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GMCA GREATER MANCHESTER COMBINED AUTHORITY

# GREATER MANCHESTER

# JOINT HEALTH SCRUTINY COMMITTEE

**DATE:** **Tuesday 21 January 2025**

**TIME:** **10.00 am**

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

## AGENDA

**1.** **Welcome and Apologies**

**2.** **Declarations of Interest** 1 - 8

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.

**3.** **Minutes of the last meeting held on 10 December 2024** 9 - 30

To consider approval of the minutes of the last meeting held on 10 December 2024.

| | | | | |
|---|---|---|---|---|
| **BOLTON** | **MANCHESTER** | **ROCHDALE** | **STOCKPORT** | **TRAFFORD** |
| **BURY** | **OLDHAM** | **SALFORD** | **TAMESIDE** | **WIGAN** |

Please note that this meeting will be livestreamed via www.greatermanchester-ca.gov.uk, please speak to a Governance Officer before the meeting should you not wish to consent to being included in this recording.

**4.** **Update on Procedures of Limited Clinical Value in Greater Manchester and Plan for Engagement** 31 - 64

Presented by Rob Bellingham, Chief Officer of Commissioning, Sara Roscoe, Associate Director of Strategic Commissioning, and Claire Connor, Director of Communications and Engagement, NHS Greater Manchester.

**5.** **Supporting our Workforce: An update from NHS Greater Manchester** 65 - 96

Presented by Janet Wilkinson, Chief People Officer, NHS Greater Manchester.

**6.** **Reconfiguration Progress Report and Forward Look** 97 - 104

Presented by Claire Connor, Director Communications and Engagement, NHS Greater Manchester.

**7.** **Work Programme for the 2024/25 Municipal Year** 105 - 116

Presented by Nicola Ward, Statutory Scrutiny Officer, GMCA.

**8.** **Date and Time of Next Meeting**

Tuesday 18 February 2025 at 10.00 am, GMCA.

## For Information

**9.** **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 and Decisions dated 20 November 2024

**10. GovWifi Instructions** 117 - 118

**11. Glossary of Terms** 119 - 122

| **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 Charlotte Martin | 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 13 December 2025 on behalf of Julie Connor, Secretary to the Greater Manchester Combined Authority, Broadhurst House, 56 Oxford Street, Manchester M1 6EU

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## Declaration of Councillors' Interests in Items Appearing on the Agenda

**Name and Date of Committee:** _____

| Agenda Item Number | Type of Interest - PERSONAL AND NON PREJUDICIAL Reason for declaration of interest | NON PREJUDICIAL Reason for declaration of interest Type of Interest – PREJUDICIAL Reason for declaration of interest | Type of Interest – DISCLOSABLE PECUNIARY INTEREST Reason for declaration of interest |
|---|---|---|---|
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| | | | |
| | | | |

Please see overleaf for a quick guide to declaring 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.

**SHORT GUIDE**

**GMCA CODE OF CONDUCT FOR MEMBERS**

## 1. WHO

Mandatory for

The Mayor
Members of GMCA
Substitute Members of GMCA
Voting Co-opted Members of GMCA's committees
Appointed Members of Joint Committees

Voluntary for

Non-voting Co-opted Members of GMCA's committees
Elected members from GM districts when they represent GMCA

## 2. WHEN

Acting in your official capacity, and

In meetings of:

- GMCA; or
- GMCA's Committees or Sub-Committees, Joint Committees or Joint Sub-Committees

## 3. CONDUCT

**General Principles**

Selflessness: the public interest not personal gain
Integrity: avoid undue influences
Objectivity: decisions made on merit

Accountability: scrutiny is the norm

Openness: transparent decisions with reasons

Honesty: declare interests and avoid conflicts

Leadership: lead by example.

**DO NOT**

- Unlawfully discriminate
- Bully or be abusive
- Intimidate a complainant, a witness, or an investigator under the Code of Conduct
- Compromise the impartiality of GMCA's officers
- Disclose confidential information without authority
- Deny lawful access to information
- Bring GMCA into disrepute
- Abuse your position
- Use GMCA's resources improperly

**DO**

- Pay due regard to the advice of the Treasurer and Monitoring Officer
- Register your interests
- Declare your interests

**INTERESTS**

**A. Pecuniary interests (you, your spouse or your partner)**

**Register within 28 days**

- Employment or other paid office
- Sponsorship – payment in respect of expenses as a Member of GMCA, or election expenses.
- Contracts – between you/your partner (or a body in which you or your partner has a beneficial interest) and GMCA:

- Land you have an interest in within Greater Manchester
- Corporate Tenancies – where GMCA is the landlord you/your partner (or a body in which you or your partner has a beneficial interest) is the tenant
- Securities – you have a beneficial interest in securities of a body which has a place of business or land in the area of the GMCA

**Do not speak or vote at a meeting on a matter in which you have a disclosable pecuniary interest**

**Disclose the interest at the meeting**

**Withdraw from the meeting**

**It is a criminal offence to fail to register disclosable pecuniary interests and to participate in any discussion or vote on a matter in which you have a disclosable pecuniary interest.**

**B. Other Interests**

**Personal Interests**

You have a personal interest -

- If your well-being or financial position would be affected (i.e. more so than other ratepayers)
- If the well-being or financial position of somebody close to you would be affected or the organisations in which they are employed
- If the well-being or financial position of body referred to below would be affected

  - A body of which you are in a position of general control or management and to which you are appointed or nominated by GMCA;
  - A body of which you are in a position of general control or management which
    i. exercises functions of a public nature;

ii. is directed to charitable purposes; or

iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union),

- the interests of any person from whom you have received a gift or hospitality with an estimated value of at least £100.

**Disclose the interest at the meeting**

**You may speak and vote**

**C Prejudicial Interests**

You have a prejudicial interest -

Where your personal interest is one which a member of the public would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest and it:

- affects your financial position (or those persons or bodies referred to in section B above); or
- relates to the determining of any approval, consent, licence, permission or registration

**Do not speak or vote at a meeting on a matter in which you have a prejudicial interest**

**Disclose the interest at the meeting**

**Withdraw from the meeting**

**Minutes of the Meeting of the Greater Manchester**
**Joint Health Scrutiny Committee held on 10 December 2024**
**GMCA, Boardroom, 56 Oxford Street, Manchester M1 6EU**

**Present:**

| | |
|---|---|
| Councillor David Sedgwick | Stockport Council (Chair) |
| Councillor Jackie Schofield | Bolton Council |
| Councillor Elizabeth FitzGerald | Bury Council |
| Councillor Eddie Moores | Manchester City Council |
| Councillor Peter Joinson | Rochdale Council |
| Councillor Irfan Syed | Salford City Council |
| Councillor George Devlin | Trafford Council |
| Councillor Ron Conway | Wigan Council |

**Officers in Attendance:**

| | |
|---|---|
| Sir Richard Leese | Chair, NHS Greater Manchester Integrated Care Board (ICB) |
| Warren Heppolette | Chief Officer for Strategy & Innovation NHS Greater Manchester Integrated Care (NHSGM) |
| Claire Connor | Director Communications & Engagement, NHSGM |
| Gareth Robinson | Interim Chief Officer, System Improvement, NHSGM |
| Sara Roscoe | Associate Director – Strategic Commissioning, NHSGM |
| Gareth Thomas | Digital Innovation Director, NHSGM and Health Innovation Manchester |
| Sylvia Welsh | Head of Governance and Scrutiny, GMCA |
| Jenny Hollamby | Senior Governance & Scrutiny Officer, GMCA |

**JHSC/73/24 Welcome & Apologies**

Apologies for absence were received and noted from, Councillor Linda Grooby, Councillor Zahid Hussain, and Councillor Charlotte Martin.

**JHS/74/24 Chair's Announcements and Urgent Business**

The Chair informed the Committee that Councillor Charlotte Martin had been appointed to the Committee by Tameside Council, to replace Councillor Naila Sharif, who was thanked for her valuable contributions. Additionally, Councillor Shibley Alam had been appointed as a Substitute Member for Tameside.

Councillor Elizabeth Fitzgerald, provided the Committee with an update on the progress of work being undertaken by the Joint Task and Finish Group on Women and Girls and Gender Based Violence. The Group, which also included Members from the GMCAs Joint Overview & Scrutiny Committee and the Police, Fire and Crime Panel, had held two meetings to date. A presentation from the Safer and Stronger Communities Directorate provided background information, resulting in the Task and Finish Group agreeing to focus on the topic of transport and travel. The Group also reviewed videos of lived experiences and agreed to gather further information at locations such as train stations and public transport hubs.

**RESOLVED/-**

That the progress of work be noted and that the Committee be provided with regular updates from the Women and Girls and Gender Based Violence Task and Finish Group.

