Minutes of the Meeting of the Greater Manchester
Joint Health Scrutiny Committee held on 13 March 2024
GMCA Boardroom, 56 Oxford Street, Manchester M1 6EU

Present:

Councillor Samantha Bellamy	Salford City Council (Chair for this meeting)
Councillor Andrew Morgan	Bolton Council
Councillor Elizabeth FitzGerald	Bury Council
Councillor Eddie Moores	Oldham Council
Councillor Patricia Dale	Rochdale Council
Councillor Naila Sharif	Tameside Council
Councillor Sophie Taylor	Trafford Council
Councillor Ron Conway	Wigan Council

Others in Attendance:

Councillor Linda Grooby	Derbyshire County Council

Officers in Attendance:

Claire Connor	Associate Director Communications & Engagement, NHS Greater Manchester
Lynn Donkin	Director of Public Health, Bolton Council
Matthew Eamens	Governance & Scrutiny Business Support Officer, GMCA
Oliver Fenton	Assistant Governance Officer, GMCA
Warren Heppolette	Chief Officer, Strategy & Innovation, NHS Greater Manchester
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Jane Pilkington	Director of Public Health, NHS Greater Manchester
Nicola Ward	Statutory Scrutiny Officer, GMCA

JHSC/34/24 Welcome & Apologies

Apologies were received and noted from City Mayor Paul Dennett, Councillor Zahid Hussain, and Councillor David Sedgwick.

An apology was also received from Alexia Mitton, NHS Greater Manchester.

JHSC/35/24 Chair's Announcements and Urgent Business

The Chair reported that this was the last meeting in the municipal year and thanked Members for their valuable contributions and attending meetings.

JHSC/36/24 DECLARATIONS OF INTEREST

No declarations of interest were received.

JHSC/37/24 Minutes of the Meeting held on 17 January 2024

RESOLVED/-

That the minutes of the meeting held on 17 January 2024 be approved as a correct record.

JHSC/38/24 NHS Greater Manchester Financial Recovery

Members considered a report presented by Warren Heppolette, Chief Officer, Strategy & Innovation, NHS Greater Manchester, and Claire Connor, Associate Director of Communications & Engagement, NHS Greater Manchester, which provided an update on the plans for public involvement on financial recovery.

Warren Heppolette, Chief Officer, Strategy & Innovation, NHS Greater Manchester introduced the report and reflected on previous conversations and deliberations with Members. The financial recovery had previously been alluded to as part of the Greater Manchester ICP Strategy 2023-2028 work where challenge around achieving financial sustainability was one of the missions. The position had become more prevalent this year as NHS Greater Manchester faced a significant financial challenge with a reported deficit exceeding planned figures. Seen as a contributory factor and further contributing to the deficit was the pandemic, which had significantly impacted the financial situation. It was recognised that whilst temporary support had been received for NHS Greater Manchester's response, resources had depleted, which left NHS Greater Manchester in a more difficult position than other parts of the NHS nationally as the demand for resources remained relevant for a longer.

There was an underlying financial challenge of £400 million for this year and £500 million for coming years. NHS England had agreed that across all health care, the Greater Manchester Integrated Care Partnership (ICP) must ensure that it had a maximum overspend of £180 million for this financial year (April 2023 – March 2024). £34.7 million of this was from NHS Greater Manchester budgets with £145.3 million coming from healthcare providers. The £180 million of agreed overspend for this financial year had not been written off but would need to be recovered in future financial years.

This meant that this year a saving of £220 million was needed (£400 million financial challenge minus the £180 million agreed overspend). There had been significant progress throughout the year, with £200 million of savings already achieved predominately had been found through non-recurrent savings.

Whilst activities that supported the financial recovery were ongoing to control cost in the system, there was a need to consider cost improvement and reduction as recurrent activities in future years**.** By implementing a combination of activities and fostering collaboration across various stakeholders, NHS Greater Manchester could work towards a sustainable financial future and ensure continued delivery of high-quality healthcare services to the residents of Greater Manchester.

Discussions moving forward surrounding NHS Greater Manchester's financial recovery would involve making tough decisions about service changes and system optimisation. However, by focusing on prioritising critical services, exploring alternative delivery models, and leveraging technology for efficiency gains, NHS Greater Manchester could strive to achieve financial sustainability while ensuring continued high-quality healthcare services for the community and a focus on prevention and early detection.

Claire Connor, Associate Director of Communications and Engagement, NHS Greater Manchester was introduced and talked about the approach to public engagement. It was seen that effective communication was vital for NHS Greater Manchester to navigate the financial challenges and secure public support for a sustainable healthcare system in Greater Manchester.

Member's attention was drawn to the three key challenges of improving health, improving performance, and achieving financial balance and how this would be accomplished by implementing the approach set out in the population health analysis, reviewing, and reshaping clinical services, developing the commissioning intentions of Greater Manchester, and delivering public engagement around the three key challenges.

Members were informed about the first phase of the Big Conversation to engage the public and inform the ICP Strategy. By fostering a more comprehensive and interactive dialogue in this second round of the Big Conversation, NHS Greater Manchester could build stronger public trust and gather valuable feedback to refine recovery.

It was envisaged that the engagement phase would commence in April 2024 and would run for eight weeks, which would be followed by analysis and feedback. The findings would be published on the NHS Greater Manchester website. Localities would shape their own engagement (as they know their communities best) and support and a toolkit would be provided, which would include a media kit and presentation.

A Member supported the approach around efficiencies and it not being about making people work harder. While focusing on efficiency, it was important to support the current workforce who were already working extremely hard.

A Member recommended that engagement work, which was reliant on localities was rolled out quickly to enhance public understanding. Whilst 10,000 comments had been received in response to the first phase Big Conversation Officers envisaged that this phase would be bigger and better engaging a wider proportion of the Greater Manchester population and the Voluntary, Community and Social Enterprise (VCSE), who were a trusted partner would be used to engage with hard to reach groups. Learning from similar exercises undertaken by Local Authorities (LAs) would be developed into the approach.

In terms of the saving opportunities and specific examples highlighted in the report a Member enquired about reducing the number of people who were in inpatient mental health beds outside of Greater Manchester, if there were enough beds in Greater Manchester to transfer them and what type of care and support they would receive. It was explained that the future model of care that focussed on supporting independence, preventative care, promoting community-based support, and optimising bed utilisation would reduce the number of beds needed going forward.

Members agreed that honesty, openness, and transparency were the best policies when engaging with residents.

A Member was concerned about engagement in localities and delivering the right messages. It was reported that a deliberative event would take place in each locality, which would allow open debate. NHS Greater Manchester would provide a narrative and resources to help deliver the message and ensure everyone was on the same page.

A Member commented that residents would expect that efficiencies and industrial action would be dealt with first and communications around this must be strong and clear. It would be disingenuous to go to communities to ask them to consider savings and service cuts without the issues being resolved. Officers agreed that this approach was important and would be included in phase one scene setting. Residents were right to expect that the system had been made as good as possible before changes being made. This would help maintain public confidence and honesty in the NHS, which was acknowledged by Officers would be addressed through public discussion.

A Member asked about LAs and localities, and the requirement for honesty around service redesign, which may result in reduced provision. Reference was also made to population health as being part of the resolution, which the Committee recognised was also under funded. LAs were early in their journey and were only just understanding the framework around what their baseline was and that the system should be made aware that there was not an LA structure to be leveraged straight away. In terms of the overall resource allocation, Officers explained that the proportions of resource in the system were not at the levels that allowed best management of the population's health. For example, there was an historic under investment in mental health, which put Greater Manchester in the bottom quartile for investment in mental health but was in the upper quartile in terms of prevalence. However, this issue was not unique to Greater Manchester. The balance of investment in prevention, primary care and community-based care versus crisis, acute and specialist care was also unbalanced, which was again national and international position. Part of the financial recovery model needed to be a proactive reallocation of resources in the system to better manage the population's health and avoid crisis.

A Member asked about engagement in the first phase of the Big Conversation. The Member described the work taking place in Salford around getting fit and active and the second phase, which was about education and used cooking on a budget as an example. It was suggested that costs would be reduced if collaborative working took place. Officers welcomed the work in Salford and reported that the initial engagement

took place in October 2022 and was led by the voluntary and community sector, which included Healthwatch and local infrastructure organisations. This had enabled Officers to reach deep into communities and involve those who were less likely to take part in surveys or provide their views in traditional ways. It was acknowledged that the different levels of activity and engagement across Greater Manchester, would be addressed in the next phase to ensure a minimum standard.

A Member advised that local health scrutiny colleagues found the report difficult to scrutinise because only headline figures had been reported. The Member asked for future updates and detailed figures. Officers advised that the draft budget would be presented to the ICP Board next week, where allocations and responses to the financial challenges would be explained in detail. Proportions and allocations of key contributions to address the deficit would be provided along with detailed descriptions and understanding of what was carrying the most contributions.

A Member commented that it was good to see how closely NHS Greater Manchester was working with the VCSE sector. However, Officers were asked to be mindful that the sector had its own funding and resources issues. It was reiterated that this sector had built trust with residents and was a valuable resource. The Committee also welcomed the work on grass roots and diverse communities.

RESOLVED/-

1. That the Committee noted the report.
2. That officers endeavour to ensure equal engagement across Greater Manchester in the next phase of Big Conversation engagement work
3. That the Committee be provided with future updates and detailed figures following consideration of the budget by the ICP Board.

JHSC/39/24 Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STIs)

Consideration was given to a report and presentation provided by Jane Pilkington, Director of Public Health, NHS Greater Manchester and Lynn Donkin, Director of Public Health, Bolton Council, in response to the Committee's request for a report on HIV and STIs, with a focus on new transmissions. The slide deck that was published in the agenda pack, set out the national and local data on HIV and STIs, which included current incidence/prevalence rates, trends over time, and variation between different populations. It also provided an overview of the current work and plans to reduce the incidence of STIs across Greater Manchester, reach zero new transmissions of HIV, address HIV-related stigma and end HIV virus infection and Acquired Immune Deficiency Syndrome (AIDS) and HIV-related deaths.

Officers led Members through the presentation and the following points were highlighted:

HIV

- Officers were making the best use of scarce resources and funding streams, programmes, and models of care for the city-region were being explored.
- Just over 6,000 people were thought to be living with HIV in Greater Manchester with 5% unaware of their status. Diagnosed prevalence had been stable over time with a slight increase, which reflected improvements in diagnoses and people living with HIV.
- In terms of new diagnoses, in Manchester and nationally there had been an increase from 18% to 22%, which was attributed to changes in migration patterns and the opt out of testing in emergency departments.
- Rates of new diagnoses of HIV varied substantially across Greater Manchester but most areas had seen reductions in recent years.
- Late diagnoses of HIV were a challenge. In 2021-22 39% were made at a late stage. Early diagnoses were important to improve outcomes and more routine testing was a suggested answer.

- There was a wide-reaching approach to HIV in Greater Manchester, which included prevention, support, and treatment. Ending HIV stigma and discrimination was being addressed in various ways. Partnership working with the VCSE sector was key to developing the model and overall success.
- Officers drew Members attention to the emergency department opt out testing for programme, which was live in Manchester and Salford that had the highest prevalence. 200,000 people had been tested and there were 80 newly diagnosed with HIV and 240 with hepatitis C. 39% of those previously diagnosed with HIV but had dropped out of care, had re-engaged. The programme was seen as a success and would be rolled out further.
- The next steps would include continuation of the International HIV Fast Track Cities approach by 2030 to end all new cases of HIV in Greater Manchester, opt out testing being rolled out to Oldham, Tameside and Bury, and continued delivery of the HIV action plan through the HIV subgroup of the Greater Manchester Sexual Health Network.

STIs

- Members were asked to bear in mind the impact of the pandemic on the statistics given that the behaviour and mixing patterns of the population were different and that services and testing might have operated differently at that time.
- For England and in Greater Manchester there had been a stabilising and reduction in rates of genital wards and herpes, which were partly linked to the human papillomavirus (HPV) vaccination that was given to all children aged 12 to 13.
- Gonorrhoea increased in Greater Manchester much larger than the national picture. The patterns of changes were linked to wider national and international increases. A concerned had been raised about drug resistant strains.
- There had been a general increase in syphilis but mostly in Greater Manchester, which was in line with the national average. However, Manchester and Salford had particularly high rates.
- Mpox cases across England had decreased during 2023/24 since the peak of July 2022. The mobilised response to the incident was seen as a success.

- Work to tackle STIs in Greater Manchester included specialist treatment services in LAs, learning from the pandemic, outreach work, the Greater Manchester STI Working group and the UK Health Security's dashboard and workshops to understand data and areas for service improvement.
- Members noted the work taking place in the wider sexual health landscape and contraception.
- The challenges in the sexual health system nationally and in Greater Manchester were funding, lack of a national strategy, workforce and filling clinical roles, and the impact of patients with complex needs.
- The opportunities were reported as the greater integration of services and new models of care, co-commissioning and pooled resources, digital development to improve access to testing, information and advice and shared local and national commitments to end all new cases of HIV by 2023, along with national investment in emergency department opt out testing.

Members were informed that there was potential to improve and modernise sexual health services offered by bringing services closer to home and into primary and preventative services. Discussions were taking place about opportunities in this sphere and the model of care to reduce cost and help residents.

A Member asked how Officers knew about the 5% of people who were unaware of their HIV status. It was explained there was a good surveillance system around infectious disease and STIs. Public health agencies collected data through anonymous reporting from healthcare providers, which provided an overall picture. This was supplemented with outreach work, regular testing, checkups, and communications work.

A Member enquired about the emergency department opt out scheme and how were people persuaded not to opt out. Members were informed that the programme was seen as a big success with opt outs being small. The programme was running in 16 emergency departments across the country, all reporting a low opt out rate. It was suggested that wider HIV testing could be a crucial step towards reducing stigma.

Members praised the opt out scheme and asked if it would be rolled out further. Currently the scheme was live in Manchester and Salford where cases were high and further roll out had been planned for Tameside, Bury, Bolton and Oldham. Should the scheme prove be cost effective, it would be rolled out further.

Members agreed that bringing testing and conversations about HIV into the public domain was the best way to address stigma. A Member asked about the barriers to being tested and if there was a specific cohort. Officers reported that older people, heterosexual women, and Black Caribbean women were less likely to come forward for testing and to access services. Conversations were needed to normalise the condition and to signpost where to get help. However, a pathway was needed for people who were not likely to come forward.

A Member asked what messages could be taken back to LAs and if there was a role for Councillors, and primary care in this space. A concern was also raised about the programme not reaching suburban areas and people who were mainly well and would not think about HIV testing. Members were advised to discuss the sexual health landscape, funding and how services were responding to meet public need with their Director of Public Health to understand their locality along with championing and supporting the work and the transformation that was possible. Testing in primary care as a key access point, would be beneficial and form part of discussions when designing the model of care. Officers agreed to return to the Committee at a future meeting to obtain Members thoughts and comments.

It was reported that as part of the wider system, it must be recognised that clinicians in this area were passionate and had driven national innovation. Their leadership along with the VCSE sector were key to change.

A Member referred to the data and asked why Manchester and Salford had higher STIs rates. The Greater Manchester STI Working Group was undertaking deep dive work to explore issues such as gonorrhoea, which would be shared with the Committee. However, evidence suggested that the increases were in densely populated areas, which was also evidenced in other parts of the country. Other contributing factors were patterns of migration and a high level of young people in those densely populated areas.

A Member asked if integrating HIV testing into routine blood tests at GP practices was a possibility. Funding, cost effectiveness and impacts on laboratory resources would need considering. However, it was important to note bringing HIV testing into primary care would promote early diagnosis, improve health outcomes, and control the spread of HIV within the community.

RESOLVED/-

1. That the Committee noted the current data on HIV and STIs, and the work underway to reduce new transmissions, support people into effective treatment, and address stigma.
2. That Officers return to the Committee at a future date to discuss the sexual health model of care.

JHSC/40/24 DATES AND TIMES OF FUTURE MEETINGS

To be advised in the new municipal year.