

**Minutes of the Meeting of the Greater Manchester
Joint Health Scrutiny Committee held on 15 October 2024,
GMCA, Boardroom, 56 Oxford Street, Manchester M1 6EU**

Present:

Councillor Elizabeth FitzGerald	Bury Council (Chair)
Councillor Irfan Syed	Salford City Council
Councillor Wendy Wild	Stockport Council (for Councillor David Sedgwick)
Councillor Naila Sharif	Tameside Council
Councillor George Devlin	Trafford Council
Councillor Ron Conway	Wigan Council

Officers in Attendance:

Claire Connor	Director Communications & Engagement, NHS Greater Manchester
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Paul Lynch	Director of Strategy & Planning, NHS Greater Manchester (for Warren Heppolette)
Laura Rooney	Director of Strategy, Health Innovation Manchester
Nicola Ward	Statutory Scrutiny Officer, GMCA

JHSC/64/24 Welcome & Apologies

The Chair opened the meeting and welcomed all those present.

BOLTON
BURY

MANCHESTER
OLDHAM

ROCHDALE
SALFORD

STOCKPORT
TAMESIDE

TRAFFORD
WIGAN

Apologies for absence were received and noted from, Councillor Linda Grooby, Councillor Peter Joinson, Councillor Eddie Moores, Councillor Sophie Taylor, Councillor Jackie Schofield, and Councillor David Sedgwick and City Mayor Paul Dennett.

An apology for absence was also received from Warren Heppolette.

The Chair informed the Committee that this would be City Mayor Paul Dennett's final meeting in his current capacity of GM Portfolio Lead for Healthy Lives. City Mayor Paul Dennett was assuming a new role as the GM Portfolio Lead for Housing First, which encompassed both homelessness and housing initiatives. As a result of this transition, Greater Manchester Mayor Andy Burnham would succeed City Mayor Paul Dennett as Co-Chair of the Integrated Care Partnership (ICP) and would join Sir Richard Leese in leading the ICP Board forward. The Chair expressed gratitude to City Mayor Paul Dennett for his valuable contributions and insight.

JHS/65/24 Chair's Announcements and Urgent Business

The Chair welcomed Councillor George Devlin from Trafford, who had succeeded Councillor Sophie Taylor as the Lead Member on the Committee. Councillor Sophie Taylor would serve as a Substitute Member moving forward.

Officers were thanked for distributing the meeting minutes to Local Authorities (LAs). Members were encouraged to consider how the information could be used to implement their respective Sustainability Plans as it was essential to ensure alignment between local scrutiny efforts and Greater Manchester-wide initiatives.

JHSC/66/24 Declarations of Interest

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

RESOLVED/-

That the minutes of the meeting held on 10 September 2024 be approved as a correct record.

JHSC/68/24**Sustainability Plan Update**

A presentation was provided by Paul Lynch, Director of Planning and Strategy, NHS Greater Manchester. It was explained that the Sustainability Plan showed how the Greater Manchester system would return a financial balance through addressing the underlying deficit and secured a sustainable future through addressing future demand growth and implementing new models of care year on year.

Successful delivery of the Sustainability Plan would facilitate achievement of the outcomes described in the ICP strategy:

- Everyone had a fair opportunity to live a good life.
- Everyone had improved health and wellbeing.
- Everyone experienced high quality care and support where and when they needed it.
- Health and care services were integrated and sustainable.

During the presentation, Members were asked to think how the Sustainability Plan could be effectively implemented at the Local Authority (LA) level.

While a five-year strategy existed, a set of challenges remained. Work to address challenges aligned with the Lord Darzi report, which identified those affecting NHS England and made recommendations for how issues could be addressed over the next few years.

A key part of the Sustainability Plan was to address financial challenges. Based on research and analysis, the solution focused on prevention and early intervention through neighbourhood and community work. The slide displayed on screen showed steps taken to address financial challenges and non-demographic growth. This involved projecting health needs beyond population aging, including mental health and chronic conditions.