**JHSC/75/24 Declarations of Interest**

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

**JHSC/76/24 Minutes of the Meeting held on 15 October 2024**

**RESOLVED/-**

That the minutes of the meeting held on 15 October 2024 be approved as a correct record.

**JHSC/77/24 Update on the NHSGM Single Improvement Plan (SIP)**

Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care Board (ICB), introduced a report, which provided an update on the development of the NHSGM SIP and progress to date against its delivery.

The Committee was informed that NHSMG had been issued with enforcement undertakings by NHS England in July 2024, which outlined specific areas where improvements were required, with work already initiated work to address these issues, together with the development of the SIP to guide the system-wide changes necessary to meet the requirements of the undertakings and exit the enforcement process.

The SIP was structured around four key programme pillars, which were aligned with the four core areas identified in the undertakings. While finance and emergency care identified as priorities, addressing mental health challenges was also identified as a significant focus.

It was emphasised that the SIP was not standalone process, the suite of plans (2024/25 Operational Plan, Sustainability Plan, Joint Forward Plan, and ICP Strategy), were all inter-related to ensure the delivery of the overarching 5-Year Strategy and national NHS objectives.

Financial constraints remained a significant challenge. However, it was still a priority for NHSGM  to meeting the financial targets set by NHS England. Given the predicted severe winter, emergency care was identified as the most pressing issue. Members were assured that NHSGM had taken steps to prepare for these challenges.

Members were directed to paragraph 2.2 of the report, which outlined progress against the SIP. While the NHSGM System Improvement Board noted substantial progress had been made across the four key pillars, it was acknowledged that the majority of the work was still ongoing. There also were areas where NHSGM was slightly behind schedule. However, the delays were not significant and progress would continue

In terms of governance improvements, the oversight framework, covering both provider trusts and localities, established by NHSGM was deemed exemplary by NHS England, demonstrating a strong commitment to effective governance and accountability.

A Member acknowledged the SIP set ambitious goals for leadership, financial planning, and service quality. Officers were asked to elaborate on the governance mechanisms to ensure the improvements were sustainable and accessible to all. The Member also asked for examples of how early indicators of success, such as those related to leadership development and financial planning, were being tracked and communicated to the public. The Committee was advised that , NHSGM had strengthened leadership, implemented a robust oversight framework, and prioritised health inequalities. An example of this the work undertaken to address the low take up of statins, which could help reduce the risk of heart disease and stroke in areas with high levels of deprivation.

The Member expressed concern about the use of the term ‘failings’, and suggested that while improvements were needed, NHSGM was actively working to enhance healthcare services.

The Director of Communications and Engagement, NHSGM, explained that in terms of engagement, NHSGM was actively engaging the public through its Fit for the Future Programme. This programme, driven by NHSGM's improvement plans, addressed financial challenges, performance issues, and health inequalities. Thousands of residents across Greater Manchester were engaged, with NHSGM working closely with Local Authorities (LA), Voluntary, Community, Faith and Social Enterprise (VCSFE) organisations, and Healthwatches, to reach underserved communities. The programmes third and final phase, focuses on health inequalities, and was set to be launched in the new year. While Fit for the Future would conclude as a formal programme, NHSGM would continue the discussion and evolve its approach to address ongoing challenges and opportunities. The Fit for the Future Programme would also be used as NHSGMs contribution to the Government's 10-year plan.

A Member raised the role of staffing within the SIP and asked if it would be addressed specifically or be integrated into the broader financial and operational planning. Officers were also requested to explain how the SIP would ensure adequate staffing levels to deliver quality care. The Committee was advised that staffing was a key component of SIP and improvement work was close to completion. Whilst it was a complex issue requiring long-term solutions, the SIP outlined strategies to address workforce challenges, including increased training and collaboration with universities. However, it was important to recognise that developing a skilled and specialised workforce, was a significant undertaking that might take several years.

A Member raised concern about the discrepancy between the perceived performance of NHSGM, with the suggestion that the severity of issues, including waiting lists and population health had not been adequately communicated to the Committee. The Member requested clearer and more detailed reporting, suggesting the use of benchmarking data and qualitative analysis. To enable effective Committee scrutiny and support, transparent and accessible information was

important. Officers highlighted that significant progress had been made, and performance data was regularly reported and was publicly available. It was acknowledged that some of the current metrics used had limitations. Going forward more comprehensive set of metrics would be used , providing a broader view of health in the region. Every effort was being made to provide a complete picture.

Gareth Robinson, Interim Chief Officer, System Improvement, NHSGM, highlighted that the Member's question directly addressed the core concerns raised in the enforcement undertakings. These concerns focused on governance and infrastructure, emphasising the need for robust mechanisms to identify and address potential failures. The focus on finance, performance, and the system oversight framework, along with the implementation of the undertakings, had provided NHSGM with a strengthened infrastructure and enabled greater scrutiny of performance. Once the mechanisms were fully operational, the enforcement undertakings could be lifted, and performance would be monitored through the established governance processes. Officers acknowledged the Member's concerns regarding the consistency of reporting and agreed to explore how information was presented. The Interim Chief Officer, NHSGM, to further reassure Members offered to share the body of information, evidence, and data that supported the plan and its progress.

A Member asked if staff retention was affected by the current terms and conditions. Significant effort was being made across the ICB, Integrated Care System (ICS), and within individual providers to improve staff engagement and culture. An NHS Staff Surveys have been undertaken and demonstrated progress, with a significant increase in response rates from approximately 44% to over 65% in two years. This increase suggested that staff felt more engaged and valued, and that they were being heard. It was highlighted that the shift was potentially a result of ongoing efforts to foster a listening and responsibility culture.

In response to a Member’s question about how the NHSGM plans fitted together, it was agreed that Officers would send Members a visual representation that showed how the plans were connected and built upon each other to ensure the delivery of the five-year strategy and national NHS objectives.

At the previous meeting, a Member highlighted the discussion on potential service disruptions and asked for an example. In response, as a direct example, was a report later on the agenda today (Item 8) regarding the cessation of certain services of limited clinical value exemplified NHSGMs efforts to improve service consistency and equity across Greater Manchester. This initiative would ensure resources were focused on high-value care, although it might result in some service changes.

**RESOLVED/-**

1. That the application of enforcement undertakings on NHSGM and their acceptance by the NHSGM ICB be noted.
2. That the NHSGM response and the arrangements introduced in response to the enforcement undertakings, be noted
3. That the progress of the SIP be noted.
4. That the mechanisms by which NHSGM would continue to oversee the progress against SIP, and the six-month review in conjunction with NHS England in January 2025 be noted.
5. That NHS Officers be requested to submit quantifiable reports, to enable a more rigorous evaluation and a deeper understanding of the situation, which could be benchmarked and scrutinised by the Committee.
6. That the diagram showing the interconnectivity of the SIP and the various strategies, as contained within the Sustainability Plan, be recirculated to Members of the Committee.

**JHSC/78/24 Reconfiguration Progress Report and Forward Look**

Members considered a report presented by Claire Connor, Director of Communications and Engagement, NHSGM, that set out reconfigurations currently planned or undertaking engagement and/or consultation. The report also included additional information on any engagement that was ongoing.

The following update was noted:

- Adult Attention Deficit Hyperactivity Disorder (ADHD) – the financial implications and developing a pre-consultation business case were being developed. This would ensure that those involved in the consultation process had a clear understanding of the full picture.

- IVF (In Vitro Fertilisation) - this proposal would be considered by the NHSGM Board in January 2025, where a decision would be made on whether to proceed with full public consultation. The Committee's recommendation for full consultation would be considered.

- Specialised Weight Management - the public engagement phase for this initiative had concluded. The National Institute for Health and Care Excellence (NICE) guidance was awaited before making any final decisions on the next steps.

- Children's ADHD Engagement - current engagement work focused on children and young people. A previous presentation to the Committee outlined plans for this initiative.

- Specialised Commissioning Cardiac and Arterial Vascular Surgery Engagement – NHSGM was initiating engagement on specialist cardiac and vascular surgery services, led by the Northern Care Alliance. This initiative would be presented to the Committee in the near future.

- Fit for the Future and Ten-Year Engagement Plan – engagement work would continue and information gathered to inform decision making.

- Diabetes Structured Engagement - the diabetes specialist education initiative, referenced at the last meeting, was scheduled to commence on 6 January 2025. An update on its progress would be presented to this committee in spring 2025.

- Northwest Women and Children's Transformation Programme - while the specifics of scrutiny for this project were still being discussed, the Committee would be involved.

A Member acknowledged the potential of digital tools like the Greater Manchester Care Record (GMCR) to transform care, notwithstanding that, it was very important to address digital inequality as the report at Item 8 (Greater Manchester Integrated Care System (ICS) Digital Transformation Strategy and Priority Programmes) identified that 43% of the population was in some way digitally excluded. The Member asked specifically about the elderly and how would they access services. Officers were asked to share examples of initiatives that were bridging this gap. It was explained that NHSGM prioritised face-to-face engagement to reach individuals who might be digitally excluded. Officers worked closely with Local Authorities, the GMCA Aging Hub, public health teams, VCSFE organisations, and Healthwatches to identify the most effective ways to connect with communities. For example, NHSGM had recently engaged with a Knit and Natter group in Trafford, as recommended by Trafford Healthwatch. By going directly to communities and understanding their specific needs, NHSGM would ensure that everyone had the opportunity to participate in shaping healthcare services. Furthermore, and to aid the solution, it was reported that funding had been secured to develop a new engagement model in conjunction with the VCSFE sector and Local Authorities, which would focus on reaching underserved populations and individuals who were not currently engaged with NHSGM. Members were reassured that while digital engagement was a valuable tool, it was important to recognise its limitations and face-to-face interactions were a key component of NHSGM's engagement strategy.

In response to an invitation from the Director of Communications and Engagement, for Members to get involved, Councillor Irfan Syed volunteered to assist in engaging with hard-to-reach communities within the Salford area, ensuring their voices were heard and their needs were addressed.

A Member asked how the children's ADHD initiative would involve Local Authorities and their partner organisations in co-designed solutions. The Member emphasised the importance of early and ongoing engagement to avoid concerns, given the potential impact on children's services. It was clarified that the term engagement was being used broadly to encompass all forms of involvement. While the current phase focused on public engagement, Officers acknowledged the importance of involving key stakeholders, commissioners, LAs and their partner organisations. The Director of Communications and Engagement encouraged interested parties to contact her directly to participate in shaping the solution.

**RESOLVED/-**

1. That the contents of the report be noted.
2. That it be noted that Councillor Irfan Syed volunteered to assist in engaging with hard-to-reach communities within the Salford area, ensuring their voices were heard and their needs were addressed.
3. That it be noted that Members were requested to contact the Director of Communications and Engagement, NHS Greater Manchester with contact details of stakeholders who wanted to be involved in the Children's ADHD engagement.

**JHSC/79/24 Greater Manchester Integrated Care System (ICS) Digital Transformation Strategy and Priority Programmes**

Consideration was given to a report and presentation introduced to Members by Gareth Thomas, Digital Innovation Director, NHSGM and Health Innovation Manchester that provided an update on the Greater Manchester ICS Digital Transformation Strategy (the strategy) and priority delivery programmes.
Comments made:

- Greater Manchester aspired to be a world-leading digital city. To achieve this, a comprehensive digital transformation strategy was developed in 2022, informed by extensive consultation with 250 individuals and 250 staff.

- The strategy focused on five key ambitions: integrated care and coordination, operational efficiency, individual empowerment, population health understanding, and accelerated access to research and innovation.

- Sat behind the ambitions, were three core activities: digitisation, integration, and innovation. Digitisation focused on investing in technology and infrastructure, integration aimed to connect clinical professionals and patients, and innovation sought to adopt new models of care and innovative treatments. All digital initiatives within Greater Manchester were aligned with these strategic priorities and were monitored quarterly by the Digital Transformation Group.

- The GMCR was an example of how the strategy was being implemented. The digital tool, allowed healthcare professionals to instantly access a patient's medical history. This would improve patient care and also save time and resources. Officers estimated that the tool would save £22m through time savings by 2026.

- The strategy also focussed on driving innovative models of care, such as the End-of-Life Care Planning (EPAC) tool, which aimed to support patients and families in planning for end-of-life care. By reducing unnecessary hospitalisations, this initiative could significantly improve patient, family experiences and make savings.

- There were also initiatives to empower patients through the use of technology. Proof-of-concept projects across care settings were exploring the use of handheld apps to enable patients to participate in their care. This approach aimed to give patients greater choice and control over their healthcare decisions.

- In terms of improving patient safety through digital tools, Officers highlighted the SMASH dashboard (a recent award winner), which used the care record to identify potential medication risks, improving patient outcomes.

- The strategy was underpinned by resident feedback, gathered through the Patient Public Engagement Group and other channels. A significant communications campaign, reaching approximately 15% of the Greater Manchester population, was conducted to inform residents about data sharing and the benefits of digital transformation.

- To support innovation and improve patient care, Greater Manchester had established a secure data environment. This platform allowed researchers to access de-identified patient data for secondary purposes, such as identifying areas of need and developing new treatments. An example was the Tirzepatide (a medication used for the treatment of type 2 diabetes and weight loss) announcement, which leveraged Greater Manchester data capabilities to identify areas of need and intervene earlier. Robust governance processes, including Caldicott Garden oversight, would ensure the ethical and secure use of patient data.

- Greater Manchester was seen a national leader in data governance, securing approvals for secondary use of data for research and innovation. By linking local and national datasets, Greater Manchester could pave the way for significant advancements in healthcare.

- A significant aspect of the digital transformation, had been the improvement to primary care access through online tools like the NHS App and online consultations. Digital first facilitators had played an important role in promoting these services, leading to increased patient engagement. This approach had enhanced patient experience and also contributed to more efficient healthcare delivery.

A Member asked about the long-term vision. Officers explained that it was an ongoing process. NHSGM and Health Innovation Manchester were always working to improve technology and services. There was still a lot to do to ensure everyone had equal access to technology and efforts would continue to prioritise new innovations making sure they were safe and effective for patients.

A Member raised digital inclusion and highlighted it as a risk and how it would be mitigated Officers emphasised the importance of co-design with residents and service users to identify areas of need to mitigate any risk. A digital exclusion heat map, overlaying various measures of social exclusion and digital capability, was used to target interventions in specific areas. This approach, exemplified by the targeted delivery of lipid-lowering (medications or treatments that reduce the levels of lipids, or fats, in the blood, particularly cholesterol) therapies, ensured that resources were allocated to those who needed them most. Additionally, the strategy emphasised providing multiple access points to services, combining digital and traditional methods to cater to diverse needs. Councillor Jackie Schofield was satisfied with the approach and offered her support.

A Member asked about the secure data environment, who used it, and the broader potential for commercialisation or sharing it with other regions. The Member also asked, what safeguards would be in place to protect patient data. Officers explained that the environment was currently in its alpha phase, with a series of test projects involving both academic and commercial partners. While the primary focus was on improving healthcare for Greater Manchester residents, there was potential for commercialisation of the data asset. However, any such commercialisation would be subject to strict governance and ethical considerations. The ultimate goal was to use data to drive innovation and improve patient outcomes, with any benefits being reinvested into the healthcare system.

The Member further asked about the rules for data sharing. Members were assured that any project that utilised the data must demonstrate a clear benefit to patients. This ensured that data was used responsibly and ethically, prioritising the well-being of individuals. There were robust governance processes in place, including collaboration with NHS England and adherence to national standards, to oversee the use of this data.

A Member highlighted a growing potential for remote healthcare, such as virtual General Practitioner (GP) consultations. Officers were requested to elaborate on the measures being taken to ensure the security of patient data in such scenarios. Additionally, it was asked if were there any plans to integrate wearable devices, like smartwatches, to enable proactive monitoring and personalised healthcare. Officers clarified that while remote consultations were limited by regulations and professional standards, certain tasks like radiology reporting could be performed remotely. Regarding wearable devices, Officers acknowledged the potential benefits but emphasised the need for robust data security and privacy measures. It was also highlighted the importance of improving digital infrastructure and training to ensure equitable access to technology across healthcare providers.

A Member asked Officers how the secure data environment be leveraged to identify individuals at risk of developing health conditions, enabling earlier interventions and better patient outcomes. It was also asked what specific opportunities were being explored in this area. In response, it was explained that to improve healthcare, NHSGM was using technology to identify areas where it needed to invest. By analysing data, NHSGM could identify people at risk of health problems early on. This process enabled NHSGM to intervene and prevent illnesses. For example, studies like Incisura (a cholesterol-lowering treatment) and Tirzepatide show how data could help target specific treatments to the right people. While there were challenges in linking data to individuals, Officers were working hard to develop safe and ethical ways to do this.

A Member asked how the integration of the strategy goals fitted in with the ICB's strategy and how it translates into localised benefits for residents. Officers reported that the strategy aligned with the ICB's goals to improve healthcare delivery in Greater Manchester. By focusing on digital innovation, population health, and access to new treatments, NHSGM aimed to drive innovation and improve patient outcomes. The strategy was developed in collaboration with the ICB and providers to ensure that innovations were relevant to the needs of the local population. The aim was to transition successful innovations into mainstream healthcare practice. To learn more about the specific projects and initiatives, Officers recommended Members review the recent Health Innovation Manchester report presented to the Committee at the last meeting.

A Member asked for an example of how NHSGM and Health Innovation Manchester had collaborated to improve patient outcomes and how was this being communicated to local ICBs to ensure widespread adoption of best practices. To provide assurance, Officers explained that Health Innovation Manchester was an NHS organisation integrated with NHSGM. Regular meetings between the executive teams ensured alignment of priorities and collaborative working. An example of this was the Inclisiran (a cholesterol-lowering treatment) project, where Health Innovation Manchester piloted a new treatment and demonstrated its effectiveness. Efforts were being made to scale up this intervention across the region. This collaborative approach enabled the translation of innovative ideas into improved patient care.

**RESOLVED/-**

1. That the the Greater Manchester Integrated Care System Digital Transformation Strategy be noted.
2. That Officers be requested to provide the Committee with regular updates on progress.

**JHSC/80/21 Proposed Increased Scrutiny and Potential Pause of Procedures of Limited Clinical Value in Greater Manchester**

Sara Roscoe, Associate Director of Strategic Commissioning, NHSGM, presented a report detailing a proposal for increased scrutiny and the pause of procedures of limited clinical value in Greater Manchester. The report also included additional information on ongoing engagement.

It was explained that to improve the quality and efficiency of services, NHSGM was reviewing a list of procedures to make sure they were only used when genuinely needed. This was expected to be completed by the end of the March 2025.

Comments made:

- It was clarified that procedures of limited clinical value referred to medical treatments or surgeries that lacked strong evidence of effectiveness, posed potential harm, offered minimal benefit, or had less effective and more cost-effective alternatives.

- It was suggested that by pausing procedures of limited clinical value, resources could be redirected towards treatments with demonstrable effectiveness, ultimately leading to better patient outcomes and a more sustainable healthcare system.

- NHSGM had a series of commissioning statements developed by a multidisciplinary team, which outlined their approach to commissioning healthcare services that met resident needs, through a rigorous process of identifying, evaluating, prioritising, and continuously reviewing services based on evidence of effectiveness, safety, and value.

- Despite commissioning statements and resource constraints, activity for procedures of limited clinical value continued to increase, potentially exposing patients to unnecessary risks, prompting the ICB to recommend greater scrutiny.

- It was explained that an initial proposal for prior approval of certain procedures was deemed to be overly burdensome for clinicians, therefore a robust audit process had been implemented. The process reviewed patient case notes to ensure adherence to the evidence-based commissioning statements. This served as a reminder to all providers of the importance of adhering to guidelines, while allowing for exceptional cases to be considered through the existing individual funding request process.

- There was a need for open dialogue with the public, acknowledging that some procedures might not be appropriate for everyone and that there was strong evidence to support this. This was an ongoing process, and NHSGM would continue evolve their approach. Their aim was to be transparent with patients and the public about the effective use of resources and the rationale behind decisions.

- Whilst ensuring that patients who met the clinical criteria received the necessary procedures, it was recognised a significant increase in activity might not always be warranted. This aspect required further investigation to ensure resource sustainability, patient safety, and the delivery of the right treatment in the right circumstances.

- NHSGM recognised the importance of tailoring their approach. Given the significant number of procedures impacted, a robust Equalities Impact Assessment was taking place to identify patient groups most likely to experience health inequalities. Efforts were being made to engage with these groups, including direct patient contact where possible. This required careful consideration of data privacy and obtaining appropriate consent. Whilst this process would take time, NHSGM was committed to ensuring a thorough and

meaningful engagement process to gather the necessary insights from patients. An eight-week public engagement program commencing in the new year was anticipated. Initial communications had been shared publicly, and a question and answer section had been developed and published on the NHSGM website.

- The engagement plan under development would outline the specific patient groups targeted for engagement and the methods used to reach them and would be shared with Members at the next meeting.

- It was noted that a fuller update would be provided at the next meeting on 21 January 2025.

A Member asked about the potential for divergence of clinical opinion between treating clinicians and the decision-making body. Officers were asked to elaborate on the appeals process for clinicians who believed a specific procedure was clinically necessary for a particular patient, despite the potential limitations identified in the commissioning statements. It was explained that individual funding requests would be reviewed by a panel of experts, requiring clinicians to provide evidence justifying the need for a procedure outside of standard guidelines. The process would ensure that only exceptional cases were considered.

The Member further asked if there was an analysis of the impact of the changes on the patients and what work would be needed at a local level. It was reported that the initial assessment of procedure volumes was preliminary. It was envisaged the audit would provide more accurate data, including the number of patients undergoing procedures that might not meet the established criteria, which was important for understanding the potential impact of changes. Each policy statement incorporated epidemiological data and utilisation rates to inform the Equalities Impact Assessment. Data analysis would be conducted at a local level to provide a better understanding of procedure utilisation.

In response to a Member's request for clarification, it was reiterated that NHSGM was not formally pausing referrals. The increased scrutiny would effectively ensure that all procedures were evaluated against the established criteria. Which might lead to a temporary reduction in certain procedures whilst the review process was undertaken. Engagement with primary care would take place to manage expectations.

A Member asked how GPs would be supported as they were at the frontline of the changes. NHSGM recognised the importance of supporting GPs and acknowledged the impact these changes might have on patients. To mitigate these concerns, NHSGM would prioritise clear communication with patients, provide robust support to clinicians through resources and guidance, and leverage national resources like the NHSC Evidence-Based Intervention Program to facilitate informed decision-making and explore alternative management options.

The Member also suggested that the approach could inadvertently hinder efforts to return people to work, as some of the procedures addressed debilitating conditions. Officers agreed that some of the procedures did have an impact on debilitating conditions, and patients would want solutions. To address this, NHSGM would prioritise clear communication, consistent messaging from the ICB to ensure clarity and support for clinical colleagues and disseminating information to patients about the benefits and disbenefits of these procedures. Furthermore, NSHGM was leveraging existing resources, such as the NHSC Evidence-Based Intervention Program, which provided resources, including patient information leaflets, to support clinicians in having informed conversations with patients. Returning people to work was an important consideration. NHSGM would ensure that alternative management strategies were not only clinically effective but also supported patients in managing their conditions effectively at home. This would mean going outside medical interventions and encompassing broader support services. The approach aligned with the broader objectives of the Sustainability Plan and NHSGMs commitment to providing holistic, patient-centered care.

Given the significant savings target outlined in the Sustainability Plan, a Member raised concerned that increased scrutiny might lead to clinicians erring on the side of caution, potentially resulting in unnecessary investigations and hindering the achievement of those savings. It was explained that the Sustainability Plan's savings target considered pre-pandemic activity levels. Given the potential impact of this initiative, figures would be reviewed to ensure they remained realistic whilst maintaining quality patient care.

In terms of the removal of common benign eyelid lesions, a Member asked if each proposal would have its own individual engagement. It was explained that ideally, each procedure would have its own engagement exercise. However, due to resource constraints, some efforts might be consolidated. The EIA would guide the approach, identifying potential opportunities for cross-group engagement where appropriate. The goal was to conduct a tailored engagement exercises for each procedure to ensure all affected groups were heard.

A Member asked what procedures were actually being undertaken at the moment or had they been paused while the audit took place. It was clarified that procedures were going ahead when they met the clinical criteria.

A Member asked Officers to provide examples of procedures that were currently considered to be of limited clinical value and how would NHSG ensure that the initiative did not exacerbate existing health inequalities, particularly for individuals from low-income families or those with disabilities. An example of a procedure often considered for review was tonsillectomy. Whilst tonsillectomy was a common procedure, the evidence base often supported a 'watchful waiting' approach for recurrent tonsillitis in many cases, particularly in children. Another example involved benign skin lesions. The policy outlined criteria for necessary intervention, such as the presence of a concerning feature. However, procedures solely for cosmetic reasons, without any clinical indication, would generally would not be considered necessary. Consideration was also given to addressing broader issues, such as access to communication aids for children with sensory needs. Whilst not strictly a procedure, the example demonstrated how thought was given to the broader context of service delivery and ensure equitable access. Regarding health inequalities,

NHSGM was conducting an Equality Impact Assessment and engaging with relevant patient groups to identify and mitigate any potential negative impacts. It was highlighted that all commissioning policies were aligned with NICE guidance, to ensure decisions were evidence-based and consistent with national best practice.

Given the potential impact of the initiative on clinical practice, the Chair was particularly interested in the level of clinician engagement undertaken to date. The Chair asked that the report being presented at the meeting on 21 January 2025 included detailed feedback from clinicians on the proposals. It was important to make sure that clinicians felt empowered to make the right decisions for their patients whilst also adhering to evidence-based guidelines and resource allocation considerations.

Officers agreed to the Chair's request and stated that the initiative had sparked valuable dialogue with clinicians. In recent weeks, positive engagement had been received from clinical groups, such as hand surgeons, who were eager to collaborate and explore innovative practices within the context of evidence-based guidelines. This had fostered valuable discussions regarding the practical implications of these changes and identified opportunities for further collaboration and refinement of NHSGMs approach.

In response to a question about an overview of the financial resources allocated to the initiative, NHSGM would provide a detailed in their next report a breakdown of the expenditure associated with this initiative. The initial Sustainability Plan included a savings target of approximately £60 million. Whilst a precise figure for non-compliant procedures was being refined, Officers would provide data on the current annual expenditure on the procedures under review. As the initiative progressed, Officers would be able to further refine the figures, which would provide a more accurate estimate of the potential cost savings associated with increased scrutiny and adherence to evidence-based guidelines.

**RESOLVED:**

1. That the report be noted.
2. That a fuller update of actions taken would be presented to the Committee on 21 January 2025.
3. That Officers be requested to include details of the consultation with clinicians , together with the total quantum of savings , and non-compliance information in the report to be submitted to the Committee on 21 January 2025.

**JHSC/81/24 Committee Work Programme for the 2024/25 Municipal Year**

**RESOLVED/-**

That the Committee's Work Programme be noted.

**JHSC/82/24 Dates and Times of Future Meetings**

The Chair expressed his sincere gratitude to all Members of the Committee for their dedication and contributions throughout the year.

That the following programme of meetings be noted.

- 21 January 2025 – 10am
- 18 February 2025 – 10am
- 18 March 2025 – 10am

# Greater Manchester Joint Health Scrutiny Committee

Date: 21 January 2025

Subject: Update on Procedures of Limited Clinical Value in Greater Manchester and Plan for Engagement

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

## Purpose of Report

To set out the engagement plan to support the work of the commissioner to bring increased scrutiny on procedures of limited clinical value in Greater Manchester.

## Recommendation:

The Joint Health Scrutiny Committee is requested to:

1. Review the update and engagement plan and offer feedback.

### Contact Officers

Claire Connor, Director of Communications and Engagement

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

## 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: 1 – Engagement Plan

## Comments/recommendations from Overview & Scrutiny Committee

Not applicable

# Background Papers

Previous GM JHSC paper from December 2024.

## Tracking/ Process

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

No

**Exemption from call in**

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

No

**GM Transport Committee**

Not applicable

## 1. Introduction/Background

In December 2024, GM JHSC received a paper about Procedures of Limited Clinical Value (PLCV). PLCV are medical procedures (normally surgical procedures) that the research evidence shows that some interventions are not clinically effective or only effective when they are performed in certain circumstances.

It is important that the NHS only carries out operations or give medicine where there is a clear benefit because all procedures do have some level of risk for the patient receiving them. Procedures where the evidence does not show good benefits for the patient also are not cost effective, as they use public money and NHS resources without the supporting evidence.

For this reason, only certain people who meet strict criteria should have a procedure of limited clinical value. These people are the most likely to get some benefit from the procedure, but even then, it is not guaranteed it will be beneficial for them. Each procedure has a policy that sets out the criteria and in what circumstances someone would be eligible for it.

## 2. Progress update

NHS Greater Manchester (GM) listened to feedback from clinicians on the initial proposed approach requiring clinicians to seek prior approval for those procedures which met the criteria. It was agreed that this would have been unfeasible and impact on clinicians' time. The approach was therefore modified and clinicians no longer need to seek prior approval to undertake these procedures where patients meet the clinical criteria in line with the NHS GM's policies. Instead, NHS GM will pro-actively monitor compliance via a variety of means.

We are instigating a number of measures to monitor activity and compliance as follows:

1) We will closely monitor activity levels for each of these procedures and will provide regular feedback to providers in this regard, particularly where activity appears to be outside any available benchmarking data.

2) We will undertake a randomised case note audit across our providers (relative to size and volume of procedures undertaken). Where non compliance with the commissioning statements is identified, this will be escalated to providers and appropriate action taken.

3) We will review our commissioning statements in respect of clinical thresholds over the coming months, with a view to implementing updated versions in 25/26.

NHS Greater Manchester (GM) is now working with hospitals across GM to audit the implementation of the policies for all procedures of limited clinical value (approximately 50) and make sure that the policies are being followed consistently.

There is also a national emphasis in respect of the Elective Recovery Programme and plans to develop a Model Hospital compartment for Evidence Based Interventions, 'EBI', which will provide benchmarking data for a number of these procedures. This is expected in later this month and will be updated monthly. This will inform the target areas for the audits.

At the same time, we are inviting patients, communities and members of the public to feedback on the policies. This means that if a review of the policies is carried out after the audit, we will have patient feedback and experiences to support the review. This compliments and adds to the engagement work that already takes place when specific policies come up for review against the latest clinical evidence.

GM JHSC asked to see the engagement plan for review and comment.

## 3. Engagement Proposal

The engagement plan sets out how NHS GM will engage with patients, communities and people with lived experience on policies included in the review.

It gives an overview of the policies and the target audiences where they are currently known. The Equality Impact Assessment is still in development and this will further enhance this information.

Work has begun to offer people an opportunity to sign up to be notified about the engagement.

The approach will be both general and specific:

- The majority of the engagement will cover all the policies and allow people to comment on one or all of them
- This will be supported by targeted engagement, targeted by both demographic and by policy where possible and appropriate

The engagement will inform the future arrangements surrounding the due diligence and processes from April 2025. It will have a specific remit to increase the understanding of the impact on health inequalities.

The current draft engagement plan is set out in appendix 1.

## 4. Recommendation

The Joint Health Scrutiny Committee is requested to:

1. Review the engagement plan and offer feedback

NHS
Greater Manchester



# Procedures of Limited Clinical Value

## Engagement Plan v1 (draft)

January 2025

Part of Greater Manchester Integrated Care Partnership

# Review into procedures of limited clinical value engagement plan

## Version control

| Date | Version | Updates from | Reason for change |
|---|---|---|---|
| 08/01/2025 | 0.1 | Drafted by A Mitton | |
| | | | |







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# Contents









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## Introduction

Procedures of Limited Clinical Value (PLCV) are medical procedures (normally small operations) that the research shows do not normally make people feel better or make a difference to their lives or wellbeing.

It is important that the NHS only carries out operations or give medicine where there is a clear benefit because all procedures do have some level of risk for the patient receiving them. Procedures where the evidence does not show good benefits for the patient also are not cost effective, as they use public money and NHS resources without the supporting evidence.

For this reason, only certain people who meet strict criteria can have a procedure of limited clinical value. These people are the most likely to get some benefit from the procedure, but even then, it is not guaranteed it will be beneficial for them. Each procedure has a policy that sets out the criteria and in what circumstances someone would be eligible for it.

NHS Greater Manchester (GM) is working with providers of elective care across GM to audit the implementation of the policies for procedures of limited clinical value and make sure that the policies are being followed consistently.

At the same time, we are inviting patients, communities and members of the public to feedback on the policies. This means that if a review of the policies is carried out after the audit, we will have patient feedback and experiences to support the review. This compliments and adds to the engagement work that already takes place when specific policies come up for review against the latest clinical evidence.



## Purpose

To enable patients, communities, and local organisations to feedback on the policies that are being audited. This will include opportunities to share their views, provide information to influence any future review, and raise any concerns. It will have a particular focus on the communities most affected and those who experience health inequalities as reflected in the EQIA (still under development).

## Background and context

There is one policy for each of the procedures that will be engaged on.





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More detail about each of the procedures, policies, where it is known, is set out in the table below. The policies are grouped as follows:

- Policies for the back and spine
- Policies for the head and face
- Policies for the skin and body
- Policies for the hands and feet
- Policies for all other bones and joints
- Policies for the organs and abdomen
- Policies for scans and monitors
- Policies for aids





## Policies about the back and spine

| Policy name and description | Link to policy statement |
|---|---|
| **Facet Joint Injections (all levels) (Adults and Children)**<br>Back pain is extremely common. 60-80% of people in the UK report back pain at some time in their lives. This pain should be managed by being more mobile, treatment from a physiotherapist, and through talking therapies.<br>If these do not work and the pain is in a join in the spine, a facet joint injection can be offered in certain circumstances. This involves injecting local anaesthetics and sometimes steroids into or around a joint in the spine. The local anaesthetics numb the nerves to the joint to give pain relief. The steroids reduce inflammation and may make the pain relief last longer. The policy offers 1 injection per year.<br>**Target group:** There is no specific target group currently | GM Facet Joint Injections Commissioning Statement |

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| **Low back pain and sciatica (Assessment and management of in over 16s) (Adults and Children)**<br>Non-specific lower back pain is extremely common with 80% of people experiencing one or more bouts of it. All NICE recommended treatments are commissioned, but there are a number of additional assessments or treatments that are not available on the NHS, including: belts/corsets, acupuncture, orthotics, opiods, massage and others – see the policy for the full list.<br>**Target group:** There is no specific target group currently | GM Low Back Pain Commissioning Statement |
| **Out of contract spinal procedures (Adults and Children)**<br>There are some spinal procedures and surgeries that the NHS does not routinely fund. This policy sets out the list.<br>**Target group:** There is no specific target group currently | GM Out of Contract Spinal procedures Commissioning Statement |
| **Spinal Injections and related therapies (Adults and Children)**<br>This policy is specifically about injections into the spine for back and spine pain. Injections for back pain are not funded or offered routinely on the NHS, but they are available in limited circumstances if the patient meets the criteria. See the policy for full details.<br>**Target group:** There is no specific target group currently | GM Spinal Injections Commissioning Statement |

## Policies about the head and face (including eyes, ears, nose and throat)

| Policy name and description | Link to policy statement |
|---|---|
| **Tonsillectomy (Adults and Children)**<br>Tonsillitis is an infection of the tonsils at the sides of your throat. It is a common childhood illness, but teenagers and adults can get it too. Most tonsillitis clears up after 3-4 days, but can last longer.<br>Treatment normally includes rest and painkillers. A very small number of children and adults get severe tonsillitis that keeps reoccurring. Surgery is not routinely offered, but will be offered if it meets the criteria.<br>**Target group:** Tonsillitis is most common in children aged 5-15. | GM Tonsillectomy Commissioning Statement |
| **Trophic Electrical Stimulation (TES) for Facial Palsy (Adults and Children)**<br>**Facial palsy refers is a weakness of the facial muscles, resulting from temporary or permanent damage to the facial nerve. When a facial nerve is either not working or missing, the muscles in the face do not receive the necessary signals in order to function properly. This results in paralysis of the affected part of the face,**<br>Trophic electrical stimulation (TES) is a treatment aimed at restoring the function of the muscles of the face through mimicking the stimulation provided from the normal nerve functioning. The majority of facial palsies that are idiopathic or infective will resolve spontaneously – usually within 3 months.<br>Treatment with steroids can help and most people get better within 6 months. Where there is a longer-term weakness and it is causing problems functioning (e.g. eating, closing the eye, speaking) then TES can be offered.<br>**Target group:** It is slightly more common in women, and those with diabetes and in the third trimester of pregnancy. | GM TES for Facial Palsy Commissioning Statement |
| Surgical drainage of the middle ear (with or without the insertion of grommets) (Adults and Children)<br>There are several medical reasons that children and adults may have excess fluid in their middle ear. Draining excess fluid from the middle ear through surgery is offered on the NHS if the patient meets the criteria.<br>**Target group:** Children under 10, and males are more likely to be affected. Those with Down's Syndrome and Cleft Palate may be more severely affected. | GM Drainage of the Middle Ear Commissioning Statement |









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| **Headache Disorders (Adults)**<br>Most headaches go away on their own and are not a sign of something more serious. Some people suffer with a headache disorder (including migraines, cluster headaches, and others) where the headaches keep returning and are severe.<br>Many treatments are funded for headache disorders, but some are not. The full list can be found in the policy.<br>**Target group:** There is no specific target group currently | GM Headache Disorders Commissioning Statement |
| **Correction of Dermatochalasis (Adults and Children)**<br>Dermatochalasis is a term used to describe the presence of loose and redundant eyelid skin. It is a common condition.<br>Treatment is offered if the criteria is set out in the policy met.<br>**Target group:** It is more common in older people | GM Dermatochalasis Commissioning Statement |
| **Pinnaplasty (Children only)**<br>Pinnoplasty is the pinning back of ears. It is commissioned for children and young people between the ages of 5 years of age and below 18 years of age where there is significant deformity or asymmetry and they are prominent over 3cm.<br>**Target group:** Children | GM Pinnaplasty Commissioning Statement |
| **Rhinoplasty / Septoplasty / Septo-Rhinoplasty (Adults and Children)**<br>These are all surgical procedures to reshape the nose. The policy sets out when this surgery can be funded on the NHS, and when it is not.<br>**Target group:** It is assumed currently that this is more likely to be required by males due to increased uptake in physical contact sports. | GM Rhinoplasty Commissioning Statement |
| **Removal of Common Benign Eyelid Lesions (Adults and Children)**<br>Benign lesions are lumps or bumps such as moles, cysts or skin tags, which are mostly harmless. They are not removed on the NHS for purely cosmetic reasons. However, treatment, including possible surgery, is funded in certain circumstances, including if they cause pain or there is a history of recurring infections. | GM Common Benign Eyelid Lesions Commissioning Statement |





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| **Target group:** There is no specific target group currently | |
| **Repair of Split/Torn Earlobes (Adults and Children)**<br>Split and torn earlobes are repaired on the NHS if the split is a result of trauma, for example a car accident. If the split or tear is due to wearing heavy earrings, the earrings being pulled by a child, or the use of "gauge" piercing (gradually making a bigger hole in the ear) then this is considered purely cosmetic and is not eligible for repair on the NHS.<br>**Target group:** There is no specific target group currently | GM Repair of Split Torn Ear Lobes Commissioning Statement |
| **Laser Eye Surgery (Adults and Children)**<br>Laser eye surgery is done to correct problems with your eyesight or to treat conditions that can lead to loss of vision. It is not normally offered on the NHS, however, it is funded if the problem is a result of other eye surgery such as cataract surgery.<br>**Target group:** This is more likely to affect older people | GM Laser Eye Commissioning Statement |
| **Squint Surgery (Surgical correction of adult Strabismus) (Adults)**<br>Surgery to correct an eye squint may be recommended if other treatments are not suitable or do not help. The operation involves moving the muscles that control eye movement so that the eyes line up better. The policy sets out the criteria for when the surgery will be funded on the NHS.<br>**Target group:** There is no specific target group currently | GM Strabismus Commissioning Statement |
| **Rhinosinusitis / Rhinitis / Sinusitis (Adults and Children)**<br>These conditions are all problems with the nose and sinuses. Most issues with the nose and sinuses will clear up on their own, however, if they continue for longer than expected then there are treatments. Some of these treatments mean going to an outpatient unit in a hospital and even having surgery. This policy covers when the outpatient procedures and surgery should be considered.<br>**Target group:** There is no specific target group currently | GM Rhinosinusitis Commissioning Statement |
| **Cataract Surgery (Adults and Children)**<br>Cataracts are when the lens, a small transparent disc inside your eye, develops cloudy patches. Over time these patches usually become bigger causing blurry, misty vision and eventually blindness. Surgery is the only | GM Cataract Surgery Commissioning Statement |







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| proven long term solution for cataracts, although glasses can often help. Cataract surgery is funded on the NHS in line with the Royal College of Surgeons guidance when the cataract is the cause of the impaired vision and there is a significant impact on quality of life or activities of daily living.<br><br>**Target group:** Older people | |
| **Tongue Tie (Children)**<br><br>Tongue-tie is where the piece of skin connecting the tongue to the bottom of the mouth is shorter or tighter than usual. It is most common in babies. For many children it may not cause problems, or it may cause problems that can be treated without surgery. This policy sets out when surgery should be considered and the criteria for it.<br><br>**Target group:** Parents of young children | GM Tongue Tie Commissioning Statement |

## Policies about the skin and body

| Policy name and description | Link to policy statement |
|---|---|
| **Ganglion Cyst Removal (Adults only)**<br><br>A ganglion cyst is a fluid-filled swelling that usually develops near a joint or tendon. The cyst can range from the size of a pea to the size of a golf ball. Ganglions are harmless, but can sometimes be painful. If they do not cause any pain or discomfort, they can be left alone and may disappear without treatment, although this can take a number of years.<br><br>Treatment is normally either draining it with a needle and syringe or cutting it out in surgery. Surgery is not routinely offered as the cysts often recur after surgery so it is not effective in the long term. It is offered for some cysts in the hands and feet that significantly impact the patient.<br><br>**Target group:** Ganglion cysts are most common in women, aged 20-40, and in older people. | GM Ganglion Cyst removal commissioning statement |
| **Common Benign Skin Lesions (Adults and Children)**<br><br>Benign skin lesions are abnormal growths on the skin that are not cancerous. Examples include (but are not limited to) warts, fatty lumps, and varrucas. The majority cause no health problems.<br><br>Treatment and removal of skin lesions is offered in lots of circumstances where there is a clinical benefit including pain, significant facial disfigurement, infections, bleeding, etc. It is not offered for cosmetic reason. | GM Common Benign Skin Lesions Commissioning Statement |







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| **Target group:** There is no specific target group currently | |
| **Hyperhidrosis (Adults and Children)**<br>Hyperhidrosis is excessive sweating. Excessive sweating is common and can affect the whole body or just certain areas. Sometimes it gets better with age but there are things that patients can do to manage it and treatments that can help.<br>Some of the treatments, including electric treatments and botox, have criteria that patients must meet to be eligible.<br>**Target group:** There is no specific target group currently | GM Hyperhidrosis Commissioning Statement |
| **Varicose Veins (Adults and Children)**<br>Varicose veins are swollen, twisted veins under the skin, usually on the legs. They are common and are not usually serious.<br>Many varicose veins do not need treatment. Treatment, including surgery for severe cases, is offered on the NHS if the patient meets the criteria.<br>**Target group:** It is slightly more common in women, and in older people. | GM Varicose Veins Commissioning Statement |
| **Aesthetic Breast Surgery (Adults and Children)**<br>All surgery on healthy breast tissue is considered aesthetic (cosmetic). The policy sets out when this surgery can be funded on the NHS, and when it is not.<br>**Target group:** Women | GM Aesthetic Breast Surgery Commissioning Statement |
| **Body Contouring – Apronectomy (Adults)**<br>An apronectomy removes excess skin and fat from the lower abdomen (stomach). Apronectomy is funded on the NHS in very specific situations when significant weight loss has been achieved and maintained and the excess skin is causing issues. The policy sets out the full criteria.<br>**Target group:** There is no specific target group currently | GM Body Contouring Commissioning Statement |
| **Tattoo Removal (Adults and Children)** | GM Tattoo Removal Commissioning Statement |







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|---|---|
| Tattoo removal is not routinely funded for purely cosmetic reasons. However, there are situations when a tattoo will be removed on the NHS. Examples include, if there is an allergic reaction to the dye, or the tattoo inflicted against the patient's will, or the tattoo puts the patient at risk of violence, amongst others.<br>**Target group:** There is no specific target group currently | |

## Policies for the hands and feet

| Policy name and description | Link to policy statement |
|---|---|
| **Dupuytren's Contracture (Adults and Children)**<br>Dupuytren's contracture is when 1 or more fingers bend in towards your palm.<br>There is no cure, but fingers can be straightened with surgery if it meets the criteria. There are two levels of procedure: needle fasciotomy for moderate cases that are impacting on daily living; and, surgery for severe cases.<br>**Target group:** Men are more likely to be affected by women, with those aged 65+ most affected, particularly those who worked in manual labour or with vibrating machinery. | GM Dupuytrens Contracture Commissioning Statement |
| **Surgical Interventions for Carpal Tunnel (Adults and Children)**<br>Carpal tunnel syndrome (CTS) is pressure on a nerve in the wrist. It causes tingling, numbness and pain in the hand and fingers. It can often be treated by the patient, but it can take months to get better.<br>Medical treatment includes corticosteroid injections and surgery. Surgical intervention is commissioned if corticosteroid injection(s) have failed to permanently cure the patient, or there are reasons that the injections would not work.<br>**Target group:** Carpel tunnel is three times more common in women, and is more common in older people. | GM Carpal Tunnel Commissioning Statement |
| **Surgical Correction of Trigger Finger (Adults only)**<br>Trigger finger is a condition that affects one or more of the hand's tendons, making it difficult to bend the affected finger or thumb. | GM Trigger Finger Commissioning Statement |





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| Evidence suggests that most cases of trigger finger (incl. thumb) can be resolved using non-surgical treatments and injections. For around 10% of patients a surgical tendon release is required.<br><br>The policy sets out the criteria for when surgery will be funded.<br><br>**Target group:** This is more common in people aged 50-70. | |
| **Bunion (Hallux Valgus) Surgery (Adults)**<br><br>Bunions are bony lumps that form on the side of the feet. Bunions can only be got rid of through surgery, but most bunions can be managed to stop them from being painful. Surgery is funded on the NHS if the bunion repeatedly gets infected, or there are associated problems in the foot being caused by the bunion.<br><br>**Target group:** It is more common in women. | GM Bunion Surgery Commissioning Statement |
| **Functional Electrical Stimulation (FES) for foot drop (Adults and Children)**<br><br>Foot drop (drop foot) is where it is difficult to lift or move your foot and toes. It can be caused by a number of different things including sports injuries, immobility, and conditions that cause muscle weakness. Electrical stimulation is one of the ways that this can be treated. Functional electrical stimulation (FES) is a treatment that applies small electrical charges to a muscle that has become paralysed or weakened, due to damage in your brain or spinal cord. This policy sets out the criteria for when the NHS will fund FES and which type of device to use.<br><br>**Target group:** This policy affects people with conditions that cause muscle weakness and is more likely to affect older people. | GM FES for Foot Drop Commissioning Statement |



## Policies for all other joints and bones

| Policy name and description | Link to policy statement |
|---|---|
| **Knee Arthroscopy (Adults)**<br><br>An arthroscopy is a type of keyhole surgery for checking or repairing your joints. Keyhole surgery is where only small cuts are made into the body. Arthroscopy is most commonly used on the knees and it can help find what is causing pain, swelling and stiffness in your joints. Arthroscopy is funded on the NHS for many diagnostic and treatment reasons. However, there are some situations when it is not funded which the policy sets out. | GM Knee Arthroscopy Commissioning Statement |

| | |
|---|---|
| **Target group:** This is more likely to affect older people | |
| **Hip Replacement (Adults) / Knee Replacements (Adults)**<br>Hip and knee replacements are now common procedures on the NHS and should be undertaken when all other options, like physiotherapy and medication, have been tried and the quality of life is seriously affected. The policy sets out when a joint replacement should be undertaken and when a non-nickel, or bespoke joint, should be used.<br>**Target group:** This is more likely to affect older people | GM Hip Replacement Commissioning Statement<br>GM Knee Replacement Commissioning Statement |
| **Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing (Adults and Children)**<br>Ultrasound and pulsed electromagnetic systems for bone healing are both machines used on the outside of the body that stimulate the body's natural repair process and encourage bone growth at fracture sites. They are funded by the NHS if the criteria are met. The criteria include fractures that are not healing after certain lengths of time and complex fractures.<br>**Target group:** This is more likely to affect older people | GM Ultrasound and PES Commissioning Statement |
| **Shoulder Impingement (Adults and Children)**<br>Shoulder impingement is where a tendon inside your shoulder swells and rubs against tissue or bone, causing pain as you lift your arm. It can be caused by irritation, injury or "wear and tear". It usually gets better in a few weeks or months. In rare situations, surgery may be needed. This policy covers when surgery for shoulder impingement is funded by the NHS.<br>**Target group:** There is no specific target group currently | GM Shoulder Impingement Commissioning Statement |

## Policies for the organs in the abdomen

| Policy name and description | Link to policy statement |
|---|---|
| **Sacroneuromodulation for Urinary Retention and Constipation (Adults and Children)**<br>Neuromodulation is a treatment for both overactive bladder syndrome and recurrent urinary retention. It involves the insertion of a type of “bladder pacemaker” and the treatment is usually an initial test phase followed by | GM Sacroneuromodulation Commissioning Statement |





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| insertion of a permanent stimulator if the test phase is successful. This is a reversible treatment which is only effective during periods of stimulation.<br><br>This treatment is offered where it meets the NICE guidance.<br><br>**Target group:** There is no specific target group currently | |
| **Surgical management of haemorrhoids and anal skin tags (Adults and Children)**<br><br>Piles (haemorrhoids) are lumps inside and around the bottom (anus). They often get better on their own after a few days, but sometimes need treatment. This treatment can include using bands or surgery. There are medical criteria the patient must meet to be eligible for these, for example, persistent bleeding.<br><br>**Target group:** There is no specific target group currently | GM Haemorrhoids Commissioning Statement |
| **Surgical repair of Hernias (Adults)**<br><br>A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall. Although most hernias will not get better without surgery, they will not necessarily get worse. The policy sets out when a hernia should be treated with surgery and the criteria for doing so.<br><br>**Target group:** There is no specific target group currently | GM Hernia Commissioning Statement |
| **Asymptomatic Gallstones (Adults and Children)**<br><br>Gallstones are small stones, usually made of cholesterol, that form in the gallbladder. In most cases, they do not cause any symptoms and do not need to be treated. However, there are certain situations when treatment is recommended because there is risk of complications. This policy sets out what those situations are.<br><br>**Target group:** Women and people over 40 are more likely to develop gallstones | GM Gallstone Commissioning Statement |

## Policies for reproduction and reproductive organs

| Policy name and description | Link to policy statement |
|---|---|
| **Circumcision for therapeutic reasons (Surgical procedures on the prepuce) (Adults and Children)**<br><br>Circumcision is the removal of foreskin through surgery. It is a medical treatment for some conditions that affect men and boys. | GM Circumcision Commissioning Statement |







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|---|---|
| Circumcision is offered through the policy for medical reasons, but not for the reason of faith or culture.<br>**Target group:** Men | |
| **Labiaplasty (Adults and Children)**<br>A labiaplasty is surgery to reduce the size of the labia minora – the flaps of skin either side of the vaginal opening.<br>Labiaplasty is funded for treatment of disease and where there is disfigurement of the labia due to trauma. It is not available on the NHS for cosmetic reasons.<br>**Target group:** Women | GM Labiaplasty Commissioning Statement |
| **Dilatation and curettage (D&C) and Hysterectomy for heavy menstrual bleeding (Adults and Children)**<br>Dilatation and curettage is a procedure to remove tissue from inside the uterus (womb). It is not funded by the NHS in Greater Manchester to treat heavy menstrual bleeding (heavy periods). Hysterectomies are sometimes undertaken by the NHS to treat heavy menstrual bleeding in certain circumstances and only after other options have been tried.<br>**Target group:** Women | GM D&C and Hysterectomy for HMB Commissioning Statement |
| **Assisted Conception (Adults and Children)**<br>Assisted conception supports couples who are struggling to conceive naturally to get pregnant and have a child. It includes IVF. The policy sets out what options are available and the criteria for accessing them.<br>**Target group:** n/a - this policy is being engaged on separately | GM Assisted Conception Commissioning Statement |
| **Caesarean Section (Adults and Children)**<br>A caesarean section, or C-section, is an operation to deliver a baby through a cut made in the tummy and womb. It is a major operation that carries a number of risks, so it's usually only done if it's the safest option for the mother and baby. The policy is sets out that in Greater Manchester caesarean sections should all be carried out inline with NICE guidelines.<br>**Target group:** Pre-menopausal women | GM Caesarean Section Commissioning Statement |

## Policies for scans and monitors

| Policy name and description | Link to policy statement |
|---|---|
| **MRI scanning (Wide bore, open and open upright) (Adults and Children)**<br>This policy does not affect standard MRI scanning. It is specific to situations when the patient needs to either be in a standing, open or wider MRI. This could be because of claustrophobia, severe pain when lying down, or obesity. This policy sets out when an alternative MRI scanner should be used.<br>**Target group:** There is no specific target group currently | GM MRI Scanning Commissioning Statement |
| **Continuous Real-Time Glucose Monitoring (Adults and Children)**<br>A continuous glucose monitor (CGM) is a device for people with diabetes that lets them check their glucose (sugar) levels at any time. It is a sensor that attaches to the arm or stomach and is there all the time sending signals to either an app or a device. These are funded on the NHS inline with the NICE guidelines and if recommended by the hospital diabetic service. There are some devices and situations when they are not funded and the policy sets this out.<br>**Target group:** People with diabetes | GM Continuous Glucose Monitoring Commissioning Statement |
| **Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing (Adults and Children)** | |

## Policies for aids

| Policy name and description | Link to policy statement |
|---|---|
| **Orthoses, bespoke orthoses & 24-hour posture management (Adults and Children)**<br>Orthoses include things like prescription insoles, braces, splints, callipers, footwear, spinal jackets and helmets which help people recover from or avoid injury, or live with lifelong conditions. These are all funded on the NHS if there is a specific clinical reason for it and it will improve functioning and posture. They are not funded on the NHS for sport only.<br>**Target group:** There is no specific target group currently but this will be updated as likely to be some conditions that require these more. | GM Orthoses Commissioning Statement |

| | |
|---|---|
| **Cough Assist Devices (Adults and Children)**<br>A mechanical cough assist is a machine which can help people clear secretions or phlegm from their lungs. The aim of the treatment is to help them breathe in and out deeply and quickly. This can help when their own cough is not strong enough. Cough assist machines are funded on the NHS if the patient meets the criteria set out in the policy.<br>**Target group:** There is no specific target group currently but this will be updated as likely to be some conditions that require these more. | GM Cough Assist Commissioning Statement |









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### Engagement to date

There has been several periods of engagement on assisted conception policies and IVF in the last couple of years, and further specific engagement planned on that in the spring. On top of this, where policies have come up for clinical review in the last twelve months, light touch engagement has been undertaken, with surveys promoted on our website and social media. However, NHS GM has not previously carried out large scale engagement on any of the other policies.

As part of the engagement preparation, we will research whether there is any existing patient feedback or engagement elsewhere in the country on the services that the policies cover that may be relevant, including requesting reports from NHS England's 2018 review. These findings will be included in the engagement report.

## Outcomes

### Engagement outcomes

During this work, the focus of the engagement will be on how the policies impact on people, what the feedback from people with lived experience of these services is, and whether there is anything that needs to be considered from a health inequalities and equality perspective should there be a review of them in the future.

This will lead to the outcomes of:

- A good understanding of the impact of the policies currently
- A good understanding of how effective people think the policies and procedures are
- Information to support any future review with a particular regard for health inequalities.

The engagement methodologies described below are designed to focus on achieving these outcomes.

## Key messages

- We would like your feedback on policies for Procedures of Limited Clinical Value (PLCV) and to understand your experiences of the services.
- Procedures of Limited Clinical Value (PLCV) are medical procedures (normally small operations) that the research shows do not normally make people feel better or make a difference to their lives or wellbeing.
- It is important that the NHS only carries out operations or give medicine where there is a clear benefit because all procedures do have some level of risk for the patient receiving them.

- Procedures where the evidence does not show good benefits for the patient are not a good use of public money, which is important when we are trying to balance our finances and create an NHS fit for the future.
- Each procedure has a policy that sets out the criteria and in what circumstances someone would be eligible for it.
- Only people who meet the criteria and are most likely to get some benefit can have a procedure of limited clinical value.
- NHS Greater Manchester (GM) is working with hospitals across GM to make sure that the policies are all being followed consistently.
- If a review of the policies is carried out after the audit, your feedback and thoughts will help us make sure that the policies are fit for purpose.

## Timeframe

The engagement is due to launch in February 2025 and will run for 8 weeks.

There will be an engagement review at the halfway point to check whether target groups and stakeholders have been engaged or identify where gaps and opportunities are within the programme to reach the target communities.

The draft report will be ready within 4 weeks of the end of the engagement.

## Planning and Governance

The Engagement team will work with the project team and commissioner supporting this work.

## Target audiences and stakeholders

There are a number of key stakeholders that we will need to keep informed and involved at different stages of the process. Before communicating any information about forthcoming engagement publicly it will be important to ensure that key stakeholders have been briefed. This should not come as a surprise to any organisations or partners that will be directly impacted.

### Engagement target audiences

The target audiences will continue to be developed as the planning progresses and as further information comes out of the Equality Impact Assessment. The list below is high level, and further work is being done to create a more specific list of contacts.

| Target group | Opportunities to reach |
|---|---|
| **Women**<br>**Some of the policies are more likely to affect women than men, so it is important that women are targeted.** | • Mother and baby groups<br>• Start well centres<br>• Maternity and neonatal voice partnerships<br>• Community spaces like shopping centres and libraries<br>• Women's support groups and over 60s groups |
| **Men**<br>**Some of the policies are more likely to affect men than women and they are particularly hard to reach and less likely to engage.** | • Sports clubs, both grassroots and professional sports clubs<br>• Gyms<br>• Men's support groups<br>• Workplace engagement |
| **Children**<br>**Some of the policies are more likely to affect children and young people and we will need to reach them directly as well as their parents, carers or guardians.** | • Start well centres<br>• Mother and baby groups<br>• Schools and colleges<br>• Youth Councils<br>• Youth zones/clubs<br>• Parent/carer forums<br>• Greater Manchester Youth Network |
| **Older people**<br>**Some of the policies are more likely to affect older people.** | • Older people clubs<br>• Residential homes<br>• Age UK<br>• Community support groups<br>• Over 60s groups |
| **Specific conditions**<br>**Some of the policies are more likely to affect people with certain conditions.** | • Community support groups<br>• Charities, e.g. Diabetes UK, MS Society, People First, Parkinson's UK, SENSE, Scope, Stroke Association, etc<br>• SEND Parent/Carer groups<br>• Existing engagement groups, e.g. Silent Voices, Equality Panels, etc |

### Stakeholders

The core list of stakeholders includes:

- Service providers, including all the foundation trusts
- GP practices, pharmacists and opticians
- Greater Manchester Combined Authority
- 10 Greater Manchester Local Authorities
- Healthwatch Greater Manchester and the 10 local Healthwatches
- 10 GM and the local infrastructure organisations
- Voluntary, Community, Faith and Social Enterprise sector – both local and GM-wide groups, targeted engagement and more broad communications
- Politicians – councillors, MPs and the GM Mayor
- NHS England
- Greater Manchester Integrated Care Partnership Partners
- Local media, including the local papers and radio stations

## Communications methodologies

### Media handling – Comