectors would be needed and where added health value could be sought. Reference was also made to District budget cuts and the impact on their ability to deliver, the social care crisis and the impacts of the pandemic. A long-term plan and financial settlement were needed to deliver the ambitions for improved

health across Greater Manchester and to address systemic challenges. In support of this, Greater Manchester needed a new financial settlement from Government in recognition that 19 out of the top 20 most deprived communities were in the north of England, and poverty was a very real issue.

A Member inquired about the timeline for receiving further updates on the ICP's recovery plan and Joint Forward Plan. Officers advised that they could provide comprehensive updates to the Committee as required. Officers would present the action plan to the ICB on 20 September 2023 in conjunction with the Leadership and Governance Review. Once the action plan had been reviewed by the Board, Officers suggested it might be worthwhile for the Committee to scrutinise the plan and the subsequent steps in the Leadership and Governance Review.

Officers also suggested the Committee examine the workforce and recruitment challenges within the healthcare sector and scrutinise the activities taking place to become more involved in this process with the education sector.

In terms of the Locality Boards, it was suggested that Members scrutinise those at District Health Scrutiny meetings given the arrangements were different in all ten Districts. Members were also reminded to report any local constituent issues to their Place-Based Lead.

RESOLVED/-

1. That the Committee noted the report.
2. That it be noted that Officers from NHS Greater Manchester Integrated Care would take up the reported constituent casework with the Member from Rochdale outside of the meeting.
3. That updates on the ICP recovery plan be provided to the Committee as required.
4. That the Joint Forward Plan and the subsequent steps in the Leadership and Governance Review be considered by the Committee at a future meeting.
5. That workforce and recruitment challenges within the healthcare sector be considered at a future meeting.

JHSC/16/23 ACCESS TO NHS DENTISTRY ACROSS GREATER MANCHESTER

A presentation was provided by Ben Squires, Head of Primary Care, Greater Manchester supported by Jim Rochford, Greater Manchester Primary Care Provider Board and Greater Manchester Federation of Dental Committees Member.

The presentation provided Members with an update on the work to improve access to NHS Dental Services, with a focus on the new Dental Quality and Access Scheme implemented in June 2023.

A Member questioned whether there were any provisions in place to assist ex-service personnel access dentistry. Officers informed Members that, there were no specific provisions in place for ex-service personnel specifically. However, they would be able to access services through the urgent dental care pathway, which included comprehensive dental care.

A Member inquired about the dentists who were not currently participating in the dentist access scheme, whether the reasons for their non-participation were known and if there was any indication of more practices joining the scheme in the future. Officers explained that dentists might be exploring alternative business models which might affect their ability to commit to the scheme. Additionally, practices had expressed initial concern that they would become inundated with work from the scheme, however there was now demonstrable evidence that could be shared to evidence the actual potential impact to a practice. Work was taking place to optimise appointments and manage patients more effectively across the 176 practices who had already signed up.

A Member questioned how Officers would convince dentists who were not currently enrolled in the scheme that it was working effectively. Officers explained that some practices had indicated their intention to join the scheme in the future after seeing evidence and data demonstrating its success.

A Member requested a breakdown of the data on slide 9 (Map of Greater Manchester sign up to Quality of Access Scheme) of the presentation by borough, expressing a desire to identify best practices. The Member aimed to use this information to target their support for participation in the scheme and inform local decision-making. Additionally, the Member inquired why the scheme uptake appeared higher in Manchester and suggested that best practices be shared with other boroughs to increase the number of dentists participating in the scheme in their local areas.

A Member raised concerns about the lack of dental intervention in the residential care settings and asked what more could be done to enhance the oral health of individuals. Officers highlighted the Mouthcare Matters programme, which aimed to collaborate with the residential workforce to integrate oral health into an individual's general care, reducing the reliance on dentists. Members were also informed that Officers would be reviewing the special care dental services delivered by trusts and planned to increase their capacity to provide more special care for adults.

RESOLVED/-

1. That the Committee note the presentation.
2. That slide 9 (Map of Greater Manchester sign up to Quality of Access Scheme) of the presentation be broken down by borough and shared with Members.

JHSC/17/23 WORK PROGRAMME FOR THE 2023/24 MUNICIPAL YEAR

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).

The Chair informed Members that there would be one agenda item for discussion: health inequalities for the next meeting to discuss what the Committee could do to improve outcomes. Additionally, the Chair added that Members of the GMCA Overview and Scrutiny Committee would attend the meeting.

Members were reminded that this was a working document which would be updated throughout the year.

RESOLVED/-

That the work programme is noted and updated accordingly.

JHSC/18/23 DATE AND TIME OF NEXT MEETING

The next meeting will be a Joint Meeting with the GMCA Overview & Scrutiny Committee to consider health inequalities and will be held in person at the GMCA 10:00 a.m. on 8 November 2023 at 10:00 a.m.

JHSC/19/23 LINKS TO MINUTES AND DECISIONS

NHS Greater Manchester Integrated Care Board 17 May 2023
NHS Greater Manchester Integrated Care Board Partnership 24 March 2023

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MINUTES OF THE JOINT MEETING OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE AND GMCA OVERVIEW & SCRUTINY COMMITTEE HELD ON 8 NOVEMBER 2023, GMCA, BOARDROOM, 56 OXFORD STREET, MANCHESTER M1 6EU

PRESENT:

Councillor David Sedgwick,	Stockport MBC (Joint Chair for this meeting)
Councillor Nadim Muslim	Bolton Council (Joint Chair for this meeting)
Councillor Andrew Morgan	Bolton Council
Councillor Elizabeth FitzGerald	Bury Council
Councillor Imran Rizvi	Bury Council
Councillor Joan Grimshaw	Bury Council
Councillor Basil Curley	Manchester City Council
Councillor Mandie Shilton-Godwin	Manchester City Council
Councillor John Leech	Manchester City Council
Councillor Eddie Moores	Oldham Council
Councillor Jenny Harrison	Oldham Council
Councillor Colin McLaren	Oldham Council
Councillor Patricia Dale	Rochdale Council
Councillor Lewis Nelson	Salford City Council
Councillor Sophie Taylor	Trafford Council
Councillor Jill Axford	Trafford Council
Councillor Shaun Ennis	Trafford Council
Councillor Nathan Evans	Trafford Council
Councillor Ron Conway	Wigan Council
Councillor Fred Walker	Wigan Council

OFFICERS IN ATTENDANCE:

Warren Heppolette	Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care
Jane Pilkington	Director of Population Health, NHS Greater Manchester Integrated Care

Elaine Mottershead	Senior Governance & Scrutiny Officer, GMCA
Nicola Ward	Statutory Scrutiny Officer, GMCA
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Oliver Fenton	Assistant Governance Officer, GMCA

OTHERS PRESENT:

City Mayor Paul Dennett	GMCA Deputy Mayor and Portfolio Lead for Homelessness, Healthy Lives and Quality Care

JHSC/20/23 APOLOGIES

Apologies were received and noted from Councillor Sammie Bellamy, Councillor Helen Hibbert, Councillor Zahid Hussain, and Councillor Nalia Sharif.

JHSC/21/23 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

Councillor Nadeem Muslim, Chair of the GMCA Overview & Scrutiny Committee and joint Chair for this meeting explained the purpose of the meeting was to look at the work across Greater Manchester (GM) to tackle health inequalities, as both Committees had raised this as an area of interest. Recognising this was a significant issue, this was a one item agenda/meeting, giving time for Members to receive presentations and for a question and answer session.

Furthermore, the agenda pack had been issued early so Members could have additional time to consider the report from their District perspective and identify the local challenges regarding health inequalities that the Committee might wish to discuss.

He added that the information provided in the agenda pack, was to open initial discussions and conversations and that Member's questions today would shape the framework moving forward.

JHSC/22/23 DECLARATIONS OF INTEREST

RESOLVED/-

No declarations of interest were received at the meeting.

JHSC/23/23 GREATER MANCHESTER'S WORK TO TACKLE HEALTH INEQUALITIES

Councillor David Sedgwick took the Chair for this item and asked the City Mayor Paul Dennett as Chair of the Integrated Care Partnership (ICP) to open discussions. The City Mayor advised Members that this was the first time the GMCA Overview & Scrutiny Committee and Joint Health Scrutiny Committee had been brought together to consider health inequalities and welcomed the opportunity to consider the NHS GM's response the Fairer Health for All framework designed to deliver health and care services that were fairer, greener, and inclusive.

It was explained that recent NHS reforms had triggered the work in terms of the 5 Year Strategy for the GM Integrated Care System. Members were informed the Fairer Health for All framework had been in development for the last 15 months and was aligned with the 5 Year Strategy and Joint Forward Plan.

Members were asked for comments on the principles, challenges, metrics, priorities, and direction of travel for GM delivery. This scrutiny activity would inform the framework and delivery. It would also help to galvanise the system behind the challenges to tackle the wider determinants of health and move GM further in its ambitions towards a Marmot City Region.

In response to Member's request for a succent presentation to allow more time for questions, Warren Heppolette, Chief Officer for Strategy & Innovation, NHS Greater Manchester (NHS GM) and Jane Pilkington, Director of Population Health, NHS GM provided an introduction.

The report also outlined opportunities for partners to input and shape priorities for coordinated action on health inequalities across GM, responding to the proposed principles, priorities, targets, and metrics in the GM Fairer Health for All Framework.

The report explored in detail:

- An overview of the key missions in the ICP Strategy, which collectively would reduce health inequalities by enabling a social model for health and a strategic shift towards prevention.
- Summary of Integrated Care System Operating Model and governance to ensure tackling health inequalities was everybody's business and part of the way they worked.
- Overview of priorities, principles, and tools in the Fairer Health for All Framework which enabled coordinated action and delivery of the Joint Forward Plan.
- A deeper exploration of a small number of flagship areas that showed Fairer Health for All in action including the Fairer Health for All Academy and the Health & Care Intelligence Hub.

The Chair advised that the range of health inequalities was vast, whilst issues were recognised as systemic and would not be solved quickly, NHS GM Officers wanted to understand if they had set the right priorities, targets, and measures. A question and answer session followed.

Members expressed gratitude to City Mayor Paul Dennett, GM Portfolio Lead for Quality Care for his presence as political leadership was important for this agenda.

The report was also commended for going to the heart of issues and recognising that deprivation remains a significant determinant of poor health, with over one third of GM residents living in the top 10% deprived neighbourhoods, often underusing preventative care services, and overusing critical care services.

Members questioned the age of the report and asked whether the report was created specifically for this meeting. Officers informed Members that the report was created for this meeting but drew on research undertaken since the start of the statutory establishment of the Integrated Care System (ICS).

Members commented on the language used within the framework with acronyms and abbreviations making it inaccessible. Whilst there were different versions of the framework for different audiences, Officers acknowledged the use of jargon as unhelpful and would seek to use plain English where possible.

In response to a question about decision makers, it was clarified there were 5 Board Members on the ICB, which included City Mayor Paul Dennett. Whilst it was difficult to present the decision-making structure in a simple format, Officers acknowledged that improvements could be made and that diagrams would be reviewed. City Mayor Paul Dennett explained that he was appointed by the GMCA as the Portfolio Lead for Health and Social Care and that decision-making power sat in different spaces. The role of the ICB was one of assurance. Consideration was being given to governance and whether it remained fit for purpose. In terms of accountability, legally decision-making powers sat with the Secretary of State and NHS England.

Members highlighted the need for addressing health disparities, incorporating (National Institute for Health and Care Excellence (NICE) guidelines, and creating a transparent system to provide equal opportunities for all residents in accessing healthcare services, particularly In Vitro Fertilisation (IVF) treatments. A Member provided an example of disparities in IVF treatment previously commissioned by Clinical Commissioning Groups (CCGs) and expressed concern about the disparity, in Manchester, where residents received only one round of IVF. In contrast, individuals living in Stockport were entitled to two rounds, and those in Tameside received three rounds.

Officers acknowledged the range of unequal standards and advised that work would be undertaken to review the disparities, specifically on IVF and treatments, which would be shared with both Committees.

However, Officers further advised that NICE guidance was not legally binding and not all ICSs were operating the same way regarding this guidance.

The Committee expressed concern that those residents who were already socially excluded would have the most significant challenge to overcome in terms of barriers to services, and that this must remain a priority for the Integrated Care System.

Members raised concerns that there was no mention in the framework about the increasing levels of obesity in the population, with implications for public health and the healthcare system's ability to provide services and manage finances. Officers noted the influence of national policies, the impact of the food industry and individuals' inactivity as the most fundamental causes of obesity. Officers informed Members about the efforts in the Joint Forward Plan to promote active travel, such as walking, and cycling. The Committee were informed that this topic would be considered by the GM Joint Health Scrutiny Committee at their meeting in March 2024.