Attention was drawn to the financial bridge (2024 to 2029), which was a strategy to address immediate financial challenges while simultaneously laying the groundwork for long-term financial sustainability. This bridge involved a combination of short-term measures and long-term initiatives aimed at improving efficiency, using resources more effectively, reducing costs, and increasing revenue.

The Sustainability Plan had been approved by the ICB in September 2024, this was the first meeting Chaired by the Greater Manchester Mayor where he stressed the importance of moving into delivery of the plan.

In light of that, actions had been broken down into five key areas, or pillars, which contributed to both financial sustainability and improved performance:

- Cost Improvement - Cost improvement Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs).
- System Productivity and Performance - Multi-provider/system activities to improve the use of resources and performance.
- Reducing Prevalence - Maintaining the population in good health and avoiding future costs through prevention.
- Proactive Care - Catching ill health early, managing risk factors, and delivering evidence based, cost effective interventions to reduce the level of harm.
- Optimising Care - Transforming the model of care through system actions.

Also provided was a breakdown of the financial contributions that each pillar was expected to make to the overall Sustainability Plan over a five-year period. It showed that while some pillars contributed directly to financial savings, others contributed to

improving performance and addressing non-demographic growth. Overall, the plan aimed to achieve financial sustainability while also improving the quality and efficiency of healthcare delivery.

The role of the localities and the ten locality boards were absolutely crucial to the successful implementation of the Sustainability Plan. NHS Greater Manchester had discussions with local leaders, and they were enthusiastic about developing their own local versions of the plan. While NHS Greater Manchester had created the plan at a Greater Manchester level, LAs were eager to tailor it to their specific needs.

By using local analysis and data, the unique challenges and opportunities in each of the LAs could be identified. This would enable the development of targeted interventions and strategies that addressed those specific needs. It was important to recognise that the issues were complex that required a whole-system approach. The integrated care system, the GMCA, Health Innovation Manchester, the voluntary and community sector, and local government must work together to achieve results.

Emphasised was the importance of supporting people's health and wellbeing as a key factor in the overall prosperity and economic growth of the country. The issue of people struggling to work due to health conditions emphasised the need for a whole-system response involving the health and social care system, employers, the GMCA, and central government.

It was highlighted that the Sustainability Plan aligned well with Lord Darzi's recent report and provided a strong foundation for moving forward. The importance of translating the plan into place-based and locality-specific versions and the role of locality boards in addressing the social determinants of health was recognised. The need to consider factors beyond NHS operational measures, such as access to housing, school readiness, and other social determinants that contributed to the overall health of the population also played a part.

A Member asked given the challenges highlighted in the Lord Darzi report and the current issues with health and care services, how would the Sustainability Plan be launched and what were the impacts on the workforce. The Member also asked about inequality and the unintended consequences of changing services for those individuals already experiencing inequality. The plan recognised the strain on the

Greater Manchester workforce due to financial pressures and vacancies. NHS Greater Manchester aimed to improve staff wellbeing by optimising workforce utilisation, enhancing terms and conditions, reducing reliance on agencies, and establishing minimum carer standards. The goal was to restore purpose and job satisfaction. The Member was assured that the plan addressed inequality across all aspects, including finance, quality of care, support, performance, and wait times. The challenges faced by disadvantaged groups in accessing primary care were acknowledged. To mitigate potential digital disparities, a program of work on digital inclusion was being considered. In terms of investment, further thought was being given to what an investment framework needed to look like and that it did not sit in isolation. Officers were considering which areas of funding could be built in and what it looked like overtime.

