

**GREATER MANCHESTER
JOINT HEALTH SCRUTINY COMMITTEE****DATE: Tuesday 10 December 2024****TIME: 10.00 am****VENUE: [GM Combined Authority](#), Boardroom, Tootal Buildings,
56 Oxford Street, Manchester M1 6EU****AGENDA**

- 1. Welcome and Apologies**
- 2. Chair's Announcements and Urgent Business**
- 3. Declarations 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.

BOLTON	MANCHESTER	ROCHDALE	STOCKPORT	TRAFFORD
BURY	OLDHAM	SALFORD	TAMESIDE	WIGAN

- 4. Minutes of the last meeting held on 15 October 2024** 5 - 20
- To consider the approval of the minutes of the last meeting held on 15 October 2024.
- 5. Update on the NHS Greater Manchester Single Improvement Plan** 21 - 38
- Presented by Sir Richard Leese, Chair, NHS Greater Manchester, Integrated Care Board (ICB).
- 6. Reconfiguration Progress Report and Forward Look** 39 - 44
- Presented by Claire Connor, Director Communications and Engagement, NHS Greater Manchester.
- 7. Greater Manchester Integrated Care System Digital Transformation Strategy and Priority Programmes** 45 - 88
- Presented by Gareth Thomas, Digital Innovation Director, NHS Greater Manchester and Health Innovation Manchester.
- 8. Proposed Increased Scrutiny and Potential Pause of Procedures of Limited Clinical Value in Greater Manchester** 89 - 102
- Presented by Sara Roscoe, Associate Director – Strategic Commissioning, NHS Greater Manchester.
- 9. Work Programme for the 2024/25 Municipal Year** 103 - 122
- Presented by Nicola Ward, Statutory Scrutiny Officer, GMCA.

10. Date and Time of Next Meeting

Tuesday 21 January 2025 at 10.00 am, GMCA Boardroom.

For Information

11. Links to Minutes and Decisions

- [Greater Manchester Integrated Care Partnership Board Agenda Pack dated 29 November 2024](#)
- [NHS Greater Manchester Integrated Care Board Agenda Pack dated 20 November 2024](#)

12. GovWifi Instructions 123 - 124

13. Glossary of Terms 125 - 128

Membership of the Greater Manchester Joint Health Scrutiny Committee		
Name	Organisation	Political Party
Councillor Jackie Schofield	Bolton Council	Labour
Councillor Elizabeth FitzGerald	Bury Council	Labour
Councillor Zahid Hussain	Manchester City Council	Labour
Councillor Eddie Moores	Oldham Council	Labour
Councillor Peter Joinson	Rochdale Council	Labour
Councillor Irfan Syed	Salford City Council	Labour
Councillor David Sedgwick	Stockport Council	Labour
Councillor Naila Sharif	Tameside Council	Labour
Councillor George Devlin	Trafford Council	Labour
Councillor Ron Conway	Wigan Council	Labour

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

This agenda was issued on 2 December 2024 on behalf of Julie Connor, Secretary to the
Greater Manchester Combined Authority, Broadhurst House, 56 Oxford Street,
Manchester M1 6EU

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 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.

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

Greater Manchester Joint Health Scrutiny Committee

Date: 10 December 2024
Subject: Update on the NHS Greater Manchester Single Improvement Plan
Report of: Sir Richard Leese, Chair, NHS Greater Manchester, Integrated Care Board (ICB)

Purpose of Report:

This report provides an update on the development of the NHS Greater Manchester Single Improvement Plan and progress to date against the delivery of the Plan .

Recommendation:

The GM Joint Health Scrutiny Committee is requested to note:

- The application of enforcement undertakings on NHS Greater Manchester and their acceptance by the NHS GM Integrated Care Board
- The response of NHS GM and the arrangements that have been put in place to ensure the delivery and sustainability of the actions required as set out in the enforcement undertakings, noting the foundation of the Single Improvement Plan at the heart of these arrangements
- The progress to date of the Single Improvement Plan
- The mechanisms by which NHS GM will continue to oversee the progress against plan, and the 6 month review in conjunction with NHSE in January 2025

Contact Officers:

Gareth Robinson, Interim Chief Officer, System Improvement, NHS Greater Manchester

gareth.robinson7@nhs.net

1.0 BACKGROUND

- 2.1. At the start of 2024/25, NHS England identified reasonable grounds to suspect that NHS Greater Manchester (NHS GM) was failing – or had failed – to discharge some of the Integrated Care Board (ICB) functions as set out in the National Health Service Act (2006). In line with their regulatory duties, NHSE requested that the ICB accept direct undertakings to support improvement.
- 2.2. NHS England issued NHS GM with enforcement undertakings setting out the grounds for this decision and clear requirements for changes required within a range of areas.
- 2.3. NHS GM Integrated Care Board formally accepted these enforcement undertakings at its public board on 17th July.
- 2.4. Work had already commenced within the ICB on the development of improvements against the grounds for the undertakings. The NHS GM Single Improvement Plan sets out the actions required by the system to deliver the improvements required to allow NHS GM to exit the enforcement undertakings within an appropriate timeline.
- 2.5. This paper sets out the programmes of work within the Single Improvement Programme, describes progress to date and outlines how the programme is being governed in order to allow the Joint Health Scrutiny Committee to be assured that the mechanisms are in place to deliver the improvements required in the interests of the citizens of Greater Manchester.

2.0 ENFORCEMENT UNDERTAKINGS

2.6. In identifying the grounds to suspect that NHS was failing to discharge some of the ICB functions as set out in the Health and Care Act (2006), the Regional Director set out in a letter to the ICB an assessment of these grounds and the key areas action was required to be taken. These were:

- Leadership and Governance
- Financial Planning
- Performance Assurance
- Quality of Care

Appendix A sets out the letter in full.

2.7. NHS GM was required to establish governance arrangements and provide sufficient programme management capacity to enable delivery of the requirements within the Undertakings

2.8. The NHSE Provider Oversight Assurance Framework clearly sets out the expectations and impact for compliance against the enforcement undertakings. Failure to comply with the requirements of the undertakings will result in further formal action being taken by NHS England

2.9. NHS GM Board formally accepted the enforcement undertakings at the Public Board on 17th July

2.0 NHS GM SINGLE IMPROVEMENT PLAN

2.1. NHS GM has developed the delivery arrangements, through an appropriately resourced Improvement Plan to ensure delivery arrangements are in place to secure a robust response to the enforcement undertakings. This consists of:

Governance

The NHS GM ICB Board is accountable for the oversight and delivery of the System Improvement Plan

An NHS GM System Improvement Board, chaired by the NHS GM Chief Executive with system wide representation, provides assurance to the NHS GM ICB Board.

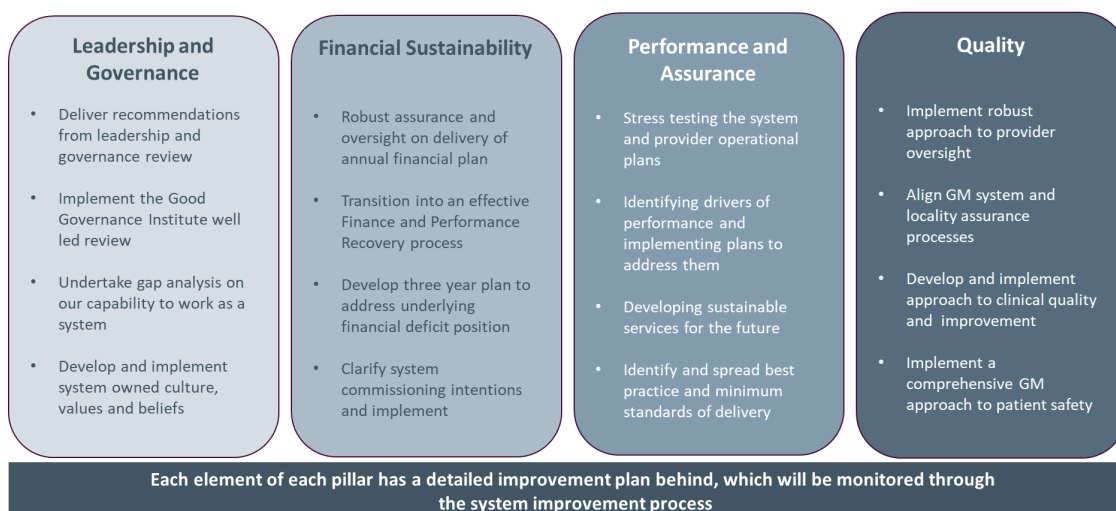
An improvement team has been established based around four programme pillars reflecting the four key areas set out in the undertakings. These draw on the existing expertise across the system. The improvement team reports into the NHS GM System Improvement Board

Improvement Plan

This includes a detailed assessment of required actions against the grounds for undertakings

The diagram below sets out the structure and headline content of the plan. A large print version is available as **Appendix B**

Improvement Plan – 4 Pillars



The Single Improvement Plan incorporates a detailed project plan for each pillar to address all required actions with key milestones, owners and risks identified

The plan will be delivered in two phases – the current phase which focuses on the delivery of action with phase 2 demonstrating the embedding and sustainability of the changes.

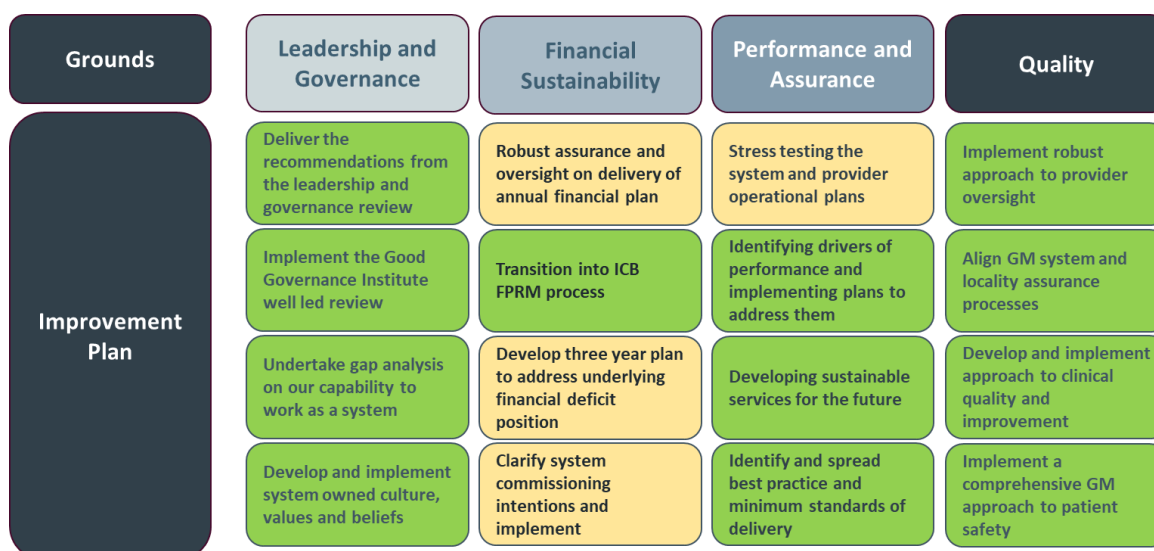
Dedicated Support

Initial programme support has been established from within existing resources to ensure the delivery of the plan. Pillar leads have been drawn from the most appropriate system expertise

A dedicated role, Chief Officer for System Improvement, has responsibility for delivery of the Single Improvement Plan. This role was recruited to in September 2024

3.0 PROGRESS AGAINST PLAN

- 2.1. It is anticipated that the implementation of the improvement plan and subsequent delivery of the four key areas for action is likely to be a 12 to 18 month period. An initial 6 month review of progress is scheduled for completion in conjunction with NHSE in January 2025
- 2.2. The latest NHS GM System Improvement Board (25th November, 2024) noted significant progress against the four key pillars as set out in the diagram below. A large print version is available as **Appendix C**



Complete All element of the actions have been delivered and evidence is in place to give assurance of this position
On track Action will be delivered and completed by the agreed delivery date
Behind Actions is off track but could still be delivered within the agreed date with additional focus
Off track Action not likely to be delivered by agreed deadlines and it is not possible to get this position back on track even with additional focus

- 2.3. The key risks to the successful implementation of the Single Improvement Plan, whilst currently being mitigated through the action plans, remain the ability to deliver a three year plan that addresses the underlying deficit and the ability of the system to deliver the required improvement in operational performance. The actions of the Single Improvement Plan are designed to address these areas.