Members also emphasised the impact of mental health, particularly in children and young people, and expressed the need for more focus on this issue within the framework. Officers highlighted the importance of mental health in the Joint Forward Plan and emphasised the recognition across the system for significant focus on mental health in future work. Additionally, Officers mentioned a projected health needs analysis that identifies mental health as a key area of concern for children and young people in the next five years and acknowledged the under-investment in mental health services of approximately £97 million per year compared to the national average which needed to be addressed.

Members highlighted the importance of increasing the professionalisation and status of social care workers within the healthcare system and as a career choice. They indicated that success would be achieved when young, qualified individuals aspired to become social care workers, emphasising the need for improvement in this area. Officers confirmed that this was at the heart of the Workforce Development Strategy which could be shared with Members.

Members expressed concern that the report was too focused on the NHS as an employer and suggested a need to shift the emphasis towards getting long-term unemployed individuals back into the wider workforce by integrating these individuals into businesses outside the NHS, even for less skilled roles. Officers informed Members of the collaborative efforts between different entities, including the GMCA and Districts, aimed at helping people get back into work. The approach was based on the Working-Well Combined Authority (CA) model, which involved collaboration with local businesses. Officers stressed that the focus was not solely on recruiting people into the NHS workforce, although that was a part of the initiative due to the NHS being a major employer, instead, the effort spanned across various sectors and involved engagement with local businesses and the wider public sector. The Committee were also informed that there may be further opportunities regarding skills and employment through the GM devolution trailblazer.

Members emphasised the importance of integrating alternative health services like physiotherapy, osteopathy, acupuncture, and massage into the NHS to support people to manage their own health and Officers recognised the need for further exploration in this area and welcomed Members suggestion of the establishment of community centres that offered a comprehensive range of services, including dentistry, pharmacy, general practitioners (GPs), and alternative health providers.

Members questioned whether the relationship between the ICP strategy and a good home has been explored and commented on the importance of housing for health and quality of life. It was questioned whether the Integrated Care System could leverage a new model of delivery for GM that focussed on the wider determinants.

Officers informed Members that there was not a single accountable individual for commissioning policy for access to core health services at the same time as they were commissioning policy for external factors like clean air or quality of housing provision, therefore an integrated approach to health inequalities was vital.

Members highlighted the absence of specific support for paid family carers and young carers in the strategy, expressing the need for more focus on the growing burden of care on children and young individuals. Officers informed Members of the work carried out to support unpaid careers and stressed the importance of the need to support them otherwise the resilience of health and social care was at stake if action was not taken.

Members raised concerns about the lack of coverage in the report about NHS dentistry. Officers informed Members that this was a standing priority of the Joint Health Scrutiny Committee, recognising that current provision fell short of expectations, and that work was underway to improve access to services where possible.

Members queried whether the Fairer Health framework would help to address school readiness and associated mental health issues. Officers commented on the impact of the early years delivery model in GM over the past ten years and acknowledged the significant positive effect the model had before the pandemic but highlighted the challenges it faced in the post-pandemic era and the need to adapt and enhance this model to address the new challenges. Additionally, Officers mentioned the importance of direct access to mental health support in schools, colleges, and higher education facilities in GM as the demand for mental health support for children and young people was overwhelming, and the existing systems were struggling to cope with this growing need.

Members highlighted the importance of standardising best practices across GM and provided an example within maternity services to highlight the need for consistency in approaching patients, specifically mentioning the variation in questioning patients receive from NHS front line workers regarding their housing situation.

Officers agreed on the importance of practical, meaningful support for individuals managing their health and that it should consider factors like housing, financial stability, family situations, active travel, and clean air as these factors could significantly impact a person's ability to recover and stay well.

Members asked whether GM had an anchor network. Officers informed Members that there was an anchor network, and it was originally established to organise GM initiatives. The anchor network has expanded its involvement with CA partners and is working on local employment pathways, and supply chains, and involving the voluntary sector. Officers mentioned plans for semi-annual events for the anchor network to engage more people, although the program was still in its early stages.

Members highlighted the importance of addressing the needs of communities, particularly those from Black, Asian, and Minority Ethnic (BAME) backgrounds, issues such as mental health challenges and discrimination within the BAME communities. Additionally, Members stressed the urgency of tackling the stigma surrounding mental health issues in these communities and called for efforts to be made at the top level to address these concerns across the Districts. Members highlighted the impact of COVID-19 on BAME communities, citing data that showed they were high risk and inquired about the lessons learned from the pandemic to urge strategies to ensure fair and accessible services for these communities in the future.

Officers noted the importance of focusing on prevention, early detection, and addressing disparities in healthcare access and the need for tailored strategies to support populations facing the greatest disparities, suggesting community-led organisations could play a key role. Furthermore, Officers mentioned initiatives in GM, such as setting equality objectives, reimagining primary care models, and the use of advanced data science to analyse needs and risks.

Members addressed the importance of focusing the framework on specific outcome targets rather than adopting a scattergun approach and further expressed concern about the limited impact a broad approach could have. Members welcomed the opportunities created through the Health and Care Intelligence Hub and noted this was a significant outcome of the collaborative approach to health and care across the ICS.

Members emphasised the importance of measuring progress against the rest of England and avoiding the accidental discovery of favourable statistics. Officers highlighted the use of advanced data science to identify individuals at risk and provide precise and targeted care plans. Officers informed Members of the priorities related to page 17 of the agenda pack, which focused on interventions with the biggest impact on the population at risk. The interventions were based on strong evidence and return on investment. Officers highlighted the need for an effective economic and financial strategy to shift resources into early intervention, prevention, and crisis reduction.

Members commented that the report overlooked staffing issues within the healthcare system and the need to address the scarcity of financial resources. Officers acknowledged staffing pressures, especially in social care and stressed a need for fair pay and a balancing act between levelling up services and precision targeting and offered to pick up the ‘levelling up’ of GM services as a focus for the 5 Year Forward Plan.

Members emphasised the necessity of involving the voluntary sector but recognised their current lack of support, training, funding, and facilities and suggested exploring ways to better support the voluntary sector. Officers informed Members about the Voluntary, Community or Social Enterprise (VCSE) accord and fair funding protocol signed by District’s and healthcare organisations as a tool by which GM could continue to advise, support and advocate for the voluntary and community sector.

Officers agreed that they would follow up on any questions that had not been answered by the Members of the Joint meeting of the GM Joint Health Scrutiny Committee and GMCA Overview & Scrutiny Committee and Members suggested any future sessions should be workshop style to give more opportunities for engagement.

RESOLVED/-

1. That it be noted that the Committee provided comments and views on key goals, targets, metrics, and priorities as requested (see Minute JHSC/23/23).
2. That it be noted that Officers from NHS GM pay attention to the language used in the framework and simplify the decision-making structure diagrams where possible.
3. That Officers be requested to continue to look for ways to remove any barriers to service access, especially for those demographic groups who already find themselves socially excluded.
4. That it be noted that NHS GM Officers would review the disparities to access to IVF and treatments across GM and share any findings of this work with the JHS Committee and the GMCA Overview and Scrutiny Committee.
5. That it be noted that supplementary documents around the challenges in the health & social care workforce be shared with the Joint Health Scrutiny Committee and the GMCA Overview and Scrutiny Committee.
6. That it be noted that JHS Committee reports on dentistry be shared with the GMCA Overview and Scrutiny Committee for information.
7. That it be noted that NHS GM Officers follow up on any questions that had not been answered at the meeting after the meeting.

JHSC/24/23 DATE AND TIME OF NEXT MEETING

- Joint Health Scrutiny Committee – 17 January 2024 at 10.00 am, GMCA, Boardroom.
- Overview & Scrutiny Committee – 22 November 2023 at 1.00 pm, GMCA, Boardroom.

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Greater Manchester Joint Health Scrutiny Committee

Date: 17 January 2024

Subject: Mental Health Inequalities

Report of: Xanthe Townend, Programme Director – Mental Health, and Lynzi Shepherd, GM Strategic Mental Health Commissioning Lead

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Purpose of Report:

The committee requested a report on mental health inequalities following a previous item on mental health at the March 2023 meeting. This report sets out the national evidence base for mental health inequalities across the three strands of access, experience, and outcomes. It then provides evidence for these inequalities in Greater Manchester and gives examples of how we are addressing any unwarranted variation. One of the vehicles through which we will achieve this is the new Mental Health & Wellbeing Strategy. An overview of which is provided alongside our plans for delivery of this strategy.

Recommendations:

The Committee is requested to review and note the actions and plans underway to address mental health inequalities.

Contact Officers:

Xanthe Townend, Programme Director – Mental Health

Xanthe.townend@gmmh.nhs.uk

Lynzi Shepherd, GM Strategic Mental Health Commissioning Lead

Lynzi.shepherd@nhs.net

Background Papers

The information and data in the report have been largely drawn from the following documents:

- Advancing mental health equalities strategy (Microsoft Word - C0709 Advancing Mental Health Equalities Strategy - Text version for publication V6.docx (england.nhs.uk))
- Psychological Therapies, Annual report on the use of IAPT services, 2021-22 (Psychological Therapies, Annual report on the use of IAPT services, 2021-22 - NHS Digital)
- Mental Health Services Monthly Statistics (Mental Health Services Monthly Statistics - NHS Digital)
- Greater Manchester ICP Strategy (gmicp-health-and-care-strategy.pdf (gmintegratedcare.org.uk)
- Greater Manchester Mental Health & Wellbeing Strategy

Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution?

No

Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

GM Transport Committee

N/A

Overview and Scrutiny Committee

N/A

1. Introduction

The accompanying slides provide the Greater Manchester Integrated Care Board (ICB) response to the committee's request for a report on mental health inequalities. We have expanded on this to include an update on the new Mental Health & Wellbeing Strategy as the vehicle through which we continue to address this unwarranted variation.

2. Mental Health Inequalities

The national evidence highlighting inequalities in access to, experience of, and outcomes from mental health can be replicated in Greater Manchester. We know that there is unacceptable unwarranted variation in access, experience and outcomes for minority or disadvantaged cohorts and as a system, we are taking action to address this through a range of initiatives and schemes. Addressing unwarranted variation also involves levelling up the provision of services across our 10 localities to ensure all Greater Manchester residents have equitable access now that we are one Integrated Care System (ICS).

Working alongside our partners in the third sector, we are taking steps to identify where, how, and why minority or disadvantaged cohorts face discrimination, whether directly or indirectly, deliberately, or subconsciously. We can then take action to address this, and current initiatives include our culturally appropriate mental health services fund and implementing the recommendations from a report highlighting inequalities for Black women in the perinatal period.

We are also addressing systemic prejudices through our mental health workforce strategy and ensuring our lived experience voices are representative of our local communities. Overarching this lies our Fairer Health for All framework, which was presented at a previous committee meeting.

3. Mental Health and Wellbeing Strategy

The Greater Manchester Mental Health and Wellbeing Strategy describes what we will do together as a city-region to improve the mental health of people in Greater Manchester, to better support those with mental ill health and to reduce mental health inequalities across our city region.

The Strategy sits alongside the overarching strategy for the Integrated Care Partnership (ICP) in Greater Manchester. What we do to improve the mental health of our residents will contribute to our achieving all six of the missions set out in the ICP Strategy.

We held a stakeholder event to launch the strategy in November and have recently begun a further wave of engagement to explore how the strategy aligns with the great work already going on in localities and across Greater Manchester (GM) and explore opportunities to work together on delivering the strategic missions. This work will roll out in Q4 of 2023/24 and will co-design the delivery coalition for the Strategy ready for April onwards.

Mental Health and Wellbeing – Doing things differently

GMCA Scrutiny Committee – 17th January 2024

Xanthe Townend - Mental Health Programme Director
Lynzi Shepherd - GM Strategic Mental Health Commissioning Lead

Part of Greater Manchester Integrated Care Partnership

Introduction

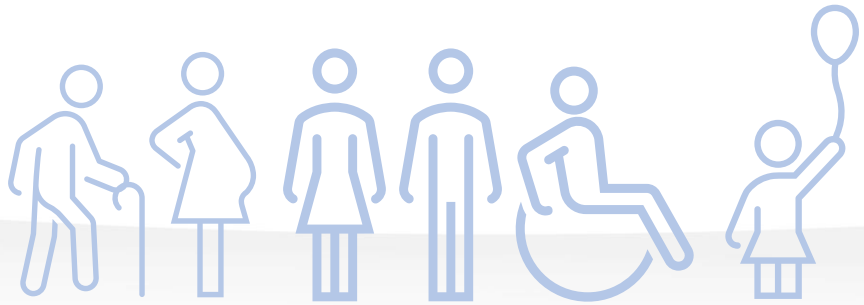
Some groups of people have far poorer mental health than others, often reflecting social disadvantage.

In many cases, those same groups of people have less access to effective and relevant support for their mental health.

And when they do get support, their experiences and outcomes are often poorer, in some circumstances causing harm.

This ‘triple barrier’ of mental health inequality affects large numbers of people from different sections of the population.

In Greater Manchester we are taking action to address the unwarranted variation in access, experience and outcomes faced by some groups of people simply due to their personal characteristics.



Inequalities – National evidence

Access

- Older people are a fifth as likely as younger age groups to have access to talking therapies but six times as likely to be on medication
- Children and young people from BAME communities are less likely to be able to access services which could intervene early to prevent mental health problems escalating
- Many black-African and Caribbean people, particularly men, do not have access to psychological treatment at an early stage of their mental health problem
- People from black-African and Caribbean communities are 40% more likely than white-British people to come into contact with mental health services through the criminal justice system
- Gypsy, Roma and Traveller communities can have similar difficulties similar to those who are homeless, in that their living status makes it more difficult to access healthcare in the round
- Men are less likely to be referred to NHS Talking Therapies services, and to enter treatment, than women
- Lesbian, gay and bisexual (LGB) people still experience discrimination in healthcare settings in the round, and many avoid seeking healthcare for fear of discrimination from staff
- People with disabilities face unique barriers to accessing care with transportation and cost cited as significant barriers
- People in lower income households are more likely to have unmet mental health treatment requests compared with the highest
- Many health inclusion groups face barriers to accessing healthcare services in the round, including those sleeping rough, sex workers and migrants
- People with mental health problems and co-occurring substance misuse problems can face barriers to accessing mental health support

Experience

- Older people with common mental health problems are more likely to be on drug therapies and less likely to be in receipt of talking therapies
- BAME patients are less likely to rate their overall experience as 8 or above on a 10-point scale (44% vs 49% for white-British)
- Black adults are more likely than adults in other ethnic groups to have been detained under a section of the Mental Health Act)
- Services that fail to account for the specific needs of women can perpetuate poor experiences in the round
- Transgender people frequently experience prejudice and lack of understanding when accessing services
- The 2020 NHS staff survey found that 13.7% of gay or lesbian staff reported discrimination from patients or the public, and 11.8% from their colleagues
- Women are more likely to be restrained than men and girls are more likely to be retrained in a face-down position than boys
- LGB patients are far less likely to feel they had been treated with dignity and respect by NHS mental health services (55% vs 73% for heterosexuals)
- In the 2018 Community Mental Health Survey LGB patients were less likely to rate their overall experience as 7 or above (48% vs 64% for heterosexuals)
- A Mental Health Foundation survey found that those with a learning disability and their families were not as satisfied with the care provided by mental health services
- Evidence on differential patient and carer experiences of mental health in deprived localities is still emerging

Outcomes

- Older people have better recovery outcomes in NHS Talking Therapies than working-age adults, but access is a challenge
- Young people in prison are more likely to take their own lives than others of the same age
- Though there have been gradual improvements, the NHS Talking Therapies recovery rate for BAME service users is below that of their white-British counterparts
- Women, on average, have longer lengths of stay in mental health secure care and many struggle with aftercare arrangements not meeting their needs
- The rates of suicide are higher in the LGB population compared to their heterosexual counterparts
- LGB people experience poorer recovery outcomes in NHS Talking Therapies services than their heterosexual counterparts
- People with disabilities experience poorer recovery outcomes in IAPT services than those without a disability
- NHS Talking Therapies recovery rates are generally poorer in the most deprived localities compared to the least deprived
- People of the Muslim faith experience poorer recovery rates in NHS Talking Therapies services than any other faith group

Source: NHS Advancing mental health equalities strategy

Inequalities – Greater Manchester evidence

Access

20% of GM population is aged over 65 yet only 4.5% of people accessing talking therapy are that age.

24% of GM population is from an ethnic minority yet only 15% of people accessing talking therapy & 12% of referrals to secondary MH services are from an ethnic minority.

3.7% of GM population (16+) is LGB and 3% of people accessing talking therapies services state they are LGB.

51% of GM population (16+) is female yet 66% of people accessing talking therapy are female.

18% of GM population has a disability but only 14% of those accessing talking therapy have a disability.

34% of GM is classed as more or most deprived yet 77% of people accessing talking therapy are from deprived areas.

People from deprived areas have a higher rate of use of secondary MH services than those from the least deprived areas.

13% of GM population is Muslim yet only 3% of people accessing talking therapies services declare their religion as Muslim.

3% of GM population are veterans but only 1% of people accessing talking therapies are veterans or dependents of veterans.

Females have a higher referral rate into secondary MH services than males

Males have a higher rate of usage of inpatient MH services than females

8.6% of Manchester's population is black but 26% of Gaddum's advocacy clients are black.

3.4% of Manchester's population is Chinese but they represent less than 1% of Gaddum's advocacy clients.

Experience

Greater Manchester detains black people at 3 times the rate of white people.

The average age of first referral into CYP secondary MH services is higher for girls (11.5 years) than boys (9.9 years)

"In my school they just... people with mental illness, seem just not to be liked; it's not the fact that they have the mental illness, it's things they do."

"When it's a black person with a mental health issue they're crazy, when it's a white person they're depressed."

"It isn't just about being Black, it is important that health professionals understand the position that so many of us black mothers are in whether it is because of racism or sexist behaviours that stereotype, expecting things to be the same for me as it is for white women who are not challenged with the same issues as me then it is not great for my mental health, it actually makes me feel worse."

"I still think if I was white, I would have been offered so much more"

Outcomes

LGB people have worse outcomes from talking therapies than heterosexual people.

People from ethnic minorities have worse talking therapies outcomes than white people.

Women have worse outcomes from talking therapies than men.

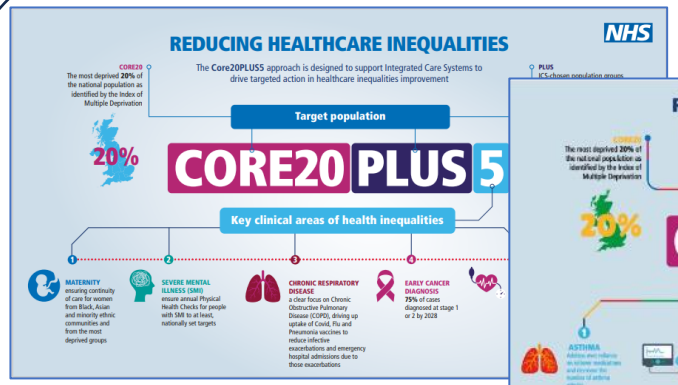
People with a disability have worse talking therapy outcomes than those without.

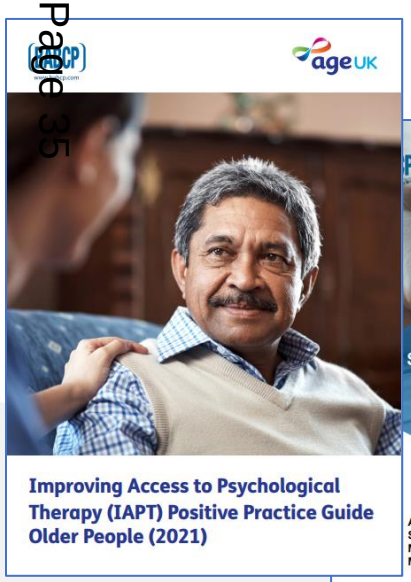
People from deprived areas have worse talking therapies outcomes than those from least deprived areas.

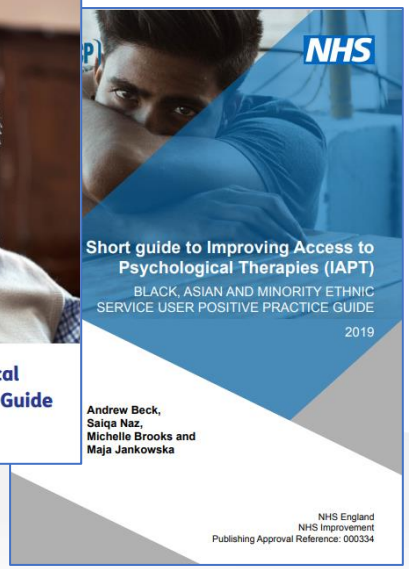
Muslim people have worse talking therapies outcomes than any other religion.

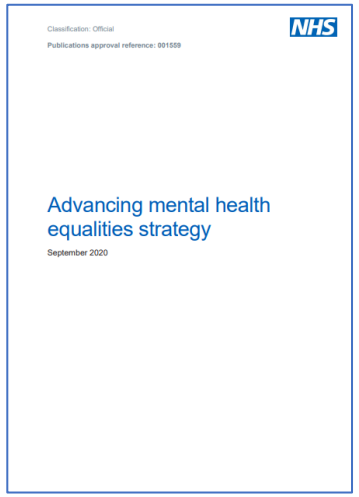
What we're doing in Greater Manchester to address these inequalities

Implementation of national initiatives









THE DEAF HEALTH CHARITY SIGNHEALTH

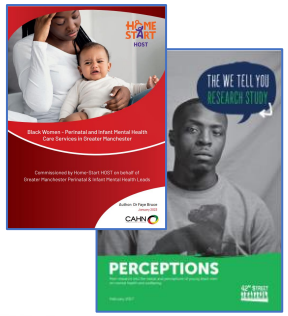
Local initiatives

The John Denmark Unit is an 18-bed inpatient service specialising in mental health and deafness. It offers inpatient and community services.

GM MH Programme funds a dedicated Older People's MH Clinical Lead & hosts an older people's MH clinical forum to share best practice.

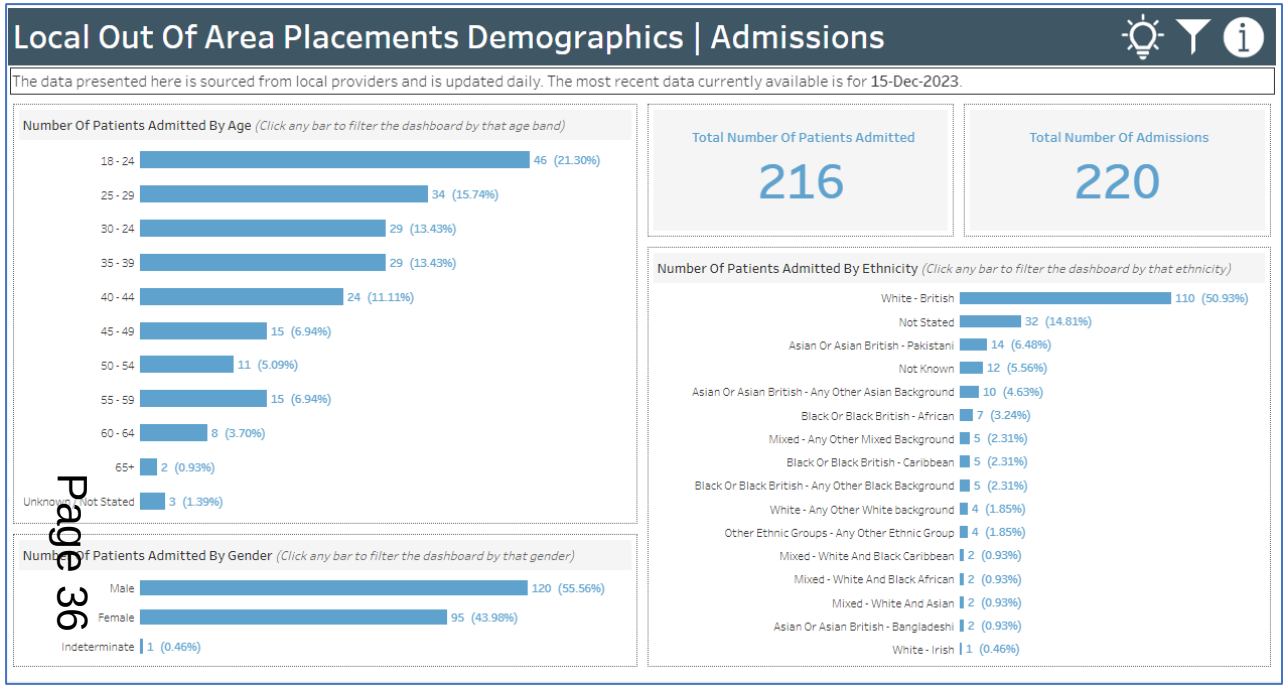
NHS Taking Therapies services are more accessible as 70% of GM appointments are delivered remotely, via phone or video call.

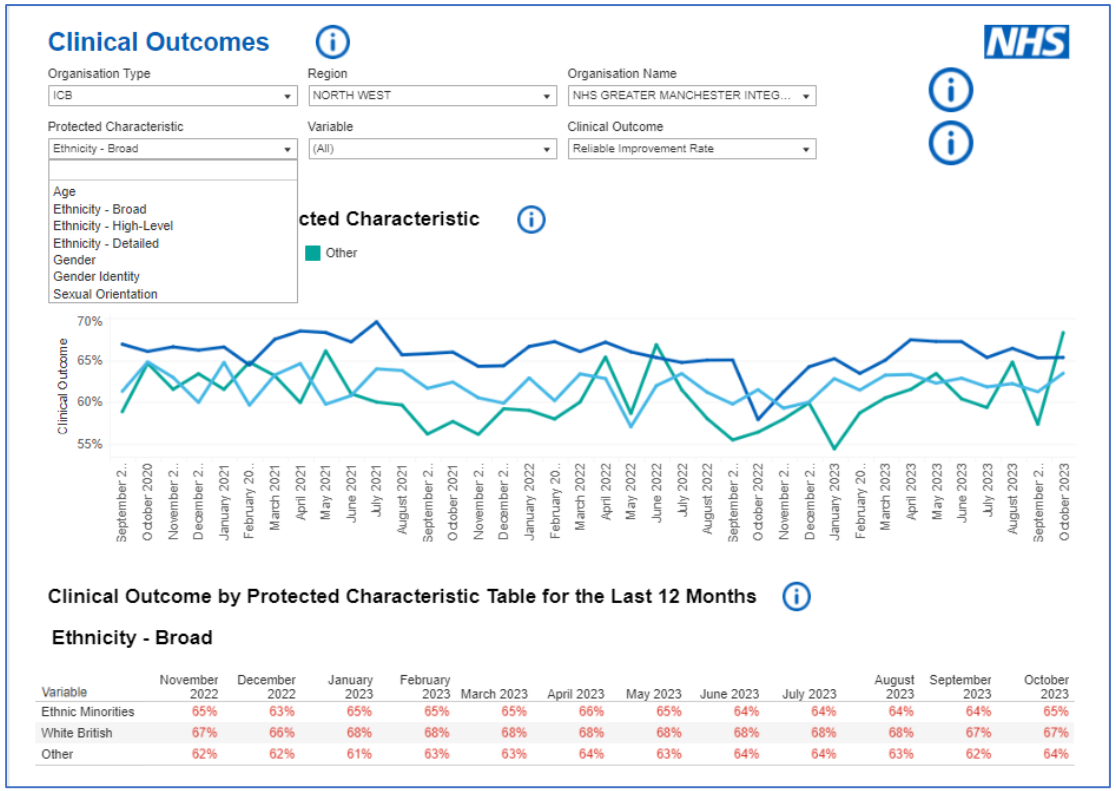
Core standard offer for cared for / care leavers developed

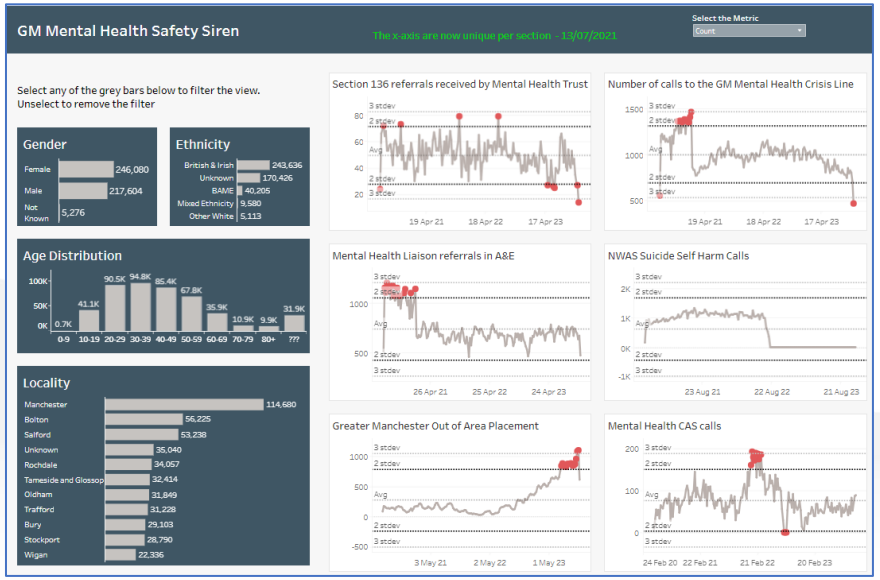


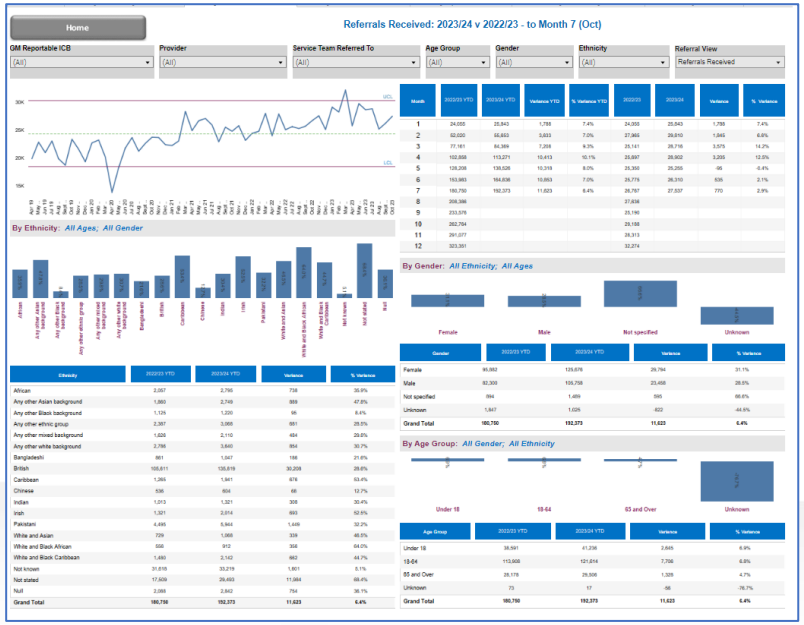
Working with local partners to better understand people's experiences of mental health

Improving data visibility









Levelling up

NHS
Greater Manchester
Integrated Care

Identifying unwarranted variation in service provision

Commissioning choices / differential funding to address this

Monitor variation

CAMHS – Some localities only commissioned to deliver to 16 years, need to standardise offer to cover up to 18 years

Crisis services – all localities now have crisis café provision, yet crisis beds are concentrated on the west of GM

Looked after children – ensuring the same services are available in all localities

Culturally appropriate mental health services fund

NHS Greater Manchester Integrated Care

- Established in 22/23 to address the health inequalities that exist in the black and minority ethnic communities in Greater Manchester.
- £763k was available via the fund in 2022/23. This was uplifted to £872,550 in 2023/24.
- 31 culturally appropriate MH services have been established by community led organisations using this funding.
- It has 3 objectives:
  - Partnership Model.
  - Culturally Appropriate Inclusive Integrated Mental Health Services.
  - Reducing racial inequalities in mental health services in Greater Manchester.
- Evaluation data shows that:
  - 1,702 service users seen and supported through the culturally appropriate MH services
  - 1,250 adults and older adults receiving 2+ contacts
  - 8,052 total service contacts

KEREN - Provide front-line emotional & practical support, and ethnically appropriate literature for young ladies (16-24) in the Orthodox Jewish Community who require such appropriate services.

Salford Refugees Link - Train volunteers to be mental health ambassadors (link connector) to be able to identify previous signs or symptoms of mental health problems in the community.

Somali Adult Social Care Agency - 1:1 advocacy and counselling service and 3-hour group sessions to support Somali women's mental health and wellbeing.

Greater Manchester Eczema & Skin Support - To further understand the dermatology and mental health challenges of BME groups and create culturally appropriate information resources for community members and mental health practitioners.

CAHN - A proven culturally appropriate mental health provision tailored to meet the needs of the Caribbean and African community across GM (initially focusing on Wigan, Bolton, Stockport and Tameside. The service adopts a strengths-based approach offering therapeutic intervention for people presenting with mental health issues to prevent them from declining into the spectrum of SMI and associated complex needs.

Perinatal & parent-infant mental health

- Black women, followed by White and Black Caribbean and White and Black African women, are more likely to experience a mental illness such as anxiety disorder or depression (PHE, 2019)
- Report commissioned on behalf of GM perinatal leads to explore Black women's experience of mental health and use of maternity services throughout the perinatal period.
- Published January 2023
- Makes recommendations for:
  - Resource development
  - Training, education and development
  - Service design and recruitment
  - Data collection and reporting
- Funding bid for £142k submitted to support rollout of these recommendations via the Caribbean & African Health Network (CAHN).

Service providers will be provided with relevant cultural knowledge to aid understanding of the Black experience and needs. This will help to shape the provision of services and improve practice so that women are engaged and able to access timely mental and physical health wellbeing services

A range of evidence-based resources will be coproduced in partnership with providers and will increase the mental health literacy of women, fathers, and their trusted community and faith leaders

More collaborative and effective partnership working across a number of agencies

Black women will experience reduced isolation and loneliness by building and extending monitored and managed social networks to improve overall physical and mental well-being,

Following training, community members will be able to spot the signs of poor mental health and wellbeing among mothers and will be able to report and signpost to relevant services.

PIMH providers will have access to networks to help target and recruit Black people into perinatal and infant mental health careers.

Women will be able to access the hub as a safe culturally and socially appropriate space to drop in and gain support.

Lived experience in Greater Manchester

NHS
Greater Manchester
Integrated Care

Approach to Recruitment

We look for those who have personally encountered the challenges, emotions, and circumstances that the relevant mental health workstreams aim to address. The following approaches will be used to attract Lived Experience members:

- Collaborating with provider agencies in the GM VCSE who have intelligence and extensive networks
- Collaborating with specialist 'by and for' services to attract members with protected characteristics
- Seeking recommendations/referrals from trusted individuals
- Utilising social media platforms, online forums, and relevant websites

Diversity in Recruitment

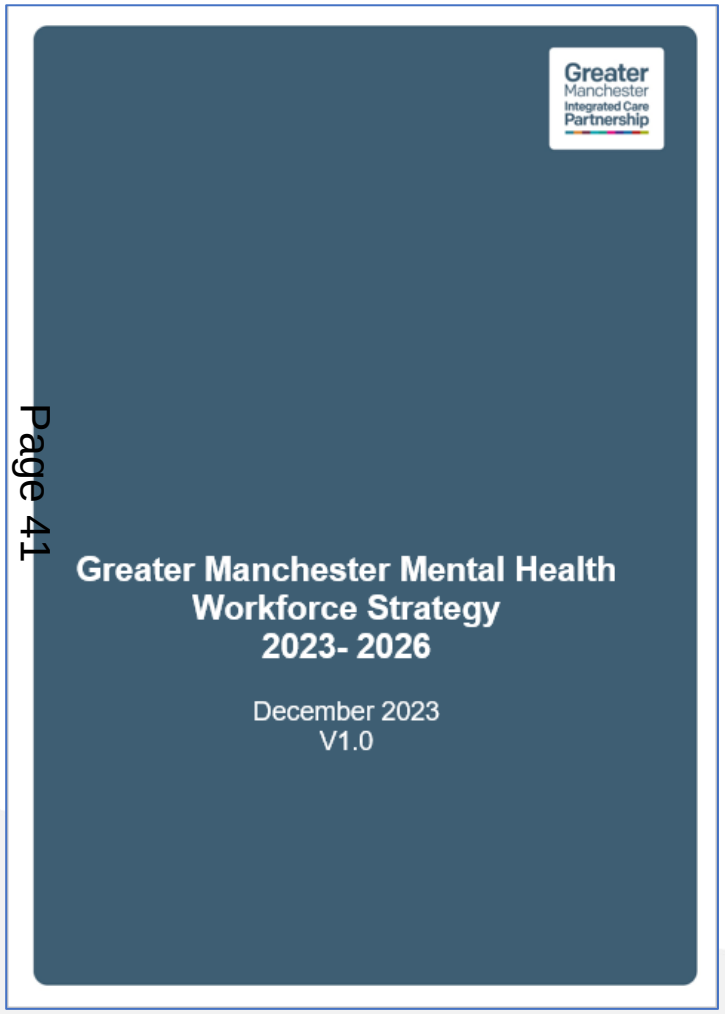
We seek Lived Experience Representatives from diverse backgrounds and identities which encompass factors such as race, ethnicity, gender identity, age, disability, sexual orientation, socioeconomic background, place, and other relevant characteristics, ensuring a wide-ranging representation of experiences. Where there are people missing from the Lived Experience Representative 'pool' we will seek guidance and collaborate with communities to make sure people with underrepresented voices are able to contribute using bespoke methods where required. We offer marketing materials and posters in various languages such as Urdu, Polish and Mandarin in order to attract varied participants. We are also recruiting for a BAME participation group to feed in to and support the ICB workstreams we participate in.

Intersectionality

Intersectionality recognizes that individuals may face unique challenges and perspectives based on the intersections of their identities. We will actively seek individuals who have experienced multiple forms of marginalisation. We offer support in the form of advocacy and additional support for those who do not feel that they can actively speak within a group forum.

Addressing workforce inequalities in Greater Manchester

NHS Greater Manchester Integrated Care



We will deliver a compassionate working culture at all levels and address health inequalities within our workforce

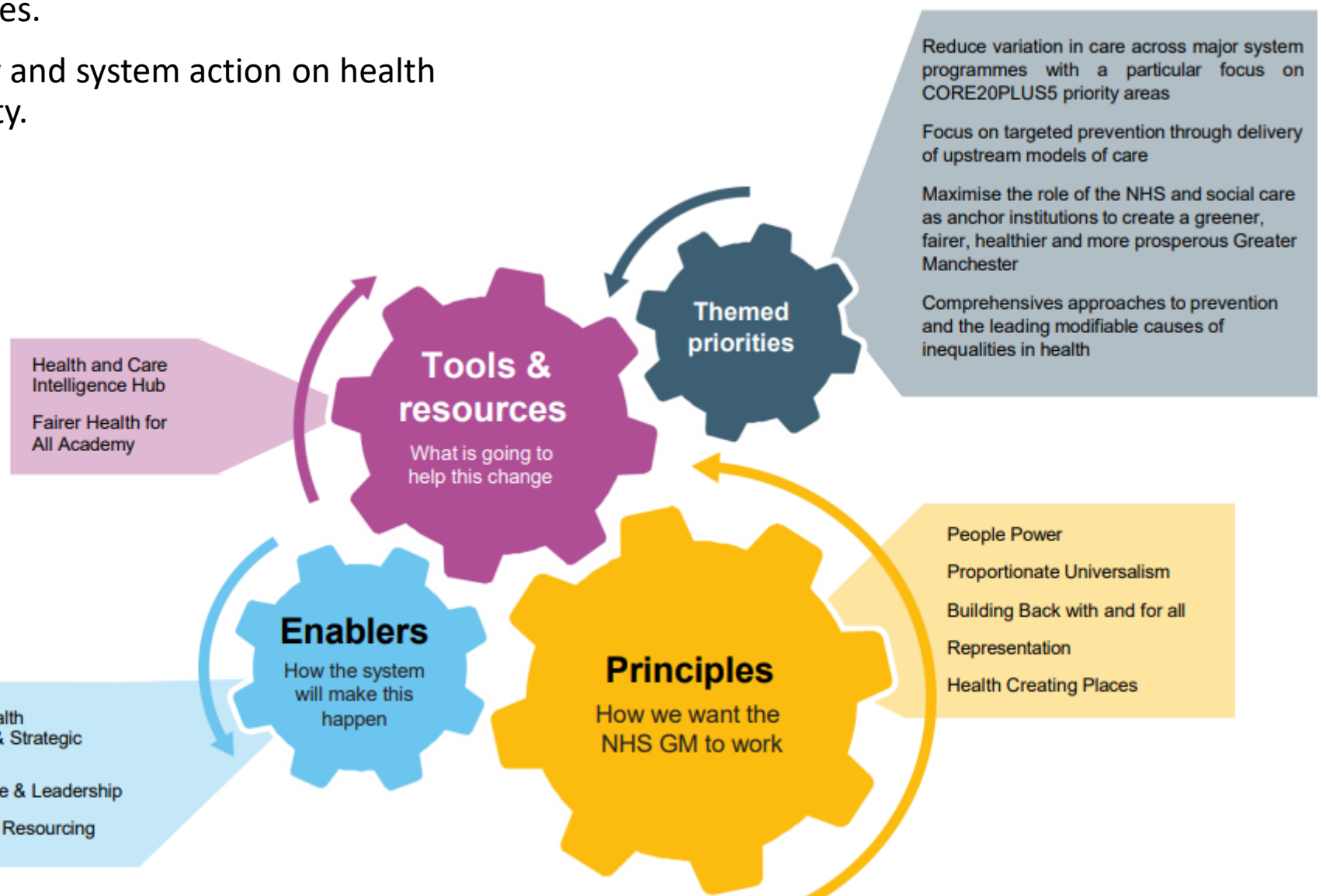
We will link into system areas of expertise relating to health inequalities and population health management to proactively support and engage our residents and enable our workforce to adapt their practices to support all cultures and communities

We will support equality, diversity, and inclusion in future workforce planning to ensure our workforce is representative of our community

Fairer health for all

- A framework that outlines our approach to addressing root causes of ill health and inequalities.
- Enabling neighbourhood, locality and system action on health equity, inclusion and sustainability.
- Mission 1 – Strengthen communities
- Mission 2 – Help people to stay well and detect illness early
- Mission 3 – Helping people get into and stay in good work
- Mission 4 – Recover core health and care services

NHS Greater Manchester Integrated Care



How the ICP strategy will help reduce inequalities - Missions

NHS
Greater Manchester
Integrated Care

The GM Mental Health and Wellbeing Strategy

2024 - 2029

Greater Manchester Integrated Care Partnership

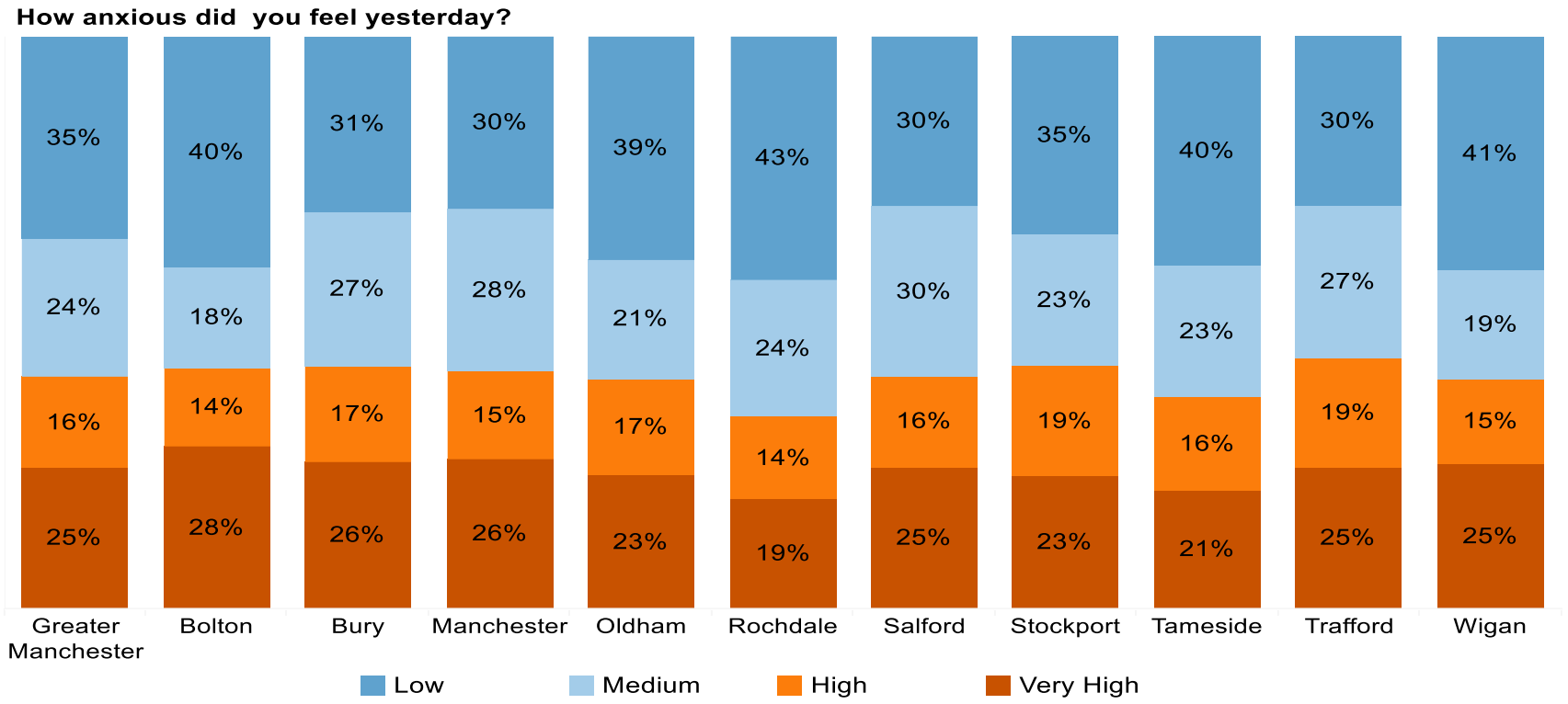
Wellbeing

Mental wellbeing is generally understood to be a person's ability to feel good and function well.

In the Greater Manchester Big Mental Wellbeing Conversation, the overwhelming majority of surveyed residents – 97% – stated that mental wellbeing was important or very important to them.

What does mental health and wellbeing mean to you? (youtube.com)

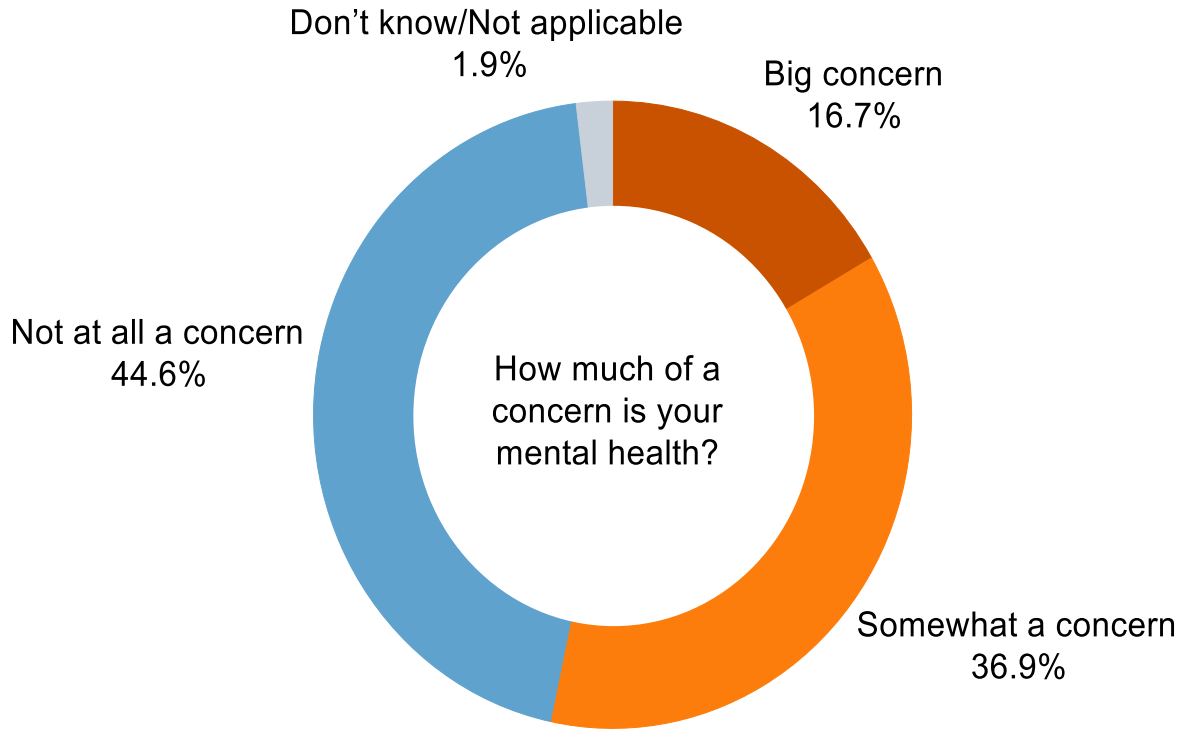
Factors that impact on wellbeing



Source: ONS – Personal well-being in the UK (2021/22)

Feeling anxious: in 2021/22, one in four residents in Greater Manchester reported having very high anxiety