Raised was investment and the Member inquired about the plans for spend and how would the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and communities be engaged. The Member further asked about how would NHS Greater Manchester change people's behaviour to look after themselves better. Findings from the Lord Darzi report was a thread in everything NHS Greater Manchester did on the way to prevention. However, it needed to be backed up by finance. A multifaceted approach to behaviour change would involve reducing advertising for unhealthy products, creating healthier environments, and providing support for individuals to make better choices. The [Livewell campaign](#) would further support families in improving their physical and mental health. A significant cultural shift was required, along with greater consistency. Looking ahead, it was important to consider long-term investments in these changes to ensure their sustainability. Effective communication with the workforce was emphasised as a factor. People and Cultural teams were promoting the importance of leading by example among staff. Conversations with the public were focused on self-help strategies. Additionally, the [Fit for the Future](#) campaign was capturing the perspectives of staff, who were also residents of Greater Manchester.

A Member questioned how NHS Greater Manchester would maintain service standards while facing financial constraints and sought reassurance that evidence-based approaches would continue to guide decision-making. Officers acknowledged the importance of evidence-based approaches. The plan outlined programmes, which were underpinned by robust evidence and a strong return on investment.

Collaborations with universities had further strengthened the evidence base. The key challenge lay in delivering initiatives and disseminating best practices across the system. Balancing the need for a coordinated Greater Manchester-wide response with local adaptations was important. Implementing the plan would require significant effort, mirroring challenges faced by other regions across the country.

A Member, acknowledged the Attention Deficit Hyperactivity Disorder (ADHD) figures, highlighting the need to consider local factors and requirements when implementing solutions. The Sustainability Plan would be constantly reviewed and updated. It would be essential to be flexible and responsive to ensure its effectiveness. Robust governance arrangements would be established to monitor the plan's implementation and mitigate risks. Localities would have autonomy to tailor their approaches, while Greater Manchester would provide a strategic framework. Non-demographic growth would involve analysing past trends and projecting future needs at a Greater Manchester level but it would be beneficial to undertake this at a local level so challenges could be addressed.

A Member highlighted the importance of empowering individuals to take responsibility for their health. However, they also raised concerns about the lack of accessible pathways for those seeking advice and support to improve their health. Officers highlighted a successful initiative in Leigh, where a collaborative approach was employed to provide comprehensive support to residents to get well. The [Livewell](#) programme, designed to promote physical activity, was a key component of this holistic approach. By taking the time to understand individual needs, residents were offered the right support and advice. [Greater Manchester Moving](#), another significant initiative, exemplified the broader efforts to improve health and wellbeing across Greater Manchester.

A Member from Trafford highlighted their Council's successful neighbourhood working framework, which addressed several of the issues raised during the meeting. The Member invited NHS Greater Manchester Officers to visit and observe how the framework aligned with the Sustainability Plan.

A Member inquired about the localisation of the work and its leadership. It was clarified that localities were pivotal in leading local conversations due to unique nuances. Each locality had a participation group that informed NHS Greater

Manchester about demographic specifics. While NHS Greater Manchester facilitated the broader conversation, the local approach was emphasised. The Councillor, keen on the diabetes consultation and inequalities, was encouraged to share insights with the Director of Communications and Engagement, NHS Greater Manchester.

A Member proposed closer collaboration between NHS Greater Manchester and LA Communication Teams. While some connections existed, the Director of Communications and Engagement, NHS Greater Manchester, acknowledged the potential for further strengthening these partnerships and committed to take action.

A Member expressed concern that the current financial position could jeopardise the provision of services. While acknowledging the desire to improve public health, the Member highlighted the need to identify and address health issues early on. They also raised concerns about digital inclusion and the potential for vulnerable individuals to be overlooked. The Member asked how NHS Greater Manchester could ensure that everyone received the necessary support. The Director of Strategy and Planning, NHS Greater Manchester advised that the approach needed to be sensitive to the needs of all groups in Greater Manchester. NHS Greater Manchester worked closely with the VCSFE sector who knew the area, communities and local people. There was also a dialogue with General Practitioner (GPs) practices and neighbourhood teams. However, Officers acknowledged the approach needed improvements. Stressed was the importance of a tailored approach to address the diverse needs of Greater Manchester's population. Close collaboration with the VCFSE sector, GP practices, and neighbourhood teams was essential to ensure that no one was excluded.

The Director of Strategy, Health Innovation Manchester highlighted the ongoing work with ICBs and the Digital Inclusion Action Network to improve digital access. This aligned with the Greater Manchester Mayor Andy Burnham's commitment to bridging the digital divide and ensure equitable access to technology. While a one-size-fits-all solution was not feasible, a wraparound approach, combining technology and human support, was suggested. The Director of Strategy and Communications, NHS Greater Manchester underscored the need for a multifaceted approach, involving various tools and strategies to reach all individuals. The VCFSE sector played an important role in engaging with hard-to-reach communities and served as a vital link.

A Member drew attention to the importance of a long-term partnership with the VCFSE sector, recognising their role in supporting individuals who might not be able to access mainstream services. The Member asked that this aspect be included in the plan. NHS Greater Manchester had proposed an initial three-year investment with the intention of long-term funding. However, due to the financial deficit, the organisation was unable to commit to further investment. Recognising the funding challenges faced by the VCFSE sector, NHS Greater Manchester advocated for a longer-term investment to ensure the sustainability of these vital services.

The Chair suggested and Members agreed that a further recommendation be added that LA local Health Scrutiny Committees consider their local sustainability plans.

RESOLVED/-

1. That it be noted that the Committee received and noted the contents of the Sustainability Plan.
2. That it be noted that Members supported the implementation of the Sustainability Plan within localities.
3. That it be noted that the Statutory Scrutiny Officer, GMCA request that LA local Sustainability Plan's be considered by their local, health scrutiny Committees.
4. That it be noted that the Member from Trafford invited NHS Greater Manchester Officers to visit and observe the work taking place.

JHSC/69/24 Reconfiguration Progress Report and Forward Look

Claire Connor, Director of Communications & Engagement, NHS Greater Manchester, presented a report detailing the latest progress on proposed service redesign projects and associated consultation/engagement activities across Greater Manchester. While the scope of these projects varied, and not all might necessitate a full consultation, it was important that the Committee maintained an oversight to ensure transparency and accountability.

A brief summary was provided and noted as follows:

1. In terms of Adult Attention Deficit Hyperactivity Disorder (ADHD) NHS Greater Manchester was developing a business case for NHS England's assurance process. Modelling work was underway to assess feasibility.
2. Engagement activities had commenced for Children's ADHD services, laying the groundwork for a public consultation process planned for the next year. The Committee would consider a comprehensive report on these efforts on 21 January 2025. To inform the development of these services, valuable insights were being collected from individuals who had previously used similar services.
3. An In vitro fertilisation (IVF) options appraisal was taking place and would be considered by the NHS Greater Manchester Board in autumn 2024 for approval for consultation.
4. The Tier 3 specialist weight management service early engagement in started in October 2024, with completion expected in November 2024. Guidance from the National Institute for Health and Care Excellence (NICE) was pending.
5. Regarding the Fit for the Future campaign, it was reported that NHS Greater Manchester had engaged with 100s of individuals in every locality. Members who were speaking to residents were asked to continue to feedback to the Director of Communications and Engagement, NHS Greater Manchester.

To improve engagement with harder-to-reach groups, a Member proposed using quick response (QR) codes at school gates to provide easy access to important information and resources.

RESOLVED/-

1. That it be noted that Members were encouraged to contact the Director of Communications and Engagement, NHS Greater Manchester should they have soft intelligence, a specific interest in the topics discussed in the report or knew of groups or communities that would be interested in participating in engagement.

2. That it be noted that Members who were speaking to residents were asked to continue to feedback to the Director of Communications and Engagement, NHS Greater Manchester.
3. That it be noted that the Work Programme be updated with the service reconfigurations and dates to be considered by the Committee detailed in the report.
4. That it be noted that Councillor Devlin, keen on the diabetes consultation and preventing inequalities, was encouraged to share insights with the Director of Communications and Engagement, NHS Greater Manchester.
5. That it be noted that the Director of Communications and Engagement, NHS Greater Manchester, would look to further strengthen work with LA Communication Teams.

JHSC/70/24 Health Innovation Manchester

Laura Rooney, Director of Strategy, Health Innovation Manchester introduced Members to the Health Innovation Manchester's Strategy 2024/25 to 2027/28, which aimed to improve lives, transform care, and boost the economy through innovation. The strategy focussed on addressing population health priorities, accelerating innovation adoption, optimising digital solutions, and enhancing the system's capacity to deliver health innovation.

Members were informed that Health Innovation Manchester was dedicated to accelerating the integration of innovative healthcare solutions into NHS Greater Manchester. The organisation actively collaborated with universities and other partners to identify groundbreaking research and explored its potential for implementation within the healthcare system.

Health Innovation Manchester was a collaborative partnership involving a diverse range of stakeholders, including healthcare providers, universities, LAs, and global partners. This diverse partnership enabled the organisation to draw on a wide range of expertise and perspectives, fostering innovation and challenging traditional approaches to healthcare delivery.

By fostering partnerships, Health Innovation Manchester identified, developed, and implemented groundbreaking ideas that improved patient outcomes in Greater Manchester, enhanced the efficiency of healthcare delivery, and tried to address the social determinants of health. This included exploring digital health technologies, new clinical practices, innovative service delivery models, and cutting-edge research, all with the ultimate goal of transforming healthcare for the better.

Director of Strategy, Health Innovation Manchester drew Members attention to the Health Innovation Manchester's third Strategy, which had a long-standing link with the ICP system. There were four strategic objectives, which aimed:

- Strategic Objective 1 – Aimed to focus on implementing already proven innovations on a large scale to improve the health of the population, especially in the early stages of disease (primary prevention) and in the early stages of illness (secondary prevention). A mission would be launched to understand how improvements could be made in cardiovascular disease, obesity, and kidney disease. Effort would be targeted to add value to the system.
- Strategic Objective 2 - Aimed to establish Greater Manchester as a global leader in healthcare innovation. This involved positioning the region as a hub for accelerated access to innovations, attracting clinical trials, real-world studies, and early value assessments of new products and therapies. By fostering strong partnerships with industry, academia, and the National Institute for Health and Care Research (NIHR), the aim was to attract significant inward investment and increase the number of Innovate UK grant awards. Ultimately, this would lead to improved healthcare outcomes for the region's population and solidify Greater Manchester's reputation as a global leader in health innovation.
- Strategic Objective 3 – Aimed to harness the power of digital and data to optimise healthcare delivery and involved leveraging digital technologies to better understand the population's needs, develop innovative models of care, and improve patient outcomes. Key initiatives included enhancing the Greater Manchester Care Record for direct care and research, mobilising a full suite of digital services, attracting investment in digital health, and partnering with

industry leaders to explore the potential of artificial intelligence (AI) and advanced computing.

- Strategic Objective 4 - Aimed to enhance the Greater Manchester system's capacity and capability to deliver health innovation and demonstrate impact. This would involve improving the system's ability to adopt and implement innovations, increasing research and innovation capacity, and refining the organisation's methods and approaches to deliver impact.

Attention was drawn to an article featured in today's newspapers, which highlighted the obesity injection trial, a prime example of Health Innovation Manchester's collaborative efforts with major companies to bring groundbreaking clinical trials to Greater Manchester. This initiative not only directly impacted population health but also showcased how the organisation strategically considered the introduction of new medicines to return individuals to work, stimulate economic growth and job creation.

Greater Manchester, with its diverse population, required a health innovation strategy that prioritised equity. Health Innovation Manchester strove to ensure that data-driven insights were used to identify areas where tailored support was needed. A robust network was in place, as evidenced by an event in Bolton where 200 representatives discussed the Health Innovation Accelerator programme and its potential to benefit diverse communities. By actively engaging with the community and understanding their specific needs, Health Innovation Manchester sought to expand its offerings, and make a positive impact on the health and wellbeing of all residents.