4.0 RECOMMENDATIONS

The GM Joint Health Scrutiny Committee is requested to note:

- The application of enforcement undertakings on NHS Greater Manchester and their acceptance by the NHS GM Integrated Care Board
- The response of NHS GM and the arrangements that have been put in place to ensure the delivery and sustainability of the actions required as set out in the enforcement undertakings, noting the foundation of the Single Improvement Plan at the heart of these arrangements
- The progress to date of the Single Improvement Plan
- The mechanisms by which NHS GM will continue to oversee the progress against plan, and the 6 month review in conjunction with NHSE in January 2025

Improvement Plan – 4 Pillars

Page 28

Leadership and Governance

- Deliver recommendations from leadership and governance review
- Implement the Good Governance Institute well led review
- Undertake gap analysis on our capability to work as a system
- Develop and implement system owned culture, values and beliefs

Financial Sustainability

- Robust assurance and oversight on delivery of annual financial plan
- Transition into an effective Finance and Performance Recovery process
- Develop three year plan to address underlying financial deficit position
- Clarify system commissioning intentions and implement

Performance and Assurance

- Stress testing the system and provider operational plans
- Identifying drivers of performance and implementing plans to address them
- Developing sustainable services for the future
- Identify and spread best practice and minimum standards of delivery

Quality

- Implement robust approach to provider oversight
- Align GM system and locality assurance processes
- Develop and implement approach to clinical quality and improvement
- Implement a comprehensive GM approach to patient safety

Each element of each pillar has a detailed improvement plan behind, which will be monitored through the system improvement process

Overall Position on delivery of actions by pillars

Grounds	Leadership and Governance	Financial Sustainability	Performance and Assurance	Quality
Improvement Plan	Deliver the recommendations from the leadership and governance review	Robust assurance and oversight on delivery of annual financial plan	Stress testing the system and provider operational plans	Implement robust approach to provider oversight
	Implement the Good Governance Institute well led review	Transition into ICB FPRM process	Identifying drivers of performance and implementing plans to address them	Align GM system and locality assurance processes
	Undertake gap analysis on our capability to work as a system	Develop three year plan to address underlying financial deficit position	Developing sustainable services for the future	Develop and implement approach to clinical quality and improvement
	Develop and implement system owned culture, values and beliefs	Clarify system commissioning intentions and implement	Identify and spread best practice and minimum standards of delivery	Implement a comprehensive GM approach to patient safety

- Complete** All element of the actions have been delivered and evidence is in place to give assurance of this position
- On track** Action will be delivered and completed by the agreed delivery date
- Behind** Actions is off track but could still be delivered within the agreed date with additional focus
- Off track** Action not likely to be delivered by agreed deadlines and it is not possible to get this position back on track even with additional focus

This page is intentionally left blank

ENFORCEMENT UNDERTAKINGS

NHS INTEGRATED CARE BOARD:

NHS Greater Manchester Integrated Care Board (the ICB)
4th Floor
3 Piccadilly Place
Manchester
M1 3BN

DECISION

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the ICB the enforcement undertakings specified below in connection with NHS England's functions under the National Health Service Act 2006, as amended (the NHS Act 2006).

GROUNDINGS

NHS England has reasonable grounds to suspect that the ICB is failing or has failed to discharge one or more of its functions properly, or that there is a significant risk that it will fail to do so, in particular, its functions under sections 3, 3A, 14Z33, 14Z34, 223L and 223M of the NHS Act 2006.

1. Future Operating Model and Governance Arrangements

1.1. In particular:

- 1.1.1. There has been insufficient progress against the following two areas of the agreed Segment 3 Leadership and Capability Exit Criteria;
- 1.1.2. Demonstration that there are robust controls and processes in place, which are overseen through appropriate governance arrangements and board level ownership; and
- 1.1.3. Established quality governance assurance mechanisms, to oversee the constituent segment 3 organisations, and can demonstrate support has been provided to them to drive improvement.

1.2. There is a lack of assurance in relation to implementing the Carnall Farrar Review findings.

2. Financial Planning

2.1. Each integrated care board (including, in this case, the ICB) and its partner NHS trusts and NHS foundation trusts (partner trusts) are subject to a duty to seek to achieve joint financial objectives set by NHS England (s223L NHS Act 2006). Furthermore, each integrated care board and its partner trusts have a duty to act with a view to ensuring that

by NHS England (s223M NHS Act 2006). Each integrated care board must also exercise its functions effectively, efficiently and economically (s14Z33 NHS Act 2006).

2.2. The ICB is failing or has failed to discharge those duties properly, in particular:

- 2.1.1. The Greater Manchester Integrated Care System's (ICS)¹ delivered a deficit of c.£180m for 2023/24 (subject to audit), compared to the original plan to achieve break even (excluding any impact of industrial action from December 2023 onwards).
- 2.1.2. The ICS continues to have a significant and ongoing underlying deficit of concern, the precise value of which is yet to be determined.
- 2.1.3. The ICB demonstrates a failure of financial governance arrangements and financial management, for example in the original break-even plan there was a £130m System CIP value, with no management or governance arrangements or mitigations to its delivery.
- 2.1.4. Limited assurance in relation to implementing the opportunities and recommendations referenced in the PWC Diagnostic Review at the end of 2022/23. The review was to identify the drivers to their underlying deficit and options to mitigate.

3. Performance

3.1. In particular:

- 3.1.1. Elective recovery and the ICS's long wait position is in the lowest quartile of the NHS Oversight Framework (NOF) for 65 week waits and activity growth.
- 3.1.2. The ICS remains in Tier 1 for urgent and emergency care (UEC) delivery, being in the lowest quartile for A&E 4-hour performance in the NOF and deteriorating for patients not meeting criteria to reside.
- 3.1.3. The ICS's cancer backlog position and cancer recovery 62 day backlog is in the lower end of the interquartile range of the NOF, but above the national position.
- 3.1.4. Diagnostic activity waiting time is not meeting the 6-week performance target of 5% with variation on delivery across the ICS area.
- 3.1.5. Adult inpatients with a learning disability and or autism is above the national value per 1,000,000 and is in the lowest quartile of the NOF.
- 3.1.6. The ICS is the lowest performing with regard to inappropriate adult acute mental health out of area placement in the national oversight framework.

4. Quality of Care, access and outcomes and Leadership and Capability

- 4.1. The ICB has not demonstrated an adequate understanding in relation to the ICB holding the NHS trusts and NHS foundation trusts from which it commissions services, and particularly (but not solely) the acute trusts at NOF 3 segmentation, to account in addressing quality concerns, including in relation to quality assurance, quality escalation, quality improvement and contract management.
- 4.2. The ICB has not demonstrated embedded or sustainable oversight of place for delegated quality assurance functions, including escalating deficits back through the ICB quality reporting mechanism. The lack of action the ICB is taking when trusts are not discharging their quality functions robustly, such as failing to escalate NHS trusts of concern as per the National Quality Board – National Guidance on Quality Risk Response and Escalation in Integrated Care Systems.
- 4.3. The ICB has not taken appropriate action to monitor the disaggregation of services, and associated risk following the dissolution of Pennine Acute Hospitals Trust (PAHT).
- 4.4. Lack of progress in the ICB duty to bring improvement in the quality of services and to deliver on safeguarding statutory responsibilities, such as ensuring the ICS having capacity and capability in relation to delivery of the Safeguarding Accountability and Assurance and Framework (SAAF), particularly workforce.
- 4.5. Deliver on commissioner responsibilities of the Serious Incident Framework, specifically quality assuring delivery of recommendations and oversight of delivery of recommendations (serious incidents, mental health homicides).
- 4.6. Ensure the ICB has Designated Body status, if appropriate, as per The Medical Profession (Responsible Officers) Regulations 2010.
- 4.7. Lack of progress in delivering a delegated complaints function that complies with standard complaints regulations and NHS complaints policies, and failure to have an appropriate recovery plan.

NEED FOR ACTION

NHS England believes that the action which the ICB has undertaken to take pursuant to these undertakings, is action to secure that the failure to discharge its functions properly does not occur, continue or recur.

UNDERTAKINGS

NHS England has agreed to accept and the ICB has agreed to give the following undertakings.

1. Future Operating Model and Governance Arrangements

1.1. The Single Improvement Plan will address the recommendations within the Leadership and Governance Review conducted by Carnell Farrar.

1.2. The ICB will demonstrate robust provider oversight assurance.

2. Financial Planning

- 2.1. By 31 July 2024, or by such date as agreed with NHS England, the ICB will ensure that audited financial statements for 2023/24 will show that the ICS will achieve no worse than a £180m deficit.
- 2.2. By 31 July 2024, or by such date as agreed with NHS England, the ICB Board will submit to NHS England an ICS financial plan (the Financial Plan) (as part of a single improvement plan which also covers the performance and quality of care elements below) – (the Improvement Plan) which is acceptable to NHS England. The ICB will ensure the Financial Plan demonstrates both a significant ambition to achieve an in-year financial statutory break-even and improves the ICS' underlying financial position, measured by:
 - 2.2.1. bottom line performance;
 - 2.2.2. recurrent CIP delivery;
 - 2.2.3. run rates for key income and expenditure categories; and
 - 2.2.4. whole time equivalent (WTE) movements.
- 2.3. The ICB will demonstrate an effective governance arrangement across its partner trusts in submitting this plan, such as engagement with appropriate stakeholders, including NHS providers in the development and sign off of the plan.
- 2.4. The ICB will agree any amendments to the Financial Plan with NHS England.
- 2.5. The ICB will ensure delivery of the Financial Plan by timescales to be agreed with NHS England, and the actions in the Financial Plan will be on track and measured at the end of each quarter, subject only to uncontrollable factors as agreed by NHS England, including but not limited to any industrial action.
- 2.6. By 31 July 2024, or by such date as agreed with NHS England, the ICB will have resolved all historical commissioning decisions (such as the Trauma Unit at the Northern Care Alliance NHS Foundation Trust) and will make clear to all potential health care providers any commissioning decisions for the financial year 2024/25. The ICB will ensure any such decisions made will be affordable within the Financial Plan. The ICB will provide to NHS England a list of the historical commissioning which have been identified, and the resolution for each.
- 2.7. By 31 July 2024, or by such date as agreed with NHS England, the ICB will have in place robust and sustainable oversight arrangements in respect of all trusts and foundation trusts which will include, but not be limited to, regular scrutiny and triangulation of key aspects of performance (finance, activity, workforce and quality) including executive engagement and effective action tracking and follow up. Oversight will be led by the ICB without reliance on consultancy support or NHS England.
- 2.8. The ICB will develop a medium term financial plan by a date to be agreed with NHS England which demonstrates in detail how the ICS will be entering the 2026/27 planning round in an underlying break-even financial position.

3. Performance

- 3.1. By 31 July 2024, or by such date as agreed with NHS England, the ICB will submit to NHS England a credible ICS performance plan (the Performance Plan) (as part of a single improvement plan which also covers the finance and quality of care elements) – (the Improvement Plan) which is acceptable to NHS England and demonstrates delivery against operational plan objectives, including processes in place to monitor delivery, such as:
- 3.1.1. a significant improvement in performance and backlog reduction for elective care services across the ICS, which includes 2024/25 targets for elective activity, 78 week waits and 65 week waits, also agreed plans for 2024/25 for referral to treatment (RTT) requirements.
 - 3.1.2. a sustained and improving trajectory for urgent and emergency care (UEC), in terms of 4-hour, 12-hour and 14 days plus length of stay performance.
 - 3.1.3. a sustained position for Category 2 ambulance times.
 - 3.1.4. a significant improvement in performance and backlog reduction for cancer services in Greater Manchester, which includes agreed plans for 2024/25.
 - 3.1.5. a significant improvement in diagnostic activity waiting time to achieve the 10% target in 2024/25.
 - 3.1.6. a significant improvement for inappropriate acute mental health out of area placements in 2024/25. Plus provider collaborative sign off of plan.
 - 3.1.7. significant improvement for adult in patients with a learning disability or autism to come in line with the national value per 1,000,000 in 2024/25.
- 3.2. The ICB will agree any amendments to the Performance Plan with NHS England.
- 3.3. The ICB will demonstrate an effective governance arrangement across its partner trusts in submitting this plan, such as engagement with appropriate stakeholders, including NHS providers in the development and sign off of the plan.

4. Quality of Care, Access and Outcomes and Leadership and Capability

- 4.1. By 31 July 2024, or by such date as agreed with NHS England, the ICB will submit to NHS England an ICS quality improvement plan (the Quality Improvement Plan) (as part of a single improvement plan which also covers the performance and finance elements below) – (the Improvement Plan)) which is acceptable to NHS England. The ICB will ensure the Quality Improvement Plan brings together the ICB, trusts and additional system wide recovery initiatives and includes:
- 4.1.1. Demonstration of the ICB's ability to ensure NHS trusts and foundation trusts meet the key milestones, including that it has sufficient executive capacity to oversee delivery the plan.
 - 4.1.2. Demonstration of the establishment of quality governance assurance and oversight mechanisms to Page 35 manage any risk associated with the

regulators to assess any current risk and also review and establish new post transaction risks.

- 4.1.3. Demonstration of dedicated oversight arrangements to monitor the Quality Improvement Plan and sufficiently resourced delivery mechanisms (capacity and capability) to ensure improvement, including strengthened analytical support to strengthen evidence based decision making.
 - 4.1.4. Demonstration to the System Improvement Board (SIB) of delivery of a clear recovery plan which aligns with the NHS England Complaints Policy and complaint regulations.
 - 4.1.5. Demonstration to the SIB of delivery of a clear recovery plan which aligns with the SAAF.
 - 4.1.6. Demonstration to the SIB, how the ICS is ensuring learning from Regulation 28 PFDs, serious incidents, patient safety investigations, mental health homicides and independent investigations are embedded into place to prevent recurrence.
 - 4.1.7. Presentation, on a monthly basis, a summary of progress with implementation of the ICB's overarching Quality Improvement Plan to the SIB, until the level of assurance allows further review of the schedule for presentation, or the undertakings are removed for as long as required by NHS England.
 - 4.1.8. The ICB becoming a Designated Body when the ICB has a prescribed connection with at least one doctor without a prescribed connection elsewhere. Demonstration of a robust process for meeting requirements of The Medical Profession (Responsible Officer) Regulations 2010.
- 4.2. The ICB will demonstrate progress against the Quality Improvement Plan in line with the agreed timescales through their ICB internal governance arrangements with place based leads and NHS England. The ICB will agree any amendments to the Quality Improvement Plan with NHS England.

5. Programme Management

- 5.1. The ICB will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.
- 5.2. Such programme management and governance arrangements must enable the ICB board to:
 - 5.2.1. obtain clear oversight over the process in delivering these undertakings;
 - 5.2.2. obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
 - 5.2.3. hold individuals to account for the delivery of the undertakings.
- 5.3. The ICB will provide to NHS England direct access to its advisors, programme leads, and board members as needed in relation to the matters covered by these undertakings.

will obtain external support from sources and according to a scope and timescale to be agreed with NHS England.

6. Meetings and Reports

- 6.1. The ICB will provide regular reports to NHS England on its progress in complying with the undertakings set out above.
- 6.2. The ICB will attend SIB meetings or, if NHS England stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS England. The SIB meetings will take place once a month unless NHS England otherwise stipulates, at a time and place to be specified by NHS England and with attendees specified by NHS England.
- 6.3. Upon request, the ICB will provide NHS England with the evidence, reports or other information relied on by its Board in relation to assessing its progress in delivering these undertakings.
- 6.4. The ICB will comply with any additional reporting or information requests made by NHS England.

The undertakings set out above are without prejudice to the requirement on the ICB to ensure that it meets its statutory duties.

Any failure to comply with the above undertakings may render the ICB liable to further formal action by NHS England. This could include directions given to the ICB under section 14Z61 of the NHS Act 2006.

Where NHS England is satisfied that the ICB has given inaccurate, misleading or incomplete information in relation to the undertakings: (i) NHS England may treat the ICB as having failed to comply with the undertakings; and (ii) if NHS England decides so to treat the ICB, NHS England may by notice revoke any compliance certificate given to the ICB in respect of compliance with the relevant undertakings.

NHS GREATER MANCHESTER INTEGRATED CARE BOARD

Signed 

RICHARD LEEJE

[NAME]

Chair or Chief Executive of NHS Greater Manchester Integrated Care Board

Dated 17/7/24

NHS ENGLAND

Signed 

[NAME] Michael Gregory

North West Regional Director and Chair of the Regional Support Group

This page is intentionally left blank

Greater Manchester Joint Health Scrutiny Committee

Date: 10 December 2024
Subject: Monthly Service Reconfiguration Progress Report and Forward Look
Report of: Claire Connor, Director of Communications and Engagement,
NHS Greater Manchester

Purpose of Report

To set out the service reconfigurations currently planned or undertaking engagement and / or consultation. It also includes additional information on any engagement that is ongoing.

Recommendation:

The Joint Health Scrutiny Committee is requested to:

1. Review the report and highlight any projects they require further information on at this time.

Contact Officers

Claire Connor, Associate Director of Communications and Engagement, NHS Greater Manchester, claire.connor@nhs.net

Equalities Impact, Carbon and Sustainability Assessment:

Not applicable

Risk Management

This report is to support the risk management of service redesign, ensuring that JHSC has opportunities to review and comment on planned changes.

Legal Considerations

This report is part of the discharge of NHS Greater Manchester's legal duties to engage with scrutiny committees on to consult local authorities on substantial service changes that affect their population (Health and Social Care Act 2006, section 244 and the Local Authority Regulations 2013, section 21).

Financial Consequences – Revenue

Not applicable

Financial Consequences – Capital

Not applicable

Number of attachments to the report: 0

Comments/recommendations from Overview & Scrutiny Committee

Not applicable

Background Papers

Not applicable

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

Joint Health Scrutiny

10 December 2024

1. Introduction/Background

This paper provides an overview of the Greater Manchester wide service redesign projects currently progressing through for engagement and/or consultation. Not all the projects are substantial and therefore not all will be subject to full consultation.

The list of projects will change as projects begin, progress, or are paused or cancelled.

This report is updated every month to allow JHSC to stay up to date with the latest position and to request further information as required.

2. Projects

Project and anticipated level of engagement	Current stage	Overview
Adult ADHD <i>Consultation</i>	NHS England review – stage 2	There are currently long waiting times for adult ADHD diagnosis services. Engagement has been completed, along with options appraisal and the first stage of the NHS England assurance process has been successfully completed. We are currently planning for the second stage of the assurance process and the consultation. Date of JHSC: 16 th July 2024
Children’s ADHD <i>Engagement followed by possible consultation</i>	Engagement evaluation	There are currently long waiting times for children’s ADHD diagnosis services. Engagement ran for 9 weeks and closed on 8 th December 2024. Analysis of the engagement is ongoing with a draft report due in January 2025. Date of JHSC: February 2025

<p>IVF cycles</p> <p><i>Proposed consultation</i></p>	<p>NHS GM Board</p>	<p>The number of IVF cycles offered across Greater Manchester varies depending on where people live. This service redesign is looking at a policy that is equitable across Greater Manchester.</p> <p>Engagement and options appraisal has been completed. It is scheduled for the January 2025 NHS Greater Manchester Board with consultation planned to launch in February 2025. A written briefing on the planned consultation will be provided to GM JHS.</p> <p>Date of JHSC: 16th July 2024</p>
<p>Specialised commissioning cardiac and arterial vascular surgery</p> <p><i>Engagement followed by possible consultation</i></p>	<p>Engagement</p>	<p>The pathway of a very small numbers of patients who need urgent and specialist cardiac or arterial vascular surgery is being reviewed. This covers patients who use hospitals provided by the Northern Care Alliance. Patients may end up at a different location following the service review. Engagement is currently being undertaken.</p> <p>Date of JHSC: Winter 2025 (TBC)</p>
<p>Specialist weight management</p> <p><i>Engagement followed by possible consultation</i></p>	<p>Engagement</p>	<p>The tier 3 specialist weight management service supports people living with very high BMIs. There are currently different service levels across Greater Manchester.</p> <p>Early engagement has begun which is due to continue into October – November 2024.</p> <p>NICE guidance is also due out in spring 2024 that may influence this work, so at this time, the engagement is focusing on</p>

		<p>areas with the least access and specific socio-demographic target groups.</p> <p>Date of JHSC: Spring 2024 (TBC)</p>
<p>Diabetes structured education</p> <p><i>Engagement</i></p>	<p>Engagement planning</p>	<p>The offer and uptake of diabetes structured education varies across localities. This project is looking at whether there is the potential to create a standardised offer. Engagement is due to launch on 6th January 2025, with the draft report due in March 2025.</p> <p>Date of JHSC: April 2025 (TBC)</p>
<p>Children's autism</p> <p><i>Engagement</i></p>	<p>Analysis of engagement work to date</p>	<p>Children's autism service pathways are being reviewed.</p> <p>Date of JHSC: to be confirmed</p>
<p>NW Women & Children's Transformation Programme</p> <p><i>Engagement followed by possible consultation</i></p>	<p>Preparing options appraisal</p>	<p>The NW Women & Children's Transformation programme aims to translate several national reviews and associated standards related to Neonatal Critical Care; Paediatric Critical Care; Surgery in Children; and Children and Young People (CYP) with Cancer into an operational plan for the North West.</p> <p>NB: North West footprint for this work, scrutiny arrangements are to be agreed.</p>

<p>Procedures of Limited Clinical Value</p> <p><i>Engagement</i></p>	<p>Engagement planning</p>	<p>Procedures of limited clinical value are medical procedures that the evidence shows will not have a positive impact on most people. Therefore, they are only recommended in certain circumstances. The treatments have been temporarily paused (with exceptions at clinician request) whilst a review is undertaken with engagement planned to support the review.</p> <p>Date of JHSC: 10 December 2024</p>
---	----------------------------	---

Greater Manchester Joint Health Scrutiny Committee

Date: 10 December 2024

Subject: Greater Manchester Integrated Care System (ICS)
Digital Transformation Strategy and Priority Programmes

Report of: Dr Gareth Thomas, Digital Innovation Director,
NHS GM and Health Innovation Manchester

Purpose of Report

To update Members on the GM ICS Digital Transformation Strategy and priority delivery programmes.

Recommendations:

The Committee is requested to:

1. Note and support the GM ICS Digital Transformation Strategy
2. Comment on the priority programmes in progress to deliver the strategy

Contact Officer

Dr Gareth Thomas

Digital Innovation Director, NHS GM and Health Innovation Manchester

gareth.thomas@healthinnovationmanchester.com

Equalities Impact, Carbon and Sustainability Assessment:

N/A

Risk Management

N/A

Legal Considerations

N/A

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

Number of attachments to the report:

1. 6 accompanying slides for presentation
2. GM ICS Digital Transformation Strategy (public version)

Comments/recommendations from Overview & Scrutiny Committee

N/A

Background Papers

- GM ICS Digital Transformation Strategy (attachment)
- GM Data Sharing Communications and Engagement Campaign Report (available upon request)

Tracking/ Process

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

No

Exemption from call in

None

GM Transport Committee

N/A

Joint Health Scrutiny Committee

10 December 2024

1. Background

To deliver on GM's integrated care system strategic plan and support the broader ambition for Greater Manchester to become a world-leading digital city region, we recognise the importance of embracing digital transformation to deliver new models of care, improve outcomes and efficiency.

We have made considerable digital and technological advances to date – from the acceleration of the Greater Manchester Care Record for all citizens, to the development of a secure data environment (SDE) to support world leading research and planning. However, there are still large parts of our system that do not have the basics in place.

A new GM health and care digital transformation strategy was developed in 2022 – 2023 (and agreed by the GM Integrated Care Board in Sept 2023) through significant cocreation with staff and patients to outline our ambition to optimise digital approaches, data and technology across all care settings. The work included an assessment of our digital maturity as a system at both foundational and aspirational levels, to inform a framework of 47 digital priority activities to take forward over the next five years. The GM framework is actively used for investment planning and decision making across the system, at organisational and ICS levels.

Based upon an assessment of existing digital maturity and widespread staff and citizen engagement, the strategy sets out 5 ambitions, with 3 layers of activity (to digitise, integrate and innovate):

1. We deliver integrated, coordinated and safe care to citizens
2. We enable staff and services to operate efficiently and productively
3. We empower citizens to manage their health and care needs
4. We understand population health needs and act upon insights
5. We accelerate research and innovation into practice for the above, as a globally leading centre

The GM ICS Digital Transformation Strategy (public version) is included as an appendix to this report. The rest of this report describes three priority programmes (GM Care Record, GM Secure Data Environment and Digital Primary Care) being progressed aligned to the strategy – covering the background to each, the current programme activity and impact stories from staff and patients.

2. Priority programmes

2.1. GM Care Record

2.1.1. Background

The GM Care Record (GMCR) joins up data from across GM's health and care organisations and gives frontline staff access to vital patient information to enable more informed care for our citizens. It is based around the person receiving care, not the organisation providing the care. Usage by frontline staff is increasing by 20% each year and currently being accessed by over 21,000 frontline workers (including a third of all clinical staff in hospital settings) to support the care of over 300,000 patients each month.

There are several benefits being driven by use of the GM Care Record – including continuity of care across care settings, improved patient safety, enhanced patient engagement, support for emergency situations and increased productivity (modelled at over £12m per annum due to time saved alone) due to more efficient communication and collaboration between professionals. The GMCR enables clinical teams to have the right information, at the right time in the right place of the care pathway.

In addition to *direct* care benefits described above, data from the GMCR is critical for *secondary* uses, to understand population health and develop plans such as the ICB Strategic Financial Framework (which enables the identification of unmet health need, health inequality and hence excess cost for the system). Only through the data within the GMCR will GM be able to understand population needs and enable risk stratification, case finding, targeted health interventions and new models of care across sectors.

2.1.2. Current programme

The Greater Manchester Care Record programme, led by Health Innovation Manchester in partnership with GM Integrated Care Board and NHS Providers, is targeted at ambitions 1 (deliver integrated, coordinated and safe care to citizens), 2 (enable staff and services to operate efficiently and productively) and 3 (empower citizens to manage their health and care needs) in the GM ICS Digital Transformation Strategy. The GMCR programme includes several projects to:

- increase GMCR use – through direct communication with and training of clinical professionals, including widening access to Community Pharmacy and Adult Social Care providers
- optimise data feeds – including standardising the type, completeness and quality of the data fields from each organisation
- implement new models of care – including rolling out integrated care plans (eg for end of life advanced care planning or heart failure) to enable staff from all care settings and citizens to contribute to their own care, using the GMCR as a single source of truth

There are several opportunities for the ICB and localities to commit contributions to the GM sustainability plan based on the use of the GM Care Record – including productivity savings which are being explored at present.

2.1.3. GM Care Record – example impact stories from staff and citizens

The Safety Medication Dashboard (SMASH) was created by the University of Manchester and has been launched on the GM Care Record with a new, intuitive design and training. It runs patient record data against evidence-based harm indicators, such as acute kidney injury or gastrointestinal bleeds, highlighting where reviews are required. It has been accessed over 14,000 times since launch in April 2023, with over 500 prescribers using it across all 10 localities.

The end-of-life care plan, also referred to as Electronic Palliative Care Coordinating System (EPaCCS), has been launched on the GM Care Record across 8/10 localities – with over 2000 plans currently active.

- An Eccles GP said ““EPaCCS enables seamless communication between GPs, palliative care specialists, care homes, and out-of-hours staff, allowing everyone involved in end-of-life care to contribute to and access care plans. Since end-of-life circumstances can change quickly, the system ensures that patients remain in their preferred place of care, avoiding unnecessary hospital or hospice admissions. This reduces ambulance transfers and hospital bed occupancy. With all critical information in one place, healthcare teams can easily find and respect the patient's wishes.”

The 'My GM Care' app was launched as a proof of value to 13,000 residents in Tameside in 2024. There were over 700 downloads on the first day and over 400 patient contributions daily.

- A Tameside patient said "I like that personal information can be shared, from home access and pet information to power of attorney or advanced directive documents, and that these can be accessed by care professionals which is useful for social care services in particular. Patients in crisis can't always provide this information so having it accessible makes all the difference."
- A Tameside GP said "My GM Care could be the next game changer for the residents of Greater Manchester allowing people to take further control of their healthcare by allowing them to monitor their health and wellbeing, being better prepared for any future event as well as in an emergency, helping to plan future care and providing vital data for research purposes alongside the NHS app or equivalent GP app."

2.2. GM Secure Data Environment (SDE)

2.2.1. GM Secure Data Environment - background

Secure Data Environments (SDEs) are highly secure computing environments that provide access to health data to use in health and care research. Utilising primary care and secondary care data from the GM Care Record, linked with other key datasets, HInM is developing the GM SDE platform and infrastructure, which will also include attracting investment from life sciences and tech partners.

The GM SDE will provide the infrastructure and analytical tools for, clinical trials, real world studies, translational research, epidemiological studies and health systems research here in GM for the benefit of our citizens.

2.2.2. GM Secure Data Environment - current programme

The GM secure data environment is live, with eleven out of fifteen initial projects (selected to test the environment and end-to-end service) having received approval for data access in its first phase. Technical and process development is ongoing, building on lessons from the first phase of applications & operations, to prepare for the second phase of

applications & operations from March 2025. This work includes the development of a commercial plan, aligned to NHS England principles and the views of our citizens, to ensure that we unlock value from GM health data assets for the benefit of the health outcomes and economic development of Greater Manchester.

GM has been commended for its nationally-leading approaches in the following areas:

- **Public comms campaign:** to raise awareness of data sharing and opt-out methods. We reached at least 15% of the GM population through outdoor advertising across the transport network, social media advertising, comms via health & care organisations and a website with further information. A film within the campaign was played 1.8m times. The campaign provided citizens with supporting information around the uses of health data and had a negligible impact on opt out rates.
- **Public engagement:** to understand views of local communities on data sharing and research. We engaged 85 people in the most recent initiative, including 61 from underrepresented communities, and understood that citizens want data sharing to be transparent, reciprocal, responsible and accountable. This ongoing insight is informing the development of the programme, data access processes (see below) and the way we communicate with the public. The [GM Care Record website](#) provides several answers to frequently asked questions.
- **Information governance:** to ensure robust legal arrangements are in place for data sharing. Following extensive engagement with data controllers and the public and documentation development, GM has secured first-of type approvals from the Secretary of State for Health and Social Care, Health Research Authority and Research Ethics Committee to use deidentified GMCR data for both secondary use and research. These include the ability to extract and link GMCR data (including social care data) with other national datasets (i.e. hospital data) for secondary uses.
- **Data access governance:** to ensure that decisions about who access which data for what purposes are made locally, transparently and accountably. A decision-making group, the GM Data Access Committee (chaired by the ICB Caldicott Guardian), has been established to act on behalf of the ICB and data controllers to enable access to agreed datasets by reviewing applications made to access data. This committee includes representatives from 3 supporting advisory groups (one of experts in technical, information governance and academic disciplines, one of public members and one of data controllers).

2.2.3. GM Secure Data Environment - stories from citizens

Following monthly meetings throughout 2024, public members on the GM SDE Citizens Advisory Panel recently noted their appreciation of value and influence of this group. In particular, they referenced the opportunities to be involved in work with the potential to have significant impact for the GM population, the ability to hold the programme to account, the positive and safe environment for discussion and the value they felt as public members, how respectful discussions and content had been of cultural and religious elements, and how honestly applications for data access had been presented.

61 people took part in focus groups focused on under-represented groups, recruited through networks working with South Asian women, Black African/Caribbean people, and older people, in areas of deprivation in Greater Manchester. During an engagement session with a local community group a patient said ““If there is a benefit, then it’s the right thing. If the research benefits us, then it’s right.”

2.3. Digital Primary Care

2.3.1. Digital Primary Care - background

In the wake of the Covid-19 pandemic and the increase in adoption of digital tools, General Practice were facing more aggregate demand, with some reverting to old, non-digital processes having not embedded new ways of working to meet increased patient-facing demand and non-patient facing workload. Patients understand the benefits that digital can bring, but there was a lack of trust and confidence in digital GP services – partly due to digital fragmentation (different tools for different purposes with different entry routes), and poor user experience for some websites & tools. An accessibility audit in 2022 found several content, navigation and form process errors across websites and online tools.

2.3.2. Digital Primary Care - current programme

Health Innovation Manchester, in partnership with NHS GM and Primary Care Board, has been leading a programme to improve digital access for citizens and enable digital change within practices. This programme includes the following outcomes, comparing March 2023 to March 2024:

- 35% of practice websites have improved functionality and accessibility in line with national guidelines
- 51% increase in GP appointments being booked or cancelled through the NHS App

- 53% increase in repeat prescriptions being ordered via the NHS App
- 154% increase in online consultations through one of GM's most popular digital tools

Digital facilitators based in each locality and a digital clinical network of GPs have been underpinning this work, also increasing uptake of online patient registration services from 50% to 98% in 2 months. As some of this programmatic activity will soon end, the focus has been on moving into business as usual with the establishment of sufficient resources. In addition, the development of a digital exclusion heatmap will support Primary Care and other services to understand digital exclusion in their local area and tailor services and communications appropriately.

2.3.3. Digital Primary Care – impact stories from staff and citizens

Following interactive sessions with digital facilitators...

- A patient said “I enjoyed learning how to do my repeat prescription and also being able to get test results and ask questions. I had no idea how to use my phone like this, it has been absolutely fascinating.”
- A patient said “All patients should have the chance to get this training so this will reduce the need for surgery visits”
- A GP said “The Digital Facilitators offer a vital service to help overcome digital illiteracy, enabling people and communities to connect digitally, benefit from new ways of working in health and social care, overcome fears they may have and stay safe online. This is a small investment now to reap huge rewards later as people become more confident in the use of digital services and help organisations to grow and improve services further, reducing inequalities and helping to raise standards. The service is essential in helping to ensure nobody is left behind.”

This page is intentionally left blank

GM Health and Care Digital Transformation Strategy

2023 - 2027



**Greater
Manchester
Integrated Care
Partnership**

The logo is contained within a white rounded rectangle with a thin blue border. Below the text is a horizontal bar composed of ten colored segments: teal, orange, maroon, cyan, green, magenta, purple, blue, red, and lime green.

Contents

1. Summary
2. Why Digital?
3. Our Vision
4. Our Method
5. Further information

Page 56



Summary

We want Greater Manchester to be a world-leading city region.

But many areas in our health and care system are old, disconnected and separate from each other.

Page 58
Digital can make services and experiences better for everyone, and by working together we can become a truly digital health and care system.

The Greater Manchester Health and Care Digital Transformation Strategy outlines how we will achieve this ambition.



Our Digital Strategy on a page

Why Digital?

From paying bills, to online shopping, to keeping up with news... the way we do things has been completely transformed because of digital technology.

Digital, data and technology also have the potential to transform care for everyone in Greater Manchester. Digital transformation can help people stay well, detect illness earlier, and give people greater control over their own health.

The importance of digital inclusion

We understand the importance of creating a health and care system that is inclusive, accessible and usable by everyone, regardless of our cultural background, language or age.

By listening to over 500 citizens and professionals across Greater Manchester, we have a better understanding of our citizens, the problems they experience, and how digital can help.

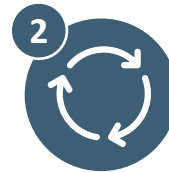
Our strategy

This strategy explains how we will use digital, data and technology to transform our health and care system, and improve outcomes for everyone in Greater Manchester.

Our Vision: At the centre of our digital strategy we have 5 ambitions



We deliver **joined-up, coordinated** and **safe** care to citizens.



We enable staff and services to **work efficiently** and productively.



We **empower citizens** to manage their health and care needs.

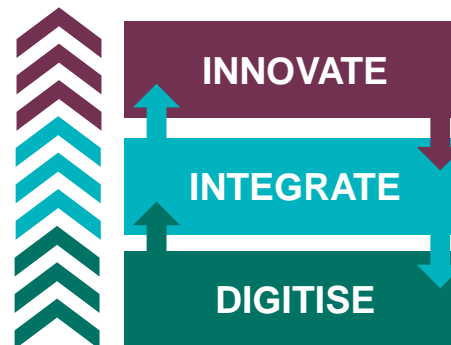


We understand **population health** needs and act upon insights.



We accelerate **research and innovation into practice**, as a globally leading centre.

Our Method: We will achieve our 5 ambitions through 3 areas of focus



- Deliver **new technologies and approaches** that improve quality of care for everyone
- **Connect** patients, carers, healthcare professionals and services
- **Get the basics right**, making sure all our services are up to date and work efficiently

Why digital?

Digital transformation = using digital technology to drive change in how we work

From paying bills, to online shopping to keeping up with news, the way we do things has been completely transformed because of digital technology.

Digital, data and technology have the potential to transform care for everyone in Greater Manchester.

It can help people stay well, detect illness earlier, and give people greater control over their own health.



What have we done so far?

We have started to bring digital into the way we work, and this is starting to improve care for citizens.

- For the first time, we can now share information across different areas in Greater Manchester, leading to safer and more timely care.
- During Covid-19, we used technology to monitor and care for people with Covid-19 in their own homes. We also set up the vaccination booking system for Covid-19.

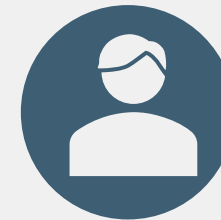
But this is not good enough. Health and care professionals are still using outdated systems and old equipment, which has an impact on being able to provide the highest quality of care that everyone deserves.

To understand how we can transform care through digital transformation...

- We created a Greater Manchester Health and Care Digital Maturity & Investment Framework to help us understand where we are at, and what our priorities need to be. This framework is now being used by NHS organisations across the country.
- We listened to citizens, health and social care professionals to understand what matters to them. This has been fundamental in the development of our digital strategy.

Through our engagement...

...we've listened to
over



250 citizens

and

250

clinical, social care,
operational and
digital professionals



...to understand what
matters to them



Through close collaboration with citizens and partners across the Greater Manchester health and care system, we have a strategy that will meet our ambitions for digital transformation, leading to enhanced efficiency and integration across services, greater understanding of our population's needs, and improved care for everyone.”

Dr Gareth Thomas,
Digital Innovation Director at Health Innovation
Manchester
and NHS Greater Manchester Integrated Care

Advancing our digital health and care system

In Greater Manchester, we already have a global reputation for doing digital differently.

We have led the way in establishing joined-up care systems, and we have learned that it takes time to deliver change and make a difference.

Building on the strength of partnership across the city region, we are in a unique position to deliver digital transformation and improve outcomes for our citizens.

Through developing strong relationships across health and care, the technology industry and academic institutions, we can move further and faster toward our ambitions.



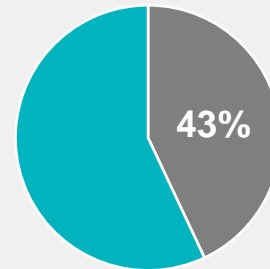
Digital inclusion matters

There are many people who cannot easily access digital tools, and there are many people who would prefer not to use digital tools.

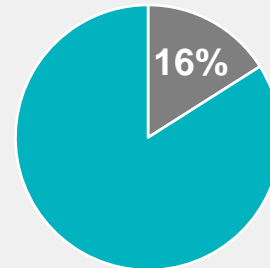
We need to make sure we don't create more health inequalities, and so it is crucial that we use digital in the right way to make sure health and care services are accessible and easy to use - for everyone who wants to.

Working closely with partners and citizens, we will make sure that our health and care system is **inclusive, accessible and usable**. We will design solutions together that will improve the experience of services and outcomes for everyone.

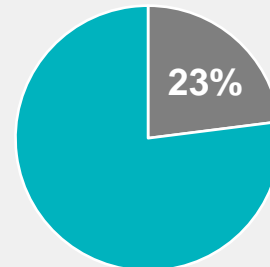
In Greater Manchester...



43% of our population are **excluded in some way** for the opportunity that digital brings.



16% of our population are **'non-users' of the internet** - over half of whom are over 60 years of age.



23% of our population are not using digital services because of a **lack of money**



These new digital services, such as apps and patient portals, will cause considerable stress to patients if not developed properly.

What we need is a few digital functions that are easy to use and focused on making access to services and their delivery much easier for everyone.

Then there is potential to have a big impact, improving the wellbeing and quality of life for many.”

Greater Manchester citizen

Our Vision

for digitally transformed
health and care

In Greater Manchester, digital can makes services and experiences better, improving care and outcomes for everyone.

By listening to over 500 citizens and professionals across Greater Manchester, we now have a better understanding of the opportunities for digital transformation.



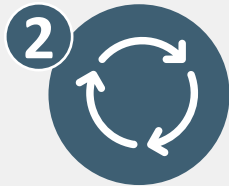
Our 5 ambitions

We have 5 ambitions for our digital strategy:

Page 69



We deliver **joined-up, coordinated** and **safe** care to citizens.



We enable staff and services to **work efficiently** and productively.



We **empower citizens** to manage their health and care needs.



We understand **population health** needs and act upon insights.



We accelerate **research and innovation into practice**, as a globally leading centre

We have listened:

As a citizen I want to:

- Feel confident that the people looking after me have access to my medical history, my preferences, my lifestyle and cultural needs
- Feel confident that health and care professionals are working together to make the best decisions for me.
- Trust that health and care professionals can access my information to make sure my care is personalised to my needs.



Health and care professionals want to:

- Use digital technology to solve clinical safety problems
- Deliver continuity of care across different members of staff and services
- Gain appropriate access to the right information at the right time



Ambition 1:



We deliver **joined-up, coordinated and safe** care to citizens.

What this really means for your care:

Receiving joined-up care from different services and professionals, especially for patients with multiple long term conditions



We have listened:

As a citizen I want to:

- Order repeat prescriptions easily
- Sort referrals on the spot so I don't have to remember to schedule another appointment
- Have my medications available for pick up from my local pharmacy

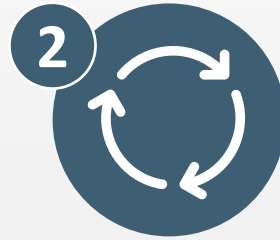


Health and care professionals want to:

- Use digital and data to help with resource pressures
- Attract and retain a professional and skilled workforce
- Use digital and data tools to improve the care they can deliver



Ambition 2:



We enable staff and services to **work efficiently** and productively.

What this really means for your care:

Services that work well, with health and care professionals who enjoy focusing on delivering the best possible care, supported by the power of digital technology



We have listened:

As a citizen I want to:

- Easily find and access trusted information, advice and services
- Communicate with health and care professional, even if they don't speak my language
- Know what is going to happen next, and who to contact when something goes wrong

- Maintain my independence and feel involved in my care
- Feel empowered to manage my own conditions and wellbeing
- Have the choice to receive care in my home, or use technology that supports my care

Page 72

Easily access all my health and care records, appointments and contact details in one place
Choose how I contact my health and care professional
Access care from my health and care professional when I need it



Health and care professionals want to:

- Make navigating a complex system easier for citizens
- Support patient involvement in care and their experience
- Use digital to enhance patient-centred care and interactions



Ambition 3:



We empower citizens to manage their health and care needs.

What this really means for your care:

Enabling you and your community to manage your own physical and mental needs, helping you stay well and maintain your independence at home.



We have listened:

Ambition 4:

What this really means for your care:

As a citizen I want to:

- Know if I'm at risk for a particular condition and receive proactive support, including being connected with others in my neighbourhood to share what's worked
- Know that advances in technology don't exclude me
- Be assured, as a taxpayer, of minimising waste



Page 73

Health and care professionals want to:

- Deliver responsive services that are timely, personalised and appropriate
- Collaborate across care providers to promote healthy living and prevention
- Systematically identify patients with high levels of need and intervene earlier



We understand **population health** needs and act upon insights.

Health and care services that are more proactive in helping you to manage your health and wellbeing, providing more personalised care when it's needed – including detecting illness and intervening earlier



We have listened:

As a citizen I want to:

- Know that new digital services provided are safe, confidential and effective
- Benefit from the most advanced and leading-edge care and treatment in the world
- Know that when my information is being used for research, it is anonymous and benefits the communities where I live, including for prevention of disease



Page 74

Health and care professionals want to:

- Learn from and scale what's worked elsewhere in the locality or in Greater Manchester
- Harness the transformative power of health and care, industry and academia working together to address major challenges and tackle inequalities



Ambition 5:



We accelerate **research and innovation into practice**, as a globally leading centre

What this really means for your care:

Receive leading edge care and treatment that meet your individual needs, and benefit from digital technologies that support you to have equal access to health and care



Our Method

to understand needs and agree our priorities

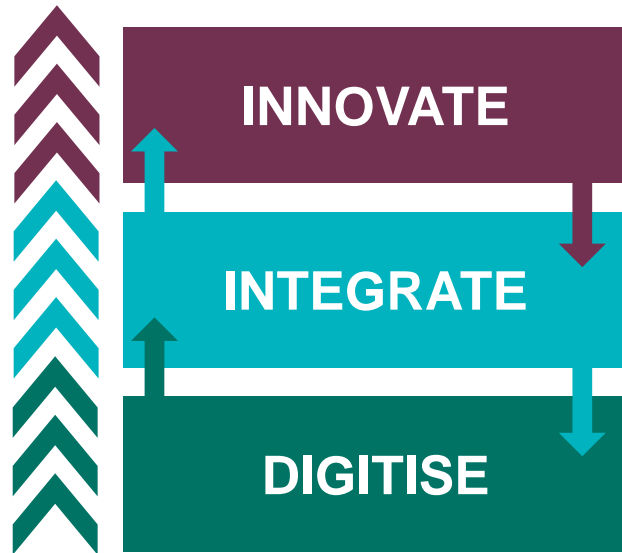
By understanding our citizens and the problems they experience, we can focus on the types of digital and data tools that will truly transform experiences and outcomes for everyone



Meeting our ambitions

We will achieve our 5 ambitions through 3 areas of focus:

Page 77



- Deliver **new technologies and approaches** that improve quality of care for everyone
- **Connect** patients, carers, healthcare professionals and services
- **Get the basics right**, making sure all our services are up to date and work efficiently



We deliver **joined-up, coordinated** and **safe** care to citizens.



We enable staff and services to **work efficiently** and productively.



We **empower citizens** to manage their health and care needs.



We understand **population health** needs and act upon insights.



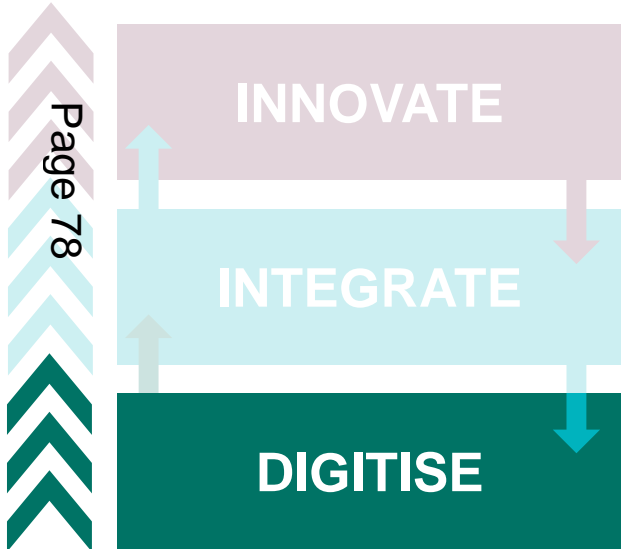
We accelerate **research and innovation into practice**, as a globally leading centre.

1. Digitise

In order to deliver our ambitions, we must **digitise**.

We need to get the basics right, making sure all our services are up to date and work efficiently.

Digitising is about moving from using paper or manual processes to using information technology (IT) systems.

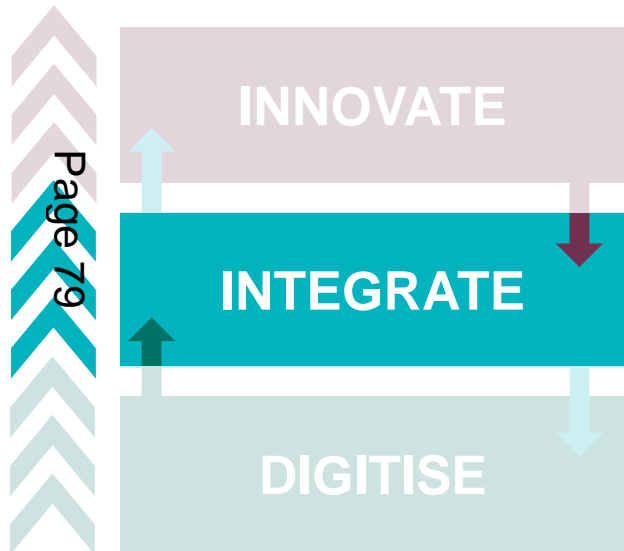


An example of digitisation is the implementation of an **Electronic Patient Record (EPR)** system. An EPR means health and care professionals can access more information more quickly, allowing them to make better informed decisions.

2. Integrate

In order to deliver our ambitions, we must **integrate**.

Integration is about getting the right information in a safe and secure way at the right time to the right people in the right place, to deliver the best care for each and every individual.



An example of integration is the **GM Care Record**. It brings together your information from NHS and care services across Greater Manchester in a safe and secure way into one joined up record, so that your information can be accessed by frontline health and care workers, wherever you receive your care. Read more: <https://gmwearebettertogether.com/>



Another example is the **Secure Data Environment (SDE)**, which is a highly secure computing environment that provides remote access to health data for approved researchers. Having access to real data means researchers can better understand our population's needs, and develop solutions that can improve the health and care of citizens across Greater Manchester.

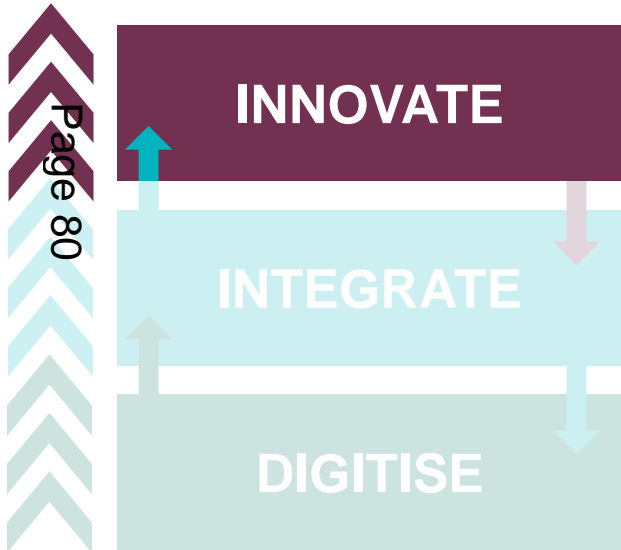


Read more about how your personal data is kept safe and secure: <https://gmwearebettertogether.com/your-privacy/>

3. Innovate

To deliver our ambitions, we must **innovate**, building on the digitised and integrated capabilities, where care settings and places are ready.

We will develop and deploy proven innovations to improve people's health and wellbeing, building partnerships between health, care, academia and industry.



Examples of innovation include:

- Personalised care informed by genomics (genomics = the study of the genes in our DNA and how they can influence our bodies)
- Artificial Intelligence to support new models of care;
- Wearable technology to monitor your condition outside the hospital

Further information



For any queries relating to the GM Health and Care Digital Transformation Strategy,
please contact Info@healthinnovationmanchester.com

GM ICS Digital Transformation Strategy & priority programmes

Gareth Thomas
Digital Innovation Director
NHS GM & Health Innovation Manchester

**Greater
Manchester
Integrated Care
Partnership**

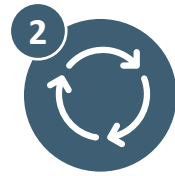


Health
Innovation
Manchester

The GM ICS Digital Transformation Strategy is a key enabler for innovation



We deliver **integrated, coordinated** and **safe** care to citizens.



We enable staff and services to **operate efficiently** and productively.



We **empower citizens** to manage their health and care needs.



We understand **population health** needs and act upon insights.



Through each of these, we accelerate **research and innovation into practice**, as a globally leading centre.



Innovate

Deliver new technologies and insight-driven approaches that improve quality of care for everyone

Integrate

Connect patients, carers, healthcare professionals and services

Digitise

Get the basics right, making sure all our services are up to date and work efficiently

The GM Care Record is used by over 23,000 staff to support the care of over 300,000 patients each month

Easy access to patient information is critical to support decision-making for health & care workers.

That's where the Greater Manchester Care Record comes in.

The GM Care Record supports data sharing for direct care and treatment for the region's 2.8m population.



The GM Care Record pulls together vital patient data from:

- Primary care
- Community services
- Mental health services
- Social care
- Secondary care
- Specialist services



Integrated care planning within the GM Care Record allows everyone involved in a person's care, including the patient, to share and contribute to their plan.

EPaCCS - end of life



Dementia



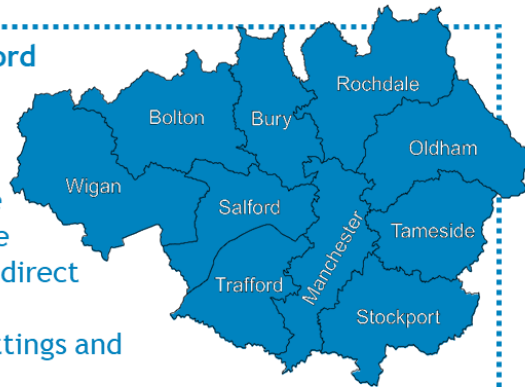
Heart Failure



My GM Care patient app



The GM Care Record collates patient information into one place, making it easily accessible for health and care workers to inform direct care from across localities, care settings and organisations.



The GM Care Record means that:



- Clinicians have access to the right information in the right place at the right time
- Every month, 23k frontline staff in GM are accessing the GMCR to support over 300k patient interactions

The GM Care Record supports clinical decision making by providing access to important information:



Medications



Allergies



Test Results



Care Plans



Social Care Support

Care plans have been launched as 'proof of value' projects to integrate patient care across care settings



"In terms of the quality of outcomes, the visibility of GMCR and having the plans available to all system partners were really productive. They helped **save cost, reduce duplications and improved and strengthened communication amongst system colleagues.**"

Clare Hunter - Project Manager, Bury Integrated Care Partnership



"Using the digital heart failure care plan has been a positive step forward, particularly with the **convenience of accessing patient records through the GMCR** which has helped me **streamline my day-to-day practice.** It will take time for all stakeholders to fully embrace this change for it to reach its full effectiveness, and with continued collaboration, I am hopeful about the long-term impact on heart failure management"

Julie Harris, Heart Failure Specialist Nurse, Tameside



"EPaCCS enables **seamless communication** between GPs, palliative care specialists, care homes, and out-of-hours staff, allowing everyone involved in end-of-life care to contribute to and access care plans. Since end-of-life circumstances can change quickly, the system ensures that **patients remain in their preferred place of care, avoiding unnecessary hospital or hospice admissions.**

This reduces ambulance transfers and hospital bed occupancy. With all critical information in one place, healthcare teams can easily find and respect the patient's wishes."

Ross Seaton, GP, Springfield Medical Centre, Eccles

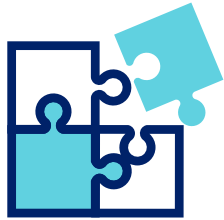


"With the face-to-face visits of patients in their own homes, we saw and were able to refer more patients to other services. The digital dementia care plan **reassures families that if they are not there to be a voice for that person, their wishes and wants are there.** Families feel empowered by it."

Joanne Parkinson - Personalised Care Coordinator, Bury GP Federation

The health & care *data* landscape is fragmented, creating barriers for life-saving research...

The NHS's data is globally unique, but the potential to use this to empower research and support the introduction of better, more effective treatment for patients has not yet been realised.



Multiple, disjointed points of access for health data exist



Datasets often siloed and usage limited by strict constraints



Previous initiatives have failed to gain public trust

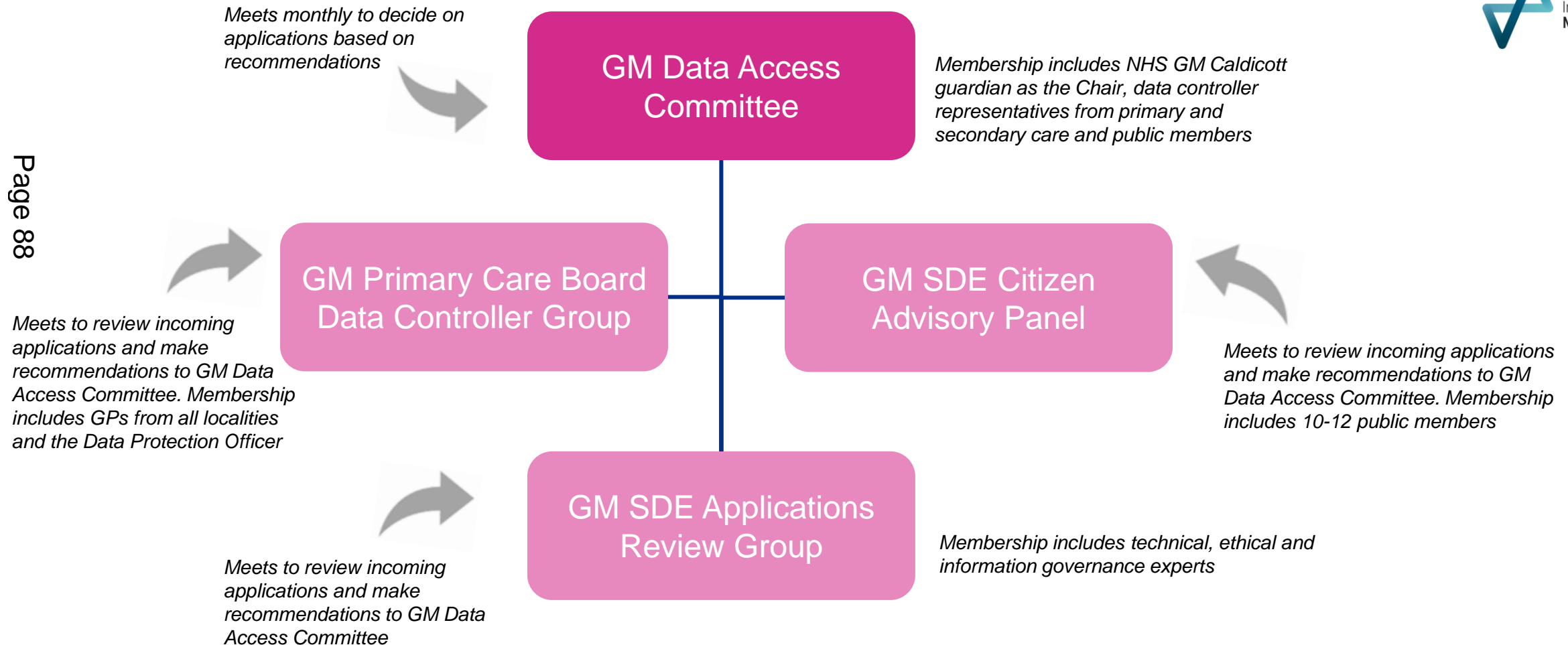


But...new technology now allows us to minimise data sharing risk

Secure Data Environments (SDEs) are highly secure computing environments that provide access to health data to use in health and care research. Utilising primary care and secondary care data from the GM Care Record, linked with other key datasets, we are developing the GM SDE for secondary uses and research, which will attract investment from life sciences and tech partners.

The GM SDE has several use cases including AI/Algorithm Development, Clinical Trial Activity, Real World Studies, Translational Research, Epidemiological Studies, and Health Systems Research.

Access to the GM Secure Data Environment depends on approval through GM data access governance, with public members critical to decision making



Greater Manchester Joint Health Scrutiny Committee

Date: 10 December 2024

Subject: Proposed Increased Scrutiny and Potential Pause of Procedures of Limited Clinical Value in Greater Manchester

Report of: Sara Roscoe, Associate Director of Strategic Commissioning, and Rob Bellingham, Chief Officer of Commissioning, NHS Greater Manchester

Purpose of Report

To set out the proposal for increased scrutiny and potential pause of procedures of limited clinical value in Greater Manchester. It also includes additional information on any engagement that is ongoing.

Recommendations:

The Joint Health Scrutiny Committee is requested to:

1. Note and comment on the report including the mitigations that are being put in place. A fuller update of actions taken will be presented to the January Committee.

Contact Officers

Sara Roscoe, Associate Director of Strategic Commissioning, NHS Greater Manchester, sara.roscoe@nhs.net

Report authors must identify which paragraph relating to the following issues:

Equalities Impact, Carbon and Sustainability Assessment:

A full equalities impact assessment is in progress in respect of this proposal.

Risk Management

This report is to support the risk management of this proposal, ensuring that JHSC has opportunities to review and comment on planned changes.

Legal Considerations

This report is part of the discharge of NHS Greater Manchester's legal duties to engage with scrutiny committees on to consult local authorities on substantial service changes that affect their population (Health and Social Care Act 2006, section 244 and the Local Authority Regulations 2013, section 21).

Financial Consequences – Revenue

This proposal seeks to ensure appropriate use of resource in Greater Manchester.

Financial Consequences – Capital

Not applicable

Number of attachments to the report: 0

Comments/recommendations from Overview & Scrutiny Committee

Not applicable

Background Papers

Not applicable

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

Overview and Scrutiny Committee

10th December 2024

1. Introduction/Background

This paper provides an overview of a proposal of NHS Greater Manchester in respect of closer scrutiny of procedures being undertaken which are deemed of limited clinical value.

NHS Greater Manchester purchase the majority of healthcare services on behalf of the local population, and we are required by law to operate within finite budgetary constraints. This means that we must prioritise resources and provide interventions with the greatest proven health gain.

Consequently, some referrals or interventions that patients may wish to receive, and which a clinician may wish to offer, cannot be funded. The intention is to ensure equity and fairness in respect of access to NHS funding and to ensure compliance with the NHS England Evidence Based Interventions, (EBI) Guidance. The Evidence-Based Interventions (EBI) Programme is a clinical initiative led by the Academy of Medical Royal Colleges (AoMRC) in partnership with NHS England, as well as NHS Clinical Commissioners and the National Institute for Health and Care Excellence.

The aim of the EBI Programme is to improve the quality of care being offered to patients by reducing unnecessary interventions and preventing avoidable harm. In addition, by only offering interventions on the NHS that are evidence-based and appropriate, the programme frees up resources that can be put to use elsewhere in the NHS. This is more important than ever to help support the NHS – and particularly elective care services – as we seek to address long waiting lists.

NHS GM has a series of commissioning statements aligned to the NHSE Evidence Based Interventions, (EBI) Programme, which include specific clinical criteria for undertaking these procedures. Activity and cost for these procedures however has increased significantly and continues to do so and it is not evident as to whether this is warranted.

2. Proposal

In order to undertake further due diligence and establish processes to ensure that these procedures are being undertaken in accordance with the NHS GM Commissioning statements, we are instigating a pause on all related activity as outlined in [appendix one](#).

There are a number of commissioning statements which are incorporated into GM transformation workstreams, and these will continue as planned and therefore the current commissioning statements remain unaffected. These can be found at [appendix two](#). For completeness, a list of procedures which are not routinely commissioned can be found at [appendix three](#).

For those patients who meet the exceptionality criteria within the commissioning statements and where there is a demonstration of clinical need, clinicians can seek approval to undertake these procedures. NHS GM is currently working through this process and issuing a comprehensive set of frequently asked questions (FAQs) prior to full implementation in mid December 2024.

This proposal will mean that for those patients who do not meet the exceptionality criteria of the evidence-based commissioning statements or where there is no evidence of clinical need, they will not receive the procedure. Where the procedure is performed outside the exceptionality criteria or approvals process, providers will do so at their risk and will not be funded.

3. Patient Communications and Engagement

NHS GM has developed patient facing communication which can be found [here](#) and includes a link to express their interest to participate in further patient engagement surrounding these procedures. This will inform the future arrangements surrounding the due diligence and processes from April 2025.

4. Recommendation

The Joint Health Scrutiny Committee is requested to:

1. Note and comment on the report including the mitigations that are being put in place. A fuller update of actions taken will be presented to the January Committee

Appendix 1

Commissioning statements that are impacted – instigating an immediate pause on any new referrals/activity

Policy Name	Link to policy statement
Ganglion Cyst Removal Adults only	GM Ganglion Cyst removal commissioning statement
Tonsillectomy Adults and Children	GM Tonsillectomy Commissioning Statement
Trophic Electrical Stimulation (TES) for Facial Palsy Adults and Children	GM TES for Facial Palsy Commissioning Statement
Circumcision for therapeutic reasons (Surgical procedures on the prepuce) Adults and Children	GM Circumcision Commissioning Statement
Common Benign Skin Lesions Adults and Children	GM Common Benign Skin Lesions Commissioning Statement
Dupuytren's Contracture Adults and Children	GM Dupuytren's Contracture Commissioning Statement

Facet Joint Injections (all levels) Adults and Children	GM Facet Joint Injections Commissioning Statement
Hyperhidrosis Adults and Children	GM Hyperhidrosis Commissioning Statement
Labiaplasty Adults and Children	GM Labiaplasty Commissioning Statement
Low back pain and sciatica (Assessment and management of in over 16s) Adults and Children	GM Low Back Pain Commissioning Statement
Sacroneuromodulation for Urinary Retention and Constipation Adults and Children	GM Sacroneuromodulation Commissioning Statement
Varicose Veins Adults and Children	GM Varicose Veins Commissioning Statement
Drainage of the middle ear, Surgical (with or without the insertion of grommets) Adults and Children	GM Drainage of the Middle Ear Commissioning Statement
Headache Disorders Adults	GM Headache Disorders Commissioning Statement

Out of contract spinal procedures Adults and Children	GM Out of Contract Spinal procedures Commissioning Statement
Carpal Tunnel Syndrome (Surgical Interventions for) Adults and Children	GM Carpal Tunnel Commissioning Statement
Trigger Finger (Surgical Correction of) Adults only	GM Trigger Finger Commissioning Statement
Dermatochalasis (Correction of) Adults and Children	GM Dermatochalasis Commissioning Statement
Pinnaplasty Children only	GM Pinnaplasty Commissioning Statement
Breast Surgery (Aesthetic) Adults and Children	GM Aesthetic Breast Surgery Commissioning Statement
Body Contouring – Apronectomy Adults only	GM Body Contouring Commissioning Statement
Rhinoplasty / Septoplasty / Septo-Rhinoplasty Adults and Children	GM Rhinoplasty Commissioning Statement

Tattoo Removal Adults and Children	GM Tattoo Removal Commissioning Statement
Common Benign Eyelid Lesions (Removal of) Adults and Children	GM Common Benign Eyelid Lesions Commissioning Statement
Haemorrhoids and anal skin tags (Surgical management (including banding) of) Adults and Children	GM Haemorrhoids Commissioning Statement
Repair of Split/Torn Earlobes Adults and Children	GM Repair of Split Torn Ear Lobes Commissioning Statement
Hernias (Surgical repair of) Adults only	GM Hernia Commissioning Statement
Laser Eye Surgery Adults and Children	GM Laser Eye Commissioning Statement
Squint Surgery (Surgical correction of adult Strabismus) Adults only	GM Strabismus Commissioning Statement
Asymptomatic Gallstones Adults and Children	GM Gallstone Commissioning Statement
Bunion (Hallux Valgus) Surgery Adults only	GM Bunion Surgery Commissioning Statement

Rhinosinusitis / Rhinitis / Sinusitis Adults and Children	GM Rhinosinusitis Commissioning Statement
Communication Aids Adults and Children	GM Communication Aids Commissioning Statement
Functional electrical Stimulation (FES) for foot drop Adults and Children	GM FES for Foot Drop Commissioning Statement
D&C and Hysterectomy for heavy menstrual bleeding Adults and Children	GM D&C and Hysterectomy for HMB Commissioning Statement

Appendix 2

Commissioning Statements subject to GM wide transformation – not currently affected by this letter

Policy Name	Link to policy statement
Assisted Conception (all areas) Adults and Children	GM Assisted Conception Commissioning Statement
Cataract Surgery Adults and Children	GM Cataract Surgery Commissioning Statement
Spinal Injections and related therapies Adults and Children	GM Spinal Injections Commissioning Statement
Knee Arthroscopy Adults only	GM Knee Arthroscopy Commissioning Statement
MRI scanning (Wide bore, open and open upright) Adults and Children	GM MRI Scanning Commissioning Statement
Continuous Glucose Monitoring (Real-Time) Adults and Children	GM Continuous Glucose Monitoring Commissioning Statement
Hip Replacement Adults only	GM Hip Replacement Commissioning Statement

Knee Replacement Adults only	GM Knee Replacement Commissioning Statement
Orthoses, bespoke orthoses & 24-hour posture management Adults and Children	GM Orthoses Commissioning Statement
Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing Adults and Children	GM Ultrasound and PES Commissioning Statement
Shoulder Impingement Adults and Children	GM Shoulder Impingement Commissioning Statement
Caesarean Section Adults and Children	GM Caesarean Section Commissioning Statement
Cough Assist Devices Adults and Children	GM Cough Assist Commissioning Statement
Tongue Tie Children only	GM Tongue Tie Commissioning Statement

Appendix 3

Commissioning Statements not routinely commissioned

Policy Name	Link to policy statement
Experimental and Unproven Treatments Adults and Children	GM Experimental and Unproven Treatments Commissioning Statement
Lycra Body Suits Adults and Children	GM Lycra Body Suits Commissioning Statement
Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing Adults and Children	GM ETS for Facial Blushing Commissioning Statement
Complementary and Alternative Therapies Adults and Children <i>Excluding Hypnotherapy as this is commissioned</i>	GM Complementary Therapies Commissioning Statement
Aesthetic surgery (other) – Adults only	GM Other Aesthetic Surgery Commissioning Statement
Electrolysis and Laser Hair Removal For Hirsutism Adults only	Electrolysis and Laser Hair Removal Commissioning Statement

<p>Hyaluronic Acid Injections for Osteoarthritis Adults and Children</p>	<p>GM Hyaluronic Acid Injections Commissioning Statement</p>
<p>Pelvic Vein Embolisation in the management of varicose veins Adults and Children</p>	<p>GM Pelvic Vein Embolisation Commissioning Statement</p>
<p>Surgical Revision of Scarring Adults and Children</p>	<p>GM Scarring Commissioning Statement</p>
<p>Skin Resurfacing Techniques Adults and Children</p>	<p>GM Skin Resurfacing Commissioning Statement</p>
<p>Snoring (Invasive treatments for) Adults and Children</p>	<p>GM Snoring Commissioning Statement</p>
<p>Hair Replacement Technologies for Alopecia Adults only</p>	<p>GM Hair Replacement Commissioning Statement</p>

This page is intentionally left blank

Greater Manchester Joint Health Scrutiny Committee

Date: 10 December 2024
Subject: Work Programme for the 2024/25 Municipal Year
Report of: Nicola Ward, Statutory Scrutiny Officer

Purpose of Report:

To assist Members in planning their work for the remaining municipal year, a draft Committee Work Programme is presented in Appendix 1. Please note that this is a dynamic document and will be updated regularly to reflect evolving priorities and emerging issues. The Committee will regularly review and revise the Work Programme to ensure its continued relevance and effectiveness in addressing community needs.

To further support Members' planning, the following additional information is provided:

- Appendix 2: Items for Potential Inclusion in the Work Programme
- Appendix 3: Items Previously Considered in 2024/25
- Appendix 4: Local Scrutiny Work Programme 2024/25, which provides an overview of local health scrutiny activities planned for the year, provided in response to Member requests for alignment with the Committee's Work Programme.

Members are encouraged to provide feedback and suggestions on the draft Work Programme.

Recommendation:

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

Contact Officers:

Nicola Ward, Statutory Scrutiny Officer, GMCA

nicola.ward@greatermanchester-ca.gov.uk

Jenny Hollamby, Senior Governance and Scrutiny Officer, GMCA

jenny.hollamby@greatermanchester-ca.gov.uk

This page is intentionally left blank

Greater Manchester Joint Health Scrutiny - Work Programme (November 2024 to June 2025)

<p>JANUARY 21.1.25</p>	<p>Reconfiguration Progress Report and Forward Look – Monthly Item</p> <p>Workforce Engagement Initiatives and Sustainability Plan</p>	<ul style="list-style-type: none"> • Claire Connor, Director Communications & Engagement, NHS GM • Janet Wilkinson, Chief People Officer, NHS GM • Anna Cooper-Shepherd Head of Strategy and Business for the Chief People Office, NHS GM 	<p>NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.</p> <p>An overview of the NHS GM workforce engagement initiatives and sustainability plan, highlighting key strategies, achievements, and challenges. The aim of the report is to inform the Committee of the progress made in addressing workforce-related issues and ensuring the long-term viability of healthcare services.</p>
----------------------------	--	--	--

	Children's Attention Deficit Hyperactivity Disorder (ADHD)	<ul style="list-style-type: none">Claire Connor, Director Communications & Engagement, NHS GM	There are currently long waiting times for children's ADHD diagnosis services. Engagement is currently being planned to understand the current experience of the service and the needs of the people who use it. It is launched on 2.10.24 and will run for 8 weeks.
--	--	---	--

<p>FEBRUARY 18.2.25</p>	<p>Reconfiguration Progress Report and Forward Look – Monthly Item</p> <p>Diabetes structured education Engagement</p> <p>GP Access</p>	<ul style="list-style-type: none"> • Claire Connor, Director Communications & Engagement, NHS GM • Claire Connor, Director Communications & Engagement, NHS GM • Ben Squires, Head of Primary Care Operations, NHS GM 	<p>NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.</p> <p>The offer and uptake of diabetes structured education varies across localities. This project is looking at whether there is the potential to create a standardised offer.</p> <p>Suggested by Committee on 15.10.24.</p>
-----------------------------	---	--	--

<p>MARCH 18.3.25</p>	<p>Reconfiguration Progress Report and Forward Look – Monthly Item</p> <p>Specialist weight management Engagement followed by possible consultation</p> <p>Elective Care Wait Times</p>	<ul style="list-style-type: none"> • Claire Connor, Director Communications & Engagement, NHS GM • Claire Connor, Associate Director, NHS GM <p>Dan Gordon, Programme Director, Elective Recovery & Reform, NHS GM</p>	<p>NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.</p> <p>The tier 3 specialist weight management service supports people living with very high BMIs. There are currently different service levels across Greater Manchester.</p> <p>Early engagement has begun which is due to continue into October – November 2024.</p> <p>NICE guidance is also due out in spring 2024 that may influence this work, so at this time, the engagement is focusing on areas with the least access and specific socio-demographic target groups.</p> <p>Suggested by Committee on 15.10.24.</p>
--------------------------	---	--	--

Items for Potential Inclusion in the Work Programme

Ref	Item	Suggested	Lead
1.	Fit for the Future (Live in June 2024)	<ul style="list-style-type: none"> Informal briefing 13.08.24 plus regular updates in monthly report 	Claire Connor, Director Communications & Engagement, NHS GM
2.	Regular updates on the Sustainability Plan and local Sustainability Plans	<ul style="list-style-type: none"> Suggested by Committee on 15.10.24 	Paul Lynch, Director of Strategy & Planning, NHS GM. December 2024 localities to have developed their plan
3.	Dentistry	<ul style="list-style-type: none"> Suggested by Committee on 15.10.24 	Ben Squires, Head of Primary Care Operations, NHS GM
4.	Co-occurring Conditions	<ul style="list-style-type: none"> Mark Knight, Strategic Lead for Substance Misuse, GMCA 	Co-occurring conditions often lead to more complex and severe health outcomes, requiring integrated and coordinated care approaches. By understanding the interplay between these conditions, the Committee can advocate for policies and services that address the holistic needs of individuals and improve overall health outcomes.

5.	Specialised Commissioning Cardiac and Arterial Vascular Surgery	<ul style="list-style-type: none"> • Louise Sinnott, Head of Place Based Commissioning. NHS GM • Lee Hey, Director of Strategy - Manchester University NHS Foundation Trust 	<p>The pathway of a very small number of patients who need urgent specialist cardiac or arterial vascular surgery is being reviewed. This covers patients who use hospitals provided by the Northern Carre Alliance. Patients may end up at a different location following the service review. Engagement is currently being undertaken.</p> <p>To be considered Winter 2025 (TBC)</p>
6.	Reducing the harm caused by harmful products	<ul style="list-style-type: none"> • Jane Pilkington, Director of Population Health, NHS GM and Lynne Donkin, Director of Public Health, Bolton Council. 	<p>To provide a comprehensive overview of the current state of harmful product consumption in Greater Manchester and outline strategies to mitigate their detrimental health effects.</p>

7.	The safety of women and girls when accessing exercise and active travel opportunities be a key theme at a future meeting (Now a Task & Finish Group)	<ul style="list-style-type: none"> Jane Pilkington, Director of Population Health at NHS GM 	Report to explore the safety concerns faced by women and girls when participating in exercise and active travel activities in Greater Manchester. The report identifies key challenges, assesses the impact on physical and mental health, and proposes strategies to enhance their safety and promote inclusivity.
8.	Children's Autism Engagement	<ul style="list-style-type: none"> Claire Connor, Associate Director, NHS GM 	Children's autism service pathways are being reviewed.
9.	NW Women & Children's Transformation Programme Engagement followed by possible consultation	<ul style="list-style-type: none"> TBC 	Options appraisal being prepared. The NW Women & Children's Transformation programme aimed to translate several national reviews and associated standards related to Neonatal Critical Care; Paediatric Critical Care; Surgery in Children; and Children and Young People with cancer into an operational plan for the Northwest. NB: The Northwest footprint for this work, scrutiny arrangements are to be agreed.

Items Previously Considered in 2024/25

Date	Item	Lead	Ask of scrutiny
15.10.24	<p>Reconfiguration Progress Report and Forward Look – Monthly Item</p> <p>Obesity Prevention</p> <p>NHS Greater Manchester Chief Executive’s Update</p>	<ul style="list-style-type: none"> • Claire Connor, Director Communications & Engagement, NHS GM • Jane Pilkington, Director of Population Health, NHS GM • Mark Fisher, Chief Executive, NHS GM 	<p>NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.</p> <p>To provide the Greater Manchester approach and coordination and to understand what is being done across Greater Manchester to prevent obesity and any learning that could be shared from the programme in Salford. Representatives from the grass roots programme in Salford and lead Greater Manchester colleagues on obesity prevention to be invited.</p>

16.7.24	Reconfiguration Progress Report and Forward Look – Monthly Item	<ul style="list-style-type: none"> • Claire Connor, Director Communications & Engagement, NHS GM 	NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.
	Attention Deficit Hyperactivity Disorder (ADHD) Adult Service Reconfiguration	<ul style="list-style-type: none"> • Claire Connor, Director Communications & Engagement, NHS GM 	To update the Joint Health Scrutiny Committee on NHS Greater Manchester’s review of adult ADHD services focusing on addressing unmet need, and for public involvement in support of this work.
	In Vitro Fertilisation (IVF) Cycles Eligibility Reconfiguration	<ul style="list-style-type: none"> • Claire Connor, Director Communications & Engagement, NHS GM • Harry Golby, SRO and Director of Delivery and Transformation (Salford) • Mark Drury, Head of Engagement, Inclusion and Insight, NHS GM 	To provide an overview and update.

Date	Item	Lead	Ask of scrutiny
DECEMBER 10.12.24	Reconfiguration Progress Report and Forward Look – Monthly Item Development of Digital Solutions Updates on the ICP Recovery Plan and the Joint Forward Plan (including the subsequent steps in the Leadership and Governance Review)	<ul style="list-style-type: none"> <li data-bbox="909 196 1379 347">• Claire Connor, Director Communications & Engagement, NHS GM <li data-bbox="909 531 1379 683">• Gareth Thomas, Lead Digital Transformation, Health Innovation Manchester <li data-bbox="909 866 1379 1018">• Sir Richard Leese, Chair NHS GM, Integrated Care Board 	<p data-bbox="1402 196 2029 507">NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.</p> <p data-bbox="1402 531 2029 842">Development of Digital Solutions (including the public facing version of the digital strategy). Aimed at improving patient care, enhancing efficiency, and supporting the long-term sustainability of the healthcare system.</p> <p data-bbox="1402 866 2029 1121">To provide updates on the ICP Recovery Plan and the Joint Forward Plan (including the subsequent steps in the Leadership and Governance Review) following his visit to the meeting on 13.9.23.</p>

	<p>Procedures of Limited Clinical Value</p>	<ul style="list-style-type: none"> • Associate Director – Strategic Commissioning NHS GM Integrated Care 	<p>Procedures of limited clinical value are medical procedures that the evidence shows will not have a positive impact on most people. Therefore, they are only recommended in certain circumstances. The treatments have been temporarily paused (with exceptions at clinician request) whilst a review is undertaken with engagement planned to support the review.</p>
--	---	---	---

This page is intentionally left blank

	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
July 24	No meeting	<ul style="list-style-type: none"> Health & Care Update Elective Care Waiting Times Health Inequalities Update Compliments & Complaints Report 	<ul style="list-style-type: none"> Health Care Led Regeneration Manchester NHS Foundation Trust Service Developments A new Our Manchester Strategy 	<ul style="list-style-type: none"> Care Home Market Public Health Annual Report Health & Wellbeing Board Strategy Update 	<ul style="list-style-type: none"> Your Trust Performance Update Q1 HMR Patient Participation Review Report Enhanced Care Home Model Overview Adult, Children & Public Health Directorate Plans 2024-25 	<ul style="list-style-type: none"> Development Session – Work Programme Planning 2024/25 	<ul style="list-style-type: none"> Health & Adult Social Care Portfolio Performance & Resources Report 2023/24 Portfolio Performance & Resources – Draft Portfolio Agreement 2024/25 Adult Social Care Operational Pressures, Risks & Escalation Protocols 	<ul style="list-style-type: none"> Audit Social Care Performance Update Health Inequalities in Tameside & Tackling Substance Misue & Alcohol Harm Substance Misuse Scrutiny Review 	<ul style="list-style-type: none"> Access to GPs – Practice Management Adult Social Care Budget & Digitisation CQC Inspection Update Dental Update 	<ul style="list-style-type: none"> CQC Assurance Framework Smoke Free Wigan
August 24	<ul style="list-style-type: none"> Locality Partnership Working Overview (Locality Plan & Partnership Working, Elective Care & Urgent Care) 	No meeting	No meeting	No meeting	No meeting	No meeting	<ul style="list-style-type: none"> Scrutiny of the Estates Situation at Stepping Hill Hospital & the impact on Patients, Staff & the Trust's ability to deliver services. 	No meeting	No meeting	No meeting

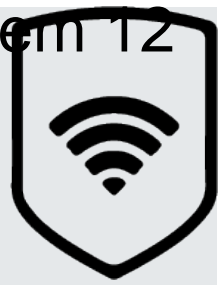
	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
Sept 24	No meeting	<ul style="list-style-type: none"> • Healthwatch Update • Women's Health Update • Workforce Update • Health Inequalities Report 	<ul style="list-style-type: none"> • Managing Long Term Conditions • Community Health Transformation Programme • Planning for Winter 2024/25 across Health & Care 	No meeting	<ul style="list-style-type: none"> • Children's Services Improvement Plan Update • Integrated Care System in Rochdale • Living Well in Heywood, Middleton & Rochdale • Annual SEND Complaints Report • Adults' Social Care Annual Complaints Report 2023/24 • Children's Social Care Complaints Report 2023/24 • Local Government & Social Care Ombudsman Joint Handling Code 	<ul style="list-style-type: none"> • Mental Health Update • GMMH Improvement Programme Update • Salford Integrated Care Partnership – Finance Report • Partner Updates 	<ul style="list-style-type: none"> • Director of Public Health Annual Report • Working in Partnership Action Plan 	<ul style="list-style-type: none"> • Health & Social Care Tameside Locality Governance • Carers Strategy 	<ul style="list-style-type: none"> • Mental Health Trust – Improvement Journey Update • Urgent Care Review 	<ul style="list-style-type: none"> • Armed Forces Work Plan • General Practice Quality Improvement • Quality Priorities in Wigan 2024-2025

	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
October 24	<ul style="list-style-type: none"> • Public Health Annual Report & JSNA • Primary Care including Dentistry & Pharmacy • Immunisations • Smoke Free Lives 	No meeting	<ul style="list-style-type: none"> • Making Manchester Fairer • Adverse Childhood Experiences & Trauma Informed Practice • A new Our Manchester Strategy 	<ul style="list-style-type: none"> • Turning Point Annual Report & Update • Adult Integrated Substance Misuse Treatment & Recovery in Oldham • 2024/25 Quarter 1 Corporate Performance Report • Adult Social Care-Overview of Oldham's Care Market 	<ul style="list-style-type: none"> • Immunisation Programme • Youth Vaping • Joint Targeted Area Inspection of Rochdale Borough Safeguarding Children's Partnership • Yearly Report 2023/24 of Rochdale Borough Safeguarding Children Partnership • Rochdale Borough Safeguarding Adults Board Review & Re-launch • Adult, Children & Public Health & Communities Directorate Plans 2024/25 Q2 Performance Update 	<ul style="list-style-type: none"> • CQC Adult Social Care Readiness • Health Improvement Service at 20 • Partner Updates 	<ul style="list-style-type: none"> • Healthwatch Stockport Annual Report 2023/24 • Day Opportunities Framework – Adults • Age Friendly Action Plan • LGA Peer Review Feedback & Action Plan 	No meeting	No meeting	No meeting

	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
November 24	No meeting	<ul style="list-style-type: none"> Urgent Care & Winter Preparedness Adult Social Care Provider Workforce Support 	<ul style="list-style-type: none"> Budget Reports Suicide Prevention Drug & Alcohol Services 	<ul style="list-style-type: none"> Corporate Performance Report Q2 2024/25 Overview of Oldham's Care Market Health Inequalities Plan Update 	No meeting	<ul style="list-style-type: none"> Public Health Annual Report NCA Update – Urgent & Emergency Care Salford Locality Plan Refresh Partner Updates 	<ul style="list-style-type: none"> Responding to our Medium-Term Financial Plan 2024/25 Mid-Year (Q2) Portfolio Performance & Resources Report: Health & Adult Social Care 	<ul style="list-style-type: none"> Health Care Tameside Locality Performance Data Adult Workforce Health Inequalities – Health Improvement & Prevention Corporate Performance Reports – Adults & Public Health – Quarter 2 2024/25 Substance Misuse Scrutiny Review Scoping Report 	<ul style="list-style-type: none"> Council Staff Health & Wellbeing Blue Badge Digitisation GM ICP Update 	<ul style="list-style-type: none"> Back to the Future Transformation Programme Healthwatch Mental Health Project
December 24	<ul style="list-style-type: none"> Market Sustainability including Homecare Adult Social Care Performance & Transformation Safeguarding Board Annual Report 	No meeting	<ul style="list-style-type: none"> Dementia Strategy Extra Care Developments 	No meeting	No meeting	<ul style="list-style-type: none"> Sexual Health Update Healthy Eating – Food Update Salford Integrated Care Partnership 0 Finance Report Partner Updates 	No meeting	No meeting	No meeting	No meeting

	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
January 25	<ul style="list-style-type: none"> • Mental Health including OAPs & Community Transformation • Mental Wellbeing & Suicide Prevention • Learning Disabilities & Neurodiversity 	<ul style="list-style-type: none"> • Infection Control/Health Protection & Vaccinations • CQC Update on Preparedness • Healthwatch CAHMS Update • Review of Locality Plan 	<ul style="list-style-type: none"> • End of Life/Palliative Care Update • GM Integrated Care Board Update 	<ul style="list-style-type: none"> • CQC Assessment 	<ul style="list-style-type: none"> • Ofsted Inspection Report of Children's Services & Improvement Plan Update • Rochdale Pop Up Birthing Suite • SEN Provision in Mainstream Schools • Safeguarding Children's Partnership Annual Report • Q1 & Q2 Corporate Compliments & Complaints Report 	No meeting	<ul style="list-style-type: none"> • Cabinet Response: Responding to the Medium-Term Financial Plan 	No Items available as yet	No Items available as yet	<ul style="list-style-type: none"> • Adult Health & Social Care Quarterly Performance (Q1 & Q2) • Annual Customer Feedback Report
February 25	No meeting	No meeting	<ul style="list-style-type: none"> • Budget Reports • Implementation of Winter Plans 2024/25 	No meeting	No meeting	<ul style="list-style-type: none"> • Sexual Health Update • NCA Update – Urgent & Emergency Care • Partner Updates 	No meeting	No meeting	No meeting	No meeting

	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
March 25	<ul style="list-style-type: none"> • Short Term Care including Intermediate Care, Respite & End of life • Community Transformation • Bolton Cares Annual Update 	<ul style="list-style-type: none"> • Alternative Access to Health Advice • Elective Care • Loneliness & Social Isolation 	<ul style="list-style-type: none"> • Public Health Annual Report • Update on Sexual Health Services 	No items available as yet	<ul style="list-style-type: none"> • Ofsted Inspection Report of Children's Services & Improvement Plan Update • Your Trust Performance Report • Implementation of Family Hubs Programme alongside the Neighbourhood Model • GP Appointments 	<ul style="list-style-type: none"> • Salford Integrated Care Partnership – Finance Report • Partner Updates 	No Items available yet	No meeting	<ul style="list-style-type: none"> • Mental Health • Dental Health • GM Integrated Care Partnership Update 	<ul style="list-style-type: none"> • Public Health Annual Report



GovWifi is a new guest wireless service which is designed to work across many public sector locations. GMCA has decided to adopt the service which will provide an improved Guest wireless service across all GMFRS and GMCA locations.

Registering with GovWifi

To use the service you need to register for an account.

You can do this by sending a blank email to signup@wifi.service.gov.uk using a .gov email address or anyone can text 'Go' to **07537 417 417**.

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

Connecting to GovWifi

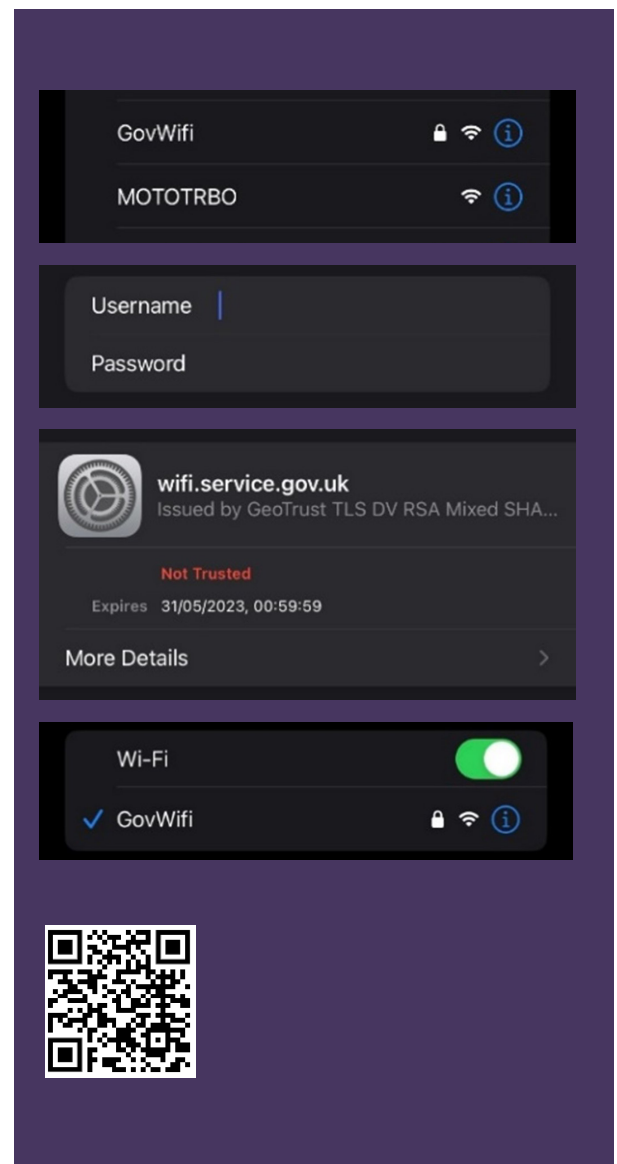
After you have received your username and password open your Wifi settings menu to select the GovWifi option.

Enter the username and password you were sent during registration.

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

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

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



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

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

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

The GovWifi Terms of Service can be found here:



This page is intentionally left blank

Joint Health Scrutiny Glossary of Terms

Acronym	Meaning
ADHD	Attention Deficit Hyperactivity Disorder is a neurodevelopmental disorder that affects attention, behaviour, and impulsivity. Individuals with ADHD often have difficulty paying attention, staying organised, and controlling impulses.
ADSP	Advanced Data Science Platform
AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
Big Conversation	Is a public engagement initiative in Greater Manchester, aimed at shaping the future of health and care services in the region. It is a collaborative effort between the NHS, local councils, community groups, and residents to gather feedback and insights on how to improve the health and well-being of the population
BMI	Body mass index is a measure of body fat based on height and weight. It is calculated by dividing your weight in kilograms by the square of your height in meters.
ASD	Autism Spectrum Disorder is a complex neurodevelopmental condition that affects a person's communication, behaviour, and social interaction. It is a spectrum disorder, meaning its symptoms can vary widely from person to person.
Covid-19 Pandemic	(Coronavirus Disease 2019) is a contagious disease caused by the SARS-CoV-2 virus. It first emerged in Wuhan, China, in late 2019 and quickly spread worldwide, leading to a global pandemic.

CQC	Quality Care Commission is an independent regulator of health and social care services in England. It is responsible for ensuring that these services are safe, effective, compassionate, and high quality.
GM	Greater Manchester
GM AHSN	Greater Manchester Academic Health and Science Network
CVD Prevention	Cardiovascular Disease Prevention
Diabetes	Is a chronic condition that affects how your body processes glucose, a type of sugar.
Fast-Track Cities	Mayors and other elected leaders have joined forces with public health officials, clinical and service providers, and affected communities in 300+ cities and municipalities to action the Paris Declaration on Fast-Track Cities.
GMCA	Greater Manchester Combined Authority
GM ICP	Greater Manchester Integrated Care Partnership
GM IPC Strategy	Is a comprehensive plan outlining the vision and goals for improving health and care services in Greater Manchester. It sets out how the Greater Manchester Integrated Care Partnership intends to work together to address the health needs of the 2.8 million residents of the region.
HPV	Human papillomavirus
NIHR	The National Institute for Health and Care Research
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus

HIV Action Plan 2021	The UK Government released Towards Zero: the HIV Action Plan for England in 2021, setting out its priorities to end new HIV transmissions between 2022 and 2025. The plan came with £20 million of funding over three years (2022 to 2025) to expand HIV opt out testing in emergency departments.
ICB	Integrated Care Board
ICS	Integrated Care System
JHS	Joint Health Scrutiny
Lived Experience	Refers to the personal experiences and perspectives of individuals who have directly encountered a particular situation or condition.
LGBTQ+	Lesbian, Gay, Bi, Trans, Queer, Questioning and Ace
LTC	Long Term Condition
MAHSC	Manchester Academic Health Science Centre
Mpox	Formerly known as monkeypox is a rare disease caused by infection with the Mpox virus.
NHSE	NHS England
NHS England Service Reconfiguration Gateway	Is a platform or process used by NHS England to manage and oversee changes to healthcare services within the NHS in England. Its purpose is to ensure that any proposed changes to services are aligned with the NHS's strategic objectives, are evidence-based, and will improve the quality and efficiency of care.
NICE	The National Institute for Health and Care Excellence (NICE) is an independent organisation in the United Kingdom that provides evidence-based guidance and advice on health and social care.
O&S	Overview & Scrutiny
PISA	Programme for International Student Assessment

Secretary of State for Health and Care	Is responsible for the work of the Department of Health and Social Care, including: overall financial control and oversight of NHS delivery and performance. oversight of social care policy.
STIs	Sexually Transmitted Infections
Specialist Weight Management Service	A healthcare program designed to provide comprehensive support for individuals looking to lose weight and improve their overall health.
UNAIDS	A high-profile, high-level political advocacy drive to accelerate actions and investments to prevent HIV.
Cardiac and Arterial Vascular Surgery	A surgical specialty that focuses on treating conditions related to the heart, arteries, and veins. It involves surgical procedures to repair or replace damaged blood vessels and address heart problems.
VCFSE	The voluntary, community, faith, and social enterprise sector