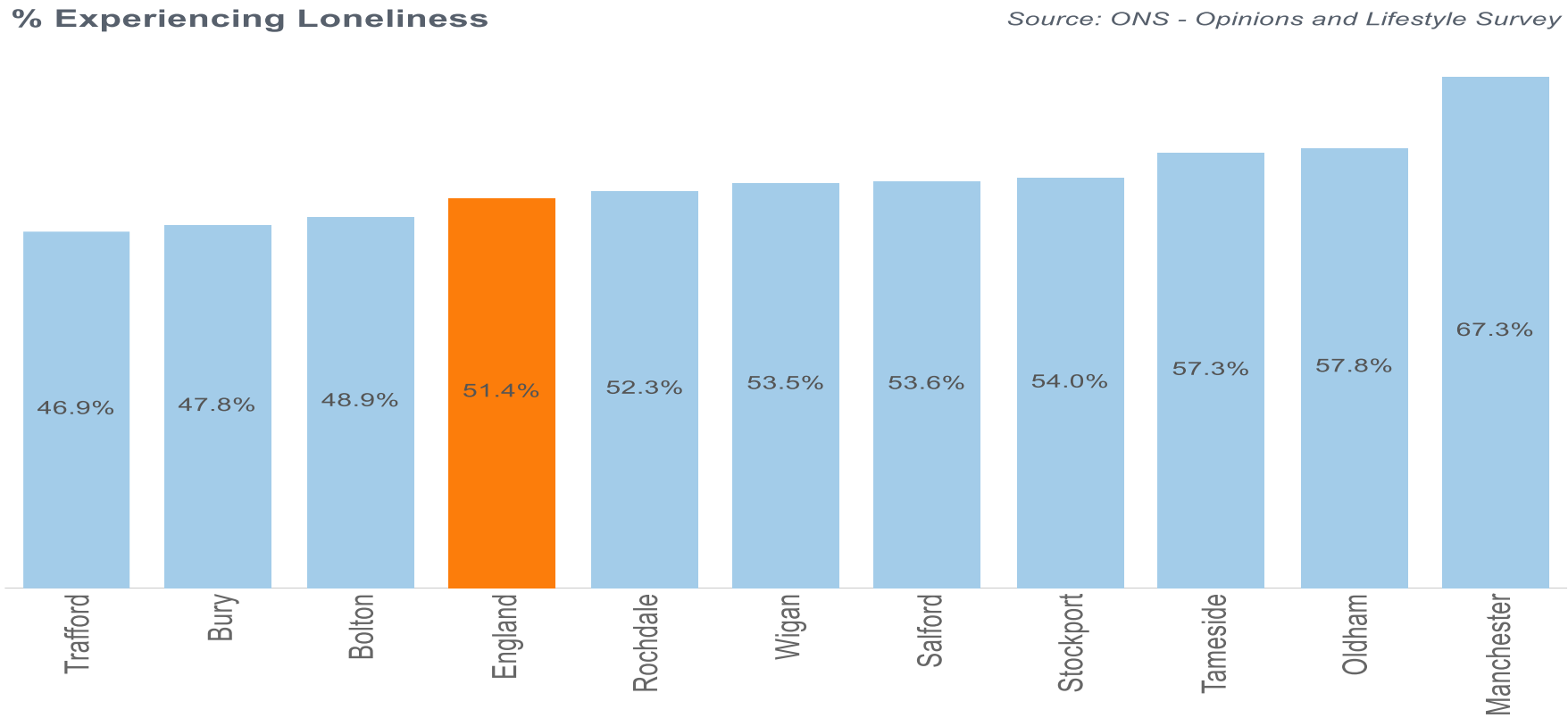
Factors that impact on wellbeing



Source: GMCA - Greater Manchester Residents Survey (2022)

Personal mental health: over half of adults (1.1 million people) in GM were at least somewhat concerned about their mental health in 2022

Factors that impact on wellbeing



Connection: In 7 out of 10 localities, people reported they experienced higher levels of loneliness than the England average

How the GM Mental Health and Wellbeing Strategy is being delivered and impacts

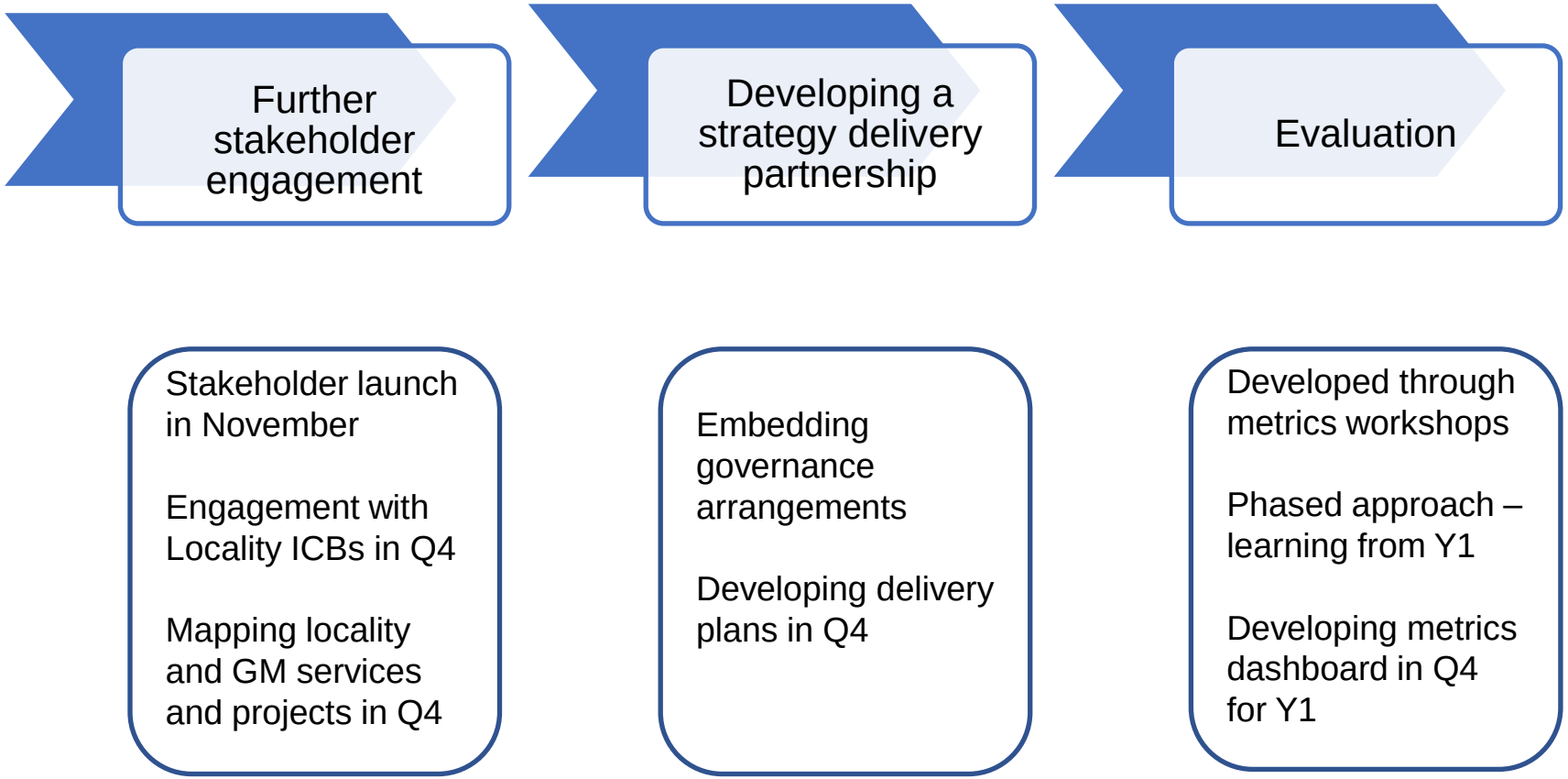
Vision: **A mentally healthy city region where every child, adult and place matter**

1. People will be part of mentally healthy, safe and supportive families, workplaces and communities.
2. People's quality of life will improve through inclusive, timely access to appropriate high-quality mental health information, support and services.
3. People with long-term mental health conditions will live longer and lead fulfilling and healthy lives.
4. People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive.
5. The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and are able to access and benefit from

How the missions were created

- Co-designed with hundreds of stakeholders, including people with lived experience, providers and professionals.
- Complementing locality plans and activities, and building on numerous examples of excellent partnership working in localities and pan-GM.
- Also builds on a ‘whole system’ approach, and active partnerships with the VCSE sector.
- Taking a preventative wellbeing-led approach and recognising the social determinants of mental health and wellbeing.
- Aligned to and contributing to all six of the ICP Strategy missions.

How the GM Mental Health and Wellbeing Strategy is being delivered



Establishing a strategic delivery partnership – next steps

1. Agree governance structure.
2. Establish GM MH and Wellbeing Strategy Oversight Group.
3. Agree a system lead for each mission group and establish 5 Mission Groups under their leadership.
4. Concurrently, further system-wide engagement and mapping across the system, including localities, other key groups and sectors.
5. Finalise metrics dashboard for year 1.
6. Develop communications plans for sharing strategic milestones and learning.

Our approach to evaluating how we are ‘doing it differently’

Evaluation principles:

- the needs and experiences of GM people are core to evaluating the strategy and determining its success;
- it is important that the evaluation captures the system-wide impact of the strategy, and so metrics relating to all parts of the GM system need to factor;
- where possible, evaluation measurements and metrics will draw on existing data and collection mechanisms;
- national NHS principles for the transformation of mental health care in England were also considered and alignment to national priorities mapped;
- the shared focus is to reduce demand, lower costs or redirection demand through early intervention or prevention;
- the approach to measuring success will continue to be a focus throughout the life of the strategy, and as system-wide learning grows, this will feed the evaluation approach.

Our approach to evaluating how we are ‘doing it differently’

The metrics workshops also pinpointed some areas of cultural change stakeholders were keen to develop over the life of the strategy, including:

- focussing on being proactive rather than reactive and ‘moving from screening to intervening’;
- encouraging system-wide thinking as well as role, organisational or sectoral thinking;
- collaborating on the ‘big issues’ and contributing without the limitations of silos;
- prioritising communicating what works, what works less well and ensuring it is easy for people working in the system to find the tools and resources they need to support GM residents.

Taking a phased approach - year 1 metrics:

GM Mental Health and Mental Wellbeing Strategy Mission	Headline metric for this mission – year 1
People are part of mentally healthy, safe and supportive families, workplaces and communities	A reduction in mental health related calls to GMP
People's quality of life improves through inclusive timely access to appropriate high quality mental health information, support & services	Eliminate acute out of area placements
People with long term mental health conditions live longer and lead fulfilling and healthy lives	Increase in Severe Mental Illness Physical Health checks
People are comfortable talking about their mental health and wellbeing and are actively involved in any support and care they receive.	Increase in Mental Health and Wellbeing training (Connect 5, Mental Health First Aid and Suicide Awareness) across the Greater Manchester system
The mental health and wellbeing system recognises the inequality, discrimination and structural inequity of people's experience, and is developing more inclusive services and opportunities that people identify with and are able to access and benefit from.	Increase in referrals to Mental Health Support Teams

Mental Health and Mental Wellbeing metrics already identified in the GM ICP Strategy and JFP will also feature in the assessment of progress and success.

How will the GM ICP Strategy address the overarching mental health inequalities

The role of the GM Mental Health and Wellbeing Strategy in addressing health inequalities

Aligning to the missions and vision of the ICP Strategy

Embedding an early intervention and prevention approach to mental health

Taking a person-centred, trauma-informed approach

Drawing on Population Health evidence, insight and initiatives, including rich data from localities and VCSE sector

Annual spend

ICP annual budget	£	%
In total	7,000,000,000	
Spent on mental health care	650,000,000	9% of the whole budget
Spent on mental health care delivered by the VSE	5,000,000	0.7% of the MH budget

Greater Manchester Integrated Care Partnership

GMCA GREATER MANCHESTER COMBINED AUTHORITY

Greater Manchester Joint Health Scrutiny Committee

Date: 17 January 2024

Subject: Young People's Health and Wellbeing - #BeeWell Programme

Report of: Francesca Speakman, #BeeWell Project Manager, GMCA

Purpose of Report:

To share the findings of the #BeeWell Survey and the actions that have been undertaken by organisations across GM to improve the health and wellbeing of young people.

Recommendations:

The Committee is requested to:

1. Listen to the voices of Greater Manchester's young people and become familiar with the findings of the #BeeWell survey in their local area.
2. Act on what the data is telling us and support the #BeeWell mission to make young people's wellbeing everybody's business. Utilise examples provided in the report to suggest connections to local priorities.
3. Celebrate young people's wellbeing, the recovery from the pandemic and share stories from across the 10 local authorities where there is work to enhance young people's wellbeing.
4. Note plans to extend the survey for a further 2 years subject to securing further investment.

Contact Officers:

Francesca Speakman - #BeeWell Project Manager

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Jane Forrest – Director of Public Service Reform

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Equalities Impact, Carbon, and Sustainability Assessment:

Recommendation - Key points for decision-makers

The GMCA is requested to:
1. Listen to the voices of Greater Manchester's young people and become familiar with the findings of the #BeeWell survey in their local area.
2. Act on what the data is telling us and support the #BeeWell mission to make young people's wellbeing everybody's business. Utilise examples provided in the report to suggest connections to local priorities.
3. Celebrate young people's wellbeing, the recovery from the pandemic and share stories from across the 10 local authorities where there is work to enhance young people's wellbeing.
4. Note plans to extend survey for a further 2 years subject to securing further investment.

Impacts Questionnaire

Impact Indicator	Result	Justification/Mitigation
Equality and Inclusion	G	Whilst the direct impact of the results of the survey is not yet known, #BeeWell highlights inequalities in the experiences of young people by protected characteristic, including gender, SEN status and sexual orientation. From the last 2 years of the programme it's clear there is an appetite to reduce these disparities (particularly in the long term) but requires further understanding of local action taken. Whilst the direct impact of the results of the survey is not yet known, #BeeWell highlights inequalities in the experiences of young people by protected characteristic, including Free School Meel eligibility/economic disadvantage. From the first two years of the programme it's clear there is an appetite to reduce these disparities but requires further understanding of local action taken. #BeeWell publishes data and information on a neighbourhood level, to support community response to young people's wellbeing.
Health	G	#BeeWell seeks to publish data on all aspects of young people's wellbeing and health, to enable partners and the GM system to make positive change as a result. This includes questions on physical health, activity, nutrition and more. #BeeWell works with it's Coalition of Partners and colleagues in the health sector to ensure the results and shared and acted upon. #BeeWell seeks to work with colleagues in health to display the need for work in different neighbourhoods in Greater Manchester, but to also show the benefit of preventative, wellbeing work for young people's mental health. Questions on mental health include psychological wellbeing, negative affect, emotional regulation, stress and coping and more. The psychological wellbeing scores (for year 10 pupils) have been adopted as a key indicator within the Greater Manchester Strategy. In the #BeeWell survey, young people are asked how much physical activity they have done per week, and this is used to measure how many young people are meeting the recommended 1hr per day set by the Chief Medical Officer. Our Partners have already begun to use this data to target activities to encourage young people to do more physical activity, including GM Moving commissioning a campaign to encourage girls to do more physical activity due to the benefits it has on wellbeing. #BeeWell asks young people questions about how often young people feel lonely, which has been analysed by the University of Manchester team in a recent evidence briefing. We found a strong relationship between young people's peer to peer relationships and loneliness, and #BeeWell will make the case for our partners to act in response to this finding and encourage preventative action to support mental health and wellbeing.
Resilience and Adaptation		
Housing		
Economy		
Mobility and Connectivity		
Carbon, Nature and Environment		
Consumption and Production		
Contribution to achieving the GM Carbon Neutral 2038 target		Not applicable.

Fur							
	G	**Positive impacts overall, whether long or short term.**	A	**Mix of positive and negative impacts. Trade-offs to consider.**	R	**Mostly negative, with at least one positive aspect. Trade-offs to consider.**	RR	**Negative impacts overall.**

Carbon Assessment

Overall Score		
Buildings	**Result**	**Justification/Mitigation**
New Build residential	N/A	
Residential building(s) renovation/maintenance	N/A	
New build non-residential (including public) buildings	N/A	
Transport		
Active travel and public transport	N/A	
Roads, Parking and Vehicle Access	N/A	
Access to amenities	N/A	
Vehicle procurement	N/A	
Land Use		
La		

	No associated carbon impacts expected.		High standard in terms of practice and awareness on carbon.		Mostly best practice with a good level of awareness on carbon.		Partially meets best practice/ awareness, significant room to improve.		Not best practice and/ or insufficient awareness of carbon impacts.

Risk Management

n/a

Legal Considerations

There are no specific legal implications with regards to this report

Financial Consequences – Revenue

There are no specific financial implications with regards to this report

Financial Consequences – Capital

There are no specific financial implications with regards to this report

Number of attachments to the report

Documents included in appendices = 3

Comments/recommendations from the Overview & Scrutiny Committee

n/a

Background Papers

Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution?

No

Exemption from call-in

Are there any aspects in this report which means it should be considered to be exempt from call-in by the relevant Scrutiny Committee on the grounds of urgency?

No

GM Transport Committee

N/A

Overview and Scrutiny Committee

N/A

1. Introduction/Background

1.1 Developed in response to a growing concern for the wellbeing of young people in the UK, highlighted by the PISA report. #BeeWell is a collaboration between The University of Manchester, The Gregson Family Foundation and Anna Freud, who, together with the Greater Manchester Combined Authority (GMCA), launched the programme in 2019. Together with our partners, we listen to the voices of young people, act together for change and celebrate young people's wellbeing. #BeeWell hears the voices of young people through an annual wellbeing census delivered by secondary schools and builds a coalition of partners across local government, the Voluntary, Community or Social Enterprise sector (VCSE) and health to act on the results. More information about the broader #BeeWell programme can be found on the website; **beewellprogramme.org**. The programme has three elements:

1.2 Listen. By listening to and working with young people, since 2021 #BeeWell has heard the voices of over 60,000 young people in years 8 to 10 in over 190 schools across Greater Manchester. This represents 50% of all young people in the age brackets surveyed, in the biggest exercise of its kind in the country. Mainstream schools, special schools, Pupil Referral Units, independent schools, and Alternative Provision settings have all taken part in #BeeWell. The programme utilises The Lundy Model of Participation and translates the GM commitment to implementing the model into practice.

1.3 Act. There are two elements of reporting that inspire action. Each participating school receives confidential results to inform school action. In addition, wellbeing data is published by the Greater Manchester neighbourhood in an online, publicly available, dashboard. There are over 100 partners in our coalition who have committed to act on the results and have already influenced £1M of investment in Greater Manchester.

1.4 Celebrate. #BeeWell's Youth Steering Group, annual wellbeing festival, youth co-creation activities, published research, wide communications and focussed policy efforts all combine to shine a light on good practice and elevate our understanding of, and appreciation of, young people's wellbeing, both locally and nationally.

2. Data Headlines

2.1 A visual summary of the #BeeWell top 5 findings, as chosen by the #BeeWell Youth Steering group can be found in Appendix 1.

2.2 As reported in the 2022 Headlines Report, life satisfaction and mental wellbeing scores of young people across GM have been very stable across two years. (e.g., life satisfaction average score 6.6/10 in 2021, 6.5/10 in 2022). Similarly, in both 2021 and 2022, approximately 16% of young people in GM reported a high level of emotional difficulties. However, as expected, wellbeing has declined slightly for young people moving from Year 8 into Year 9, reflecting wider research that wellbeing declines with age during adolescence.

2.3 In 2021, the average life satisfaction and mental wellbeing scores of young people across GM were lower than their peers in England (in studies using the same measures as in #BeeWell). This remains the case in 2022[1].

2.4 There are inequalities in wellbeing in relation to sexual orientation & gender. In 2022, the average life satisfaction score was 6.13 out of 10 for cisgender females compared to 7.11 for cisgender males. Trans and gender-diverse young people reported lower life satisfaction in comparison (5.28). 7% of boys report a high level of emotional difficulties on our negative affect measure, compared with 22% of girls and 50% of non-binary young people.

2.5 In 2022, 81% of Year 10 pupils agreed/strongly agreed that they have hope and feel optimistic for their future, compared to 83% in 2019, 72% in 2020, and 80% in 2021. The 2019 and 2020 data come from the previous Life Readiness survey which had a much smaller sample so trends should be treated with caution. However, the year-on-year analysis of Year 10 data below presents a unique opportunity to understand the impact of the pandemic on young people's readiness for life over time.

2.6 Around 9 Year 9 students in the average classroom of 22 report that they are not getting enough sleep to feel awake throughout the school day.

2.7 1 in 3 young people (34%) young people in GM are meeting Chief Medical Officer guidance on physical activity levels in 2022. When you add a gender

[1] *Updated life satisfaction national score taken from Good Childhood Report 2022; mental wellbeing national score taken from NHS Digital 2020. Caution is required in interpreting differences between GM and national data, given demographic differences of the GM and national samples, and the differences in scores are within the limits of expected natural variation.*

lens, 43% of boys are doing 1 hour a day of physical activity compared to just 27% of girls.

2.8 There has been a decline in young people reporting that they have good places to spend their free time. In 2021, 75.5% of young people in Year 8 agreed or strongly agreed that they had good places to spend free time, compared to 67.6% of the Year 9 survey responses in 2022.

3. Responses to the #BeeWell Survey

3.1 Coalition of Partner

The #BeeWell programme has leveraged in over £1 Million of investment into coalition partners to improve young people's wellbeing. An example of leveraged investment comes from the Youth Alliance GM, an informal partnership of over 140 organisations supporting children and young people across Greater Manchester. More information about the Youth Alliance GM can be found on the website, **www.youthalliancegm.co.uk**. The Youth Alliance GM received £100,000 (across three years) from the Esmee Fairburn Foundation to strategically respond to the #BeeWell data to realise its commitment to collectively improve young people's wellbeing across Greater Manchester.

3.2 Schools

3.2.1 #BeeWell worked with schools both individually through sessions with Anna Freud (more information on the website, **www.annafreud.org** advisors and existing networks of school leaders to ensure the data collected by the survey is utilised to improve young people's wellbeing. According to education stakeholders, #BeeWell has created a common language between schools, health, and others. It is enabled partnership working and understanding where all can make a difference and support schools. Schools in Greater Manchester have utilised the data to make changes to personal development curriculum, and extra-curricular offers. One school has focussed on experiences of discrimination highlighted in the #BeeWell data and are reviewing their recruitment of teachers to improve representation within the school staff.

3.2.2 Case studies for schools can be found here:

http://beewellprogramme.org/school-case-studies/

3.3 Young People

3.3.1 #BeeWell utilises The Lundy Model of Participation in line with the GM's ambition and commitment to embed this approach in all our work with young people.

3.3.2 In the last academic year, 100 young people were trained as #BeeWell champions, completing the Level 2 Royal Society for Public Health - Young Health Champion qualification. They worked together to commission £100,000, granted by Children in Need, across 5 neighbourhoods, funding wellbeing activities in their local communities. Activities included fishing, self-defence, cooking, circus skills and arts, to name a few. Impacts on individuals who benefitted from the commissioned activities are currently being collated with case studies including examples like the following: *'the impact of the activity on this young person has been quite amazing to be honest. X has been out of school since last year and basically has gone into school today after these sessions... The activity has massively helped x's confidence about being out of the house, away from home, mingling with other people, everything so thank you so much.'* - Parent of a young person.

3.3.3 The evaluation for this project will be available in Spring 2024. Early learning suggests young people found marketplace activities interesting to discover activities available in their local area and that longer timeframes were needed to build up trusted relationships and pathways between schools, organisations, and young people.

3.4 Local government and systems

#BeeWell data has been cited by multiple GM strategies and plans over the last two years, including the GM Creative Health strategy, the Greater Manchester Stratergy and the Greater than Violence strategy, showcasing that young people's wellbeing has relevance across policy areas. More recently the programme has been working closely with colleagues in local authorities to map survey data with local priorities, the most notable of which has been seen in Rochdale. #BeeWell recently co-developed a document

(see appendix 2) mirroring the Rochdale priorities of Healthy, Safe and Successful, providing a baseline outcomes framework. Similarly, #BeeWell data points were also selected to reflect Rochdale's Special Educational Needs (SEN) Outcomes Framework for OFSTED review. (See Appendix 3.)

3.5 Integrated Care Partnership LGBTQ+ Wellbeing Project

Findings in the #BeeWell data 2022, showed inequalities in wellbeing for LGBTQ+ young people. This prompted investment from the ICP to support a project between 42nd Street, The Proud Trust, and The LGBT Foundation- the first time these organisations have collaborated in this way. This project aims to understand the impact of the inequalities and discrimination experienced by LGBTQ+ young people, the impact on their wellbeing and the barriers that they experience to getting support. The partners will engage with young people to unpack what is driving the data. Overall, this project will give us a greater understanding of the barriers faced by LGBTQ+ young people and the approaches required to address this critical area of inequality, discrimination and structural inequity across the health and social care system in Greater Manchester and beyond.

4.0 Next Steps

4.1 Year 3 Survey Results

Schools data dashboards will be updated with their year 3 survey results by the end of January, settings can also access support from Anna Freud to act on the insights. Early headline findings will be circulated through GM governance in March ahead of the final sign-off at the GMCA meeting on the 22nd of March 2024. The neighbourhood dashboard will be updated on the 28th of March 2024 followed by localised headlines and presentations in April/May.

4.2 Programme Extension Beyond 2024

In line with the second location for #BeeWell in Hampshire, Isle of Wight, Portsmouth and Southampton, the Delivery Board for Greater Manchester is currently planning to extend the survey for a further two years of surveys until 2026. The programme team is currently working with the independent evaluators to generate feedback from stakeholders to enhance the programme through its extension.

4.3 Budget considerations

To support the extension, the team are currently working with local stakeholders to source £200,000 per annum to fund the local delivery team and programme. Since its inception in 2021, the programme has been a majority philanthropic investment. To better embed the survey into local infrastructure, and mirror the investment in Hampshire, the GM team have been working with colleagues across the GMCA and NHS GM to source localised funding. The localised investment would unlock circa £500,000 of funding that provides research capacity to the University of Manchester, the school follow-up support delivered by Anna Freud and a small national policy team.

4.4 Targeted Prevention & the GM Advanced Data Science Platform – ADSP

4.4.1 To articulate the need for investment to continue the work in improving young people's health and wellbeing, whilst considering the current financial landscape of public services, the Strategic Financial Framework sets out forecasts for potential financial deficits modelled using the GM Advanced Data Science Platform (ADSP) and how the £570m deficit of today would grow to £1.9b in a "do nothing" scenario. When we focus on the children and young people section of this analysis, we see that of the 42,000 children and young people aged 0-17 in GM who become less healthy over the next five years, 30,100 (or roughly 75%) of them do so because of mental health issues. #BeeWell seeks to identify trends in mental wellbeing by cohort so effective prevention work can be deployed. Equally, the survey seeks to identify inequity in the social determinants of health, (the drivers of wellbeing) to allow the system to target intervention where it is needed most.

4.4.2 The #BeeWell programme team recently held early positive discussions between The University of Manchester (where the #BeeWell data is held) and the Integrated Care Partnership Data, and Intelligence team. The team are confident that - with the agreement of the Information Governance representatives from the 10 GM local authorities, and with small ethics

amendments - #BeeWell will be able to supply pseudonymised data to the GM Advanced Data Science Platform (ADSP).

4.4.3 This would allow for unique insights into the region's young people. A simple example considers how, through enhanced case finding, individuals who have sought mental health support from primary care could be linked with opportunities for prevention in the future, identified from earlier wellbeing data. Similarly, the #BeeWell data creates a pseudo sample group to compare outcome measures for the "do nothing" cohort compared to improvements made by those receiving intervention.

Appendix 1 - #BeeWell Top 5 Findings, as chosen by young people

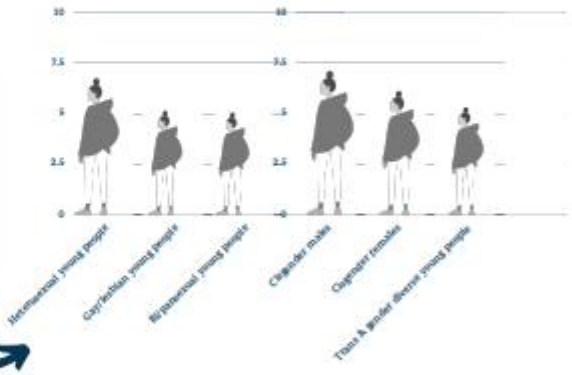
September 2023

#BEEWELL TOP 5 FINDINGS

From #BeeWell surveys completed by over 60,000 young people at 187 schools in Greater Manchester. Our top findings were decided by the #BeeWell team & Youth Steering Group!

1 We found inequalities in wellbeing scores by gender and sexual orientation. Girls report lower wellbeing than boys, and LGBTQ+ young people report significantly lower wellbeing than their cisgender, heterosexual peers.

For example, see the life satisfaction scores (scored between 0-10), for different cohorts of young people.



1 in 3 young people.

2 Only 1 in 3 young people are meeting the Chief Medical Officer's recommendation of doing 1 hour of physical activity per day. This drops to 1 in 4 girls.

3 41.8% (around 9 students in the average classroom of 22) of Year 9 students report that they aren't getting enough sleep to feel awake and concentrate at school. This increases to 46% of Year 10 pupils.

9 out of 22 young people.

1 in 5 young people.

4 Approximately one in six young people are bullied. Our analysis indicates that, by tackling bullying, we could prevent nearly 1 in 5 cases of young people's significant feelings of worry or sadness.

5 There has been a decline in young people reporting that they have good places to spend free time. Just under 15 in the average class of 22 Year 9 pupils think that they have good places to spend their free time.

15 out of 22 young people.

Appendix 2. Example of #BeeWell data utilised for Rochdale CYP plan priorities.

OCTOBER 2023

ROCHDALE #BEEWELL FINDINGS: HEALTHY

From #BeeWell surveys completed by young people in Years 9 and 10 in Rochdale in Autumn 2022.

PHYSICAL ACTIVITY

1 33.7% (around 1 in 3) of young people in Rochdale meet the Chief Medical Officer's guidelines for physical activity of at least 1 hour per day. This ranges from 32.5% (R. South/ R. North) to 36.7% (Pennines). Boys in Rochdale (43.3%) are more active than girls (24.5%) and those who describe their gender in a different way (e.g. non-binary) (25.9%). Young people with SEN (34.0%) are more active than their peers without SEN (33.6%).

1 in 3 young people.

SLEEP

12 in 22 young people.

2 55.5% (around 12 in the average classroom of 22) of young people in Rochdale are getting enough sleep to feel awake and concentrate on school work during the day. This ranges from 51.9% (Heywood) to 59.2% (R. North). Boys in Rochdale (63.5%) get more sleep than girls (49.1%) and those who describe their gender in a different way (e.g. non-binary) (49.1%). Young people with SEN (57.3%) get more sleep than their peers without SEN (55.1%).

PHYSICAL HEALTH

3 81.0% (around 4 in 5) of young people in Rochdale rate their physical health as excellent, very good, or good. This ranges from 77.3% (Heywood) to 84.2% (Pennines). Boys in Rochdale (86.4%) rate their physical health higher than girls (78.1%) and those who describe their gender in a different way (e.g. non-binary) (60.4%). Young people with SEN (78.0%) rate their physical health lower than their peers without SEN (81.3%).

4 in 5 young people.

EMOTION REGULATION

4

On average, young people in Rochdale score 23.9 for emotion regulation (possible scores between 6 and 42, with higher scores indicating higher levels of emotion regulation). This ranges from 23.3 (Heywood) to 24.5 (Pennines). Boys in Rochdale (25.8) report higher levels of emotion regulation than girls (22.3) and those who describe their gender in a different way (e.g. non-binary) (22.3). Young people with SEN (23.4) report lower levels of emotion regulation than their peers without SEN (24.0).

STRESS AND COPING

5

On average, young people in Rochdale score 7.3 for stress and coping (possible scores between 0 and 16, with higher scores indicating higher levels of perceived stress). This ranges from 7.1 (R. South) to 7.5 (Heywood). Boys in Rochdale (6.7) report lower levels of perceived stress than girls (7.8) and those who describe their gender in a different way (e.g. non-binary) (8.4). Young people with SEN (7.6) report higher levels of perceived stress than their peers without SEN (7.3).

MENTAL WELLBEING

6

On average, young people in Rochdale score 22.8 for mental wellbeing (possible scores range from 7 to 35, with higher scores indicating higher levels of mental wellbeing). This ranges from 22.1 (Heywood) to 23.1 (Middleton). Boys in Rochdale (24.1) report higher levels of mental wellbeing than girls (21.8) and those who describe their gender in a different way (e.g. non-binary) (20.6). Young people with SEN (22.2) report lower levels of mental wellbeing than their peers without SEN (22.9).

Appendix 3. Example of #BeeWell data utilised for Rochdale SEN Outcomes Framework

I AM AS HEALTHY AS POSSIBLE

Physical Health:

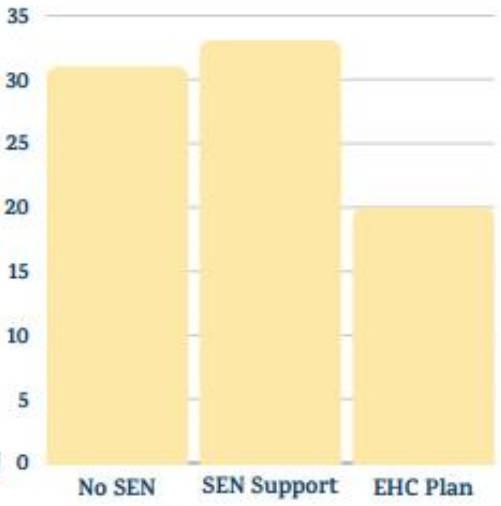
Equal proportions of young people without SEN (83.10%) and those with an EHC Plan (83.10%) report their physical health as excellent, very good or good. In comparison, a lower proportion of young people with SEN Support (75.90%) report their physical health as excellent, very good or good.

Physical Activity:

A higher proportion of young people with SEN Support (33.06%) meet the Chief Medical Officer's (CMO) guidelines for physical activity of at least 1 hour a day, than their peers without SEN (31.02%) and those with an EHC Plan (20.00%).

Sleep:

A higher proportion of young people with an EHC Plan (61.04%) report that the amount of sleep they normally get is enough to feel awake and concentrate on the school work during than day, than their peers with SEN Support (55.56%) and those without SEN (55.10%).



Percentage of young people by SEN provision who meet the CMO's guidelines for physical activity of at least 1 hour a day.

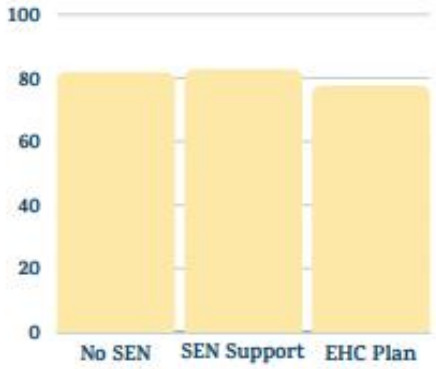
I AM HOPEFUL AND PREPARED FOR THE FUTURE

Optimism for the future:

A higher proportion of young people with SEN Support (82.70%) agree or strongly agree that they have hope and feel optimistic about their future, than their peers without SEN (81.86%) and those with an EHC Plan (77.59%).

Confidence in abilities:

A higher proportion of young people without SEN (77.09%) agree or strongly agree that they are generally confident in their own skills and abilities, than their peers with SEN Support (70.49%) and those with an EHC Plan (68.52%).



Percentage of young people by SEN provision who agree or strongly agree that they have hope and feel optimistic about their future.

Percentage of young people by SEN provision who agree or strongly agree that they are generally confident in their own skills and abilities.

2

Greater Manchester Joint Health Scrutiny Committee

Date: 17 January 2024

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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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
17.01.24	Young People's health and wellbeing	• Caroline Simpson, Chief Executive, Stockport and Mandy Philbin, Chief Nurse, NHS GM Integrated Care	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.
	Mental health inequalities	• Xanthe Townsend, Programme Director – Mental Health, NHS Greater Manchester Integrated Care and Rachel Stafford, Strategic Lead, Population Health	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	• Sara Price, Chief Officer for Population Health and Inequalities and Deputy Chief Executive of NHS Greater Manchester Integrated Care and Jane Pilkington, Director of Population Health, NHS GM Integrated Care	To find out what is being done across GM to prevent obesity and any learning that could be shared from the programme in Salford. To provide GM approach and co-ordination.
	Sexually transmitted infections	• Sara Price, Chief Officer for Population Health and Inequalities and Deputy Chief Executive of NHS Greater Manchester Integrated Care and Jane Pilkington, Director of Population Health, NHS GM Integrated Care	To consider how the recent rise in sexually transmitted infections across Greater Manchester is being addressed, in particular HIV. To provide GM approach and co-ordination.

*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)
2. That updates on the ICP Recovery Plan be provided to the Committee as required – agreed at the meeting on 13.09.23.
   (Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care and Mayor Paul Dennett, Chair, Integrated Care Partnership)
3. That the Joint Forward Plan and the subsequent steps in the Leadership and Governance Review be considered by the Committee at a future meeting – agreed at the meeting on 13.09.23.
   (Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care and Mayor Paul Dennett, Chair, Integrated Care Partnership)
4. That workforce and recruitment challenges within the healthcare sector be considered at a future meeting – agreed at the meeting on 13.09.23.
   (Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care and Mayor Paul Dennett, Chair, Integrated Care Partnership)

Item Previously Considered in 2023/24			
08.11.23	GM work to tackle health inequalities (Joint meeting with the GMCA Overview & Scrutiny Committee)	• Warren Heppolette, Chief Officer for Strategy & Innovation, NHS GM • Jane Pilkington, Director of Population Health, NHS GM	• Joint session with the GMCA Overview & Scrutiny Committee. • 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.
13.09.23	Dentistry Update Joint Health Scrutiny and Integrated Care Arrangements	• 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)	To provide an update following the Dentistry update provided at the 18.02.23 meeting. To consider the role of the Committee in the integrated care arrangements.

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.
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	The Committee is asked to: 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.

Joint Health Scrutiny Glossary of Terms

Acronym	Meaning
GM	Greater Manchester
GM AHSN	Greater Manchester Academic Health and Science Network
CVD Prevention	Cardiovascular Disease Prevention
GMCA	Greater Manchester Combined Authority
GM ICP	Greater Manchester Integrated Care Partnership
NIHR	The National Institute for Health and Care Research
ICB	Integrated Care Board
ICS	Integrated Care System
JHS	Joint Health Scrutiny
LTC	Long Term Condition
MAHSC	Manchester Academic Health Science Centre
NHSE	NHS England
O&S	Overview & Scrutiny
VCSE	Voluntary, Community or Social Enterprise
PISA	Programme for International Student Assessment
LGBTQ+	Lesbian, Gay, Bi, Trans, Queer, Questioning and Ace
ADSP	Advanced Data Science Platform

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