A Member inquired about the approach to managing cardiovascular disease. They questioned whether adhering to a medication regimen or undergoing surgery would be the most effective strategy for individuals diagnosed with the condition. It was explained that collaborative work with clinical colleagues was undertaken to understand the progression of the disease and identify opportunities for early intervention to shift the focus from illness management to preventative measures.

A Member asked about the integration of Health Innovation Manchester's work into the Sustainability Plan. Specifically, whether evidence-based approaches were incorporated into the plan to sustain innovation. The Member also questioned whether a health economic analysis was conducted prior to the introduction of new medicines

to assess their cost-effectiveness. The increasing prominence of digital technologies and data in the Sustainability Plan was highlighted. The shift reflected a recognition of the role that digital solutions played in driving innovation and improving healthcare outcomes. By moving away from a short-term, annual cycle, the plan emphasised a longer-term perspective, enabling a more strategic approach to innovation and sustainability.

A Member expressed interest in the strategic partnerships forged by Health Innovation Manchester and acknowledged the value of a global perspective. Officers were invited to share their vision for the future, highlighting one change they anticipated within the next five years. Greater Manchester had developed a rich set of data assets, providing invaluable insights into community needs and identifying potential intervention points. This enhanced understanding of the population would enable the development of targeted interventions. The ultimate goal would be to create a healthcare system equipped with cutting-edge tools and technologies, empowering clinicians to deliver timely and effective care in a modern healthcare setting.

A Member highlighted virtual wards as a promising technological solution. Given the challenges of hospital congestion and rising care home costs, the Member inquired about the feasibility of implementing virtual wards on a larger scale. Virtual wards had proved extremely successful, enabling patients to recover at home through remote monitoring. This approach received positive feedback from patients and improved recovery outcomes. While there were initial challenges in adapting clinical practice, the 1000 bed capacity represented significant progress. Future efforts were aimed to further empower patients through advanced technology solutions. The Director of Strategy & Planning, NHS Greater Manchester added that the focus should not solely be on the number of beds, but rather on delivering the best possible care for residents. Drawing on the insights of the Lord Darzi report, and the challenges faced by the public sector in securing capital funding, investing in buildings and technology could significantly improve patient outcomes and service delivery.

RESOLVED/-

1. That it be noted that Members considered and discussed the content of the report.
2. That it be noted that the Committee noted the forward plan of innovation activity and links with integrated care system priorities and plans.

JHSC/71/24 Committee Work Programme for the 2024/25 Municipal Year

Nicola Ward, Statutory Scrutiny Officer, GMCA presented a report, which provided Members with the draft Committee's Work Programme for the 2024/25 Municipal Year. Members were reminded that this was a working document which would be updated throughout the year to reflect changing priorities and emerging issues. The Committee would regularly review and revise the Work Programme to ensure that it remained relevant and effective in addressing the needs of the community.

A list of items to be scheduled into the Work Programme at the request of Members was available in Appendix 2 and Appendix 3 showed what work had already been considered.

Member's asked for the following potential items to be included on the Work Programme:

1. Regular updates on the Sustainability Plan and Local Efforts
2. Winter Readiness
3. Elective Care Wait Times
4. Development of Digital Solutions
5. GP Access
6. Dentistry

Members also asked for a greater understanding of the health scrutiny activity being undertaken at a local authority level.

RESOLVED/-

1. That it be noted that the Work Programme be updated following the meeting in collaboration with the Chair and Vice-Chair.
2. That the Work Programme report include an Appendix to reflect what local health scrutiny work was taking place.

JHSC/63/24 Dates and Times of Future Meetings

All meetings would be held in the Boardroom, GMCA on the following Tuesdays at 10.00 am:

- 12 November 2024
- 10 December 2024
- 21 January 2025
- 18 February 2025
- 18 March 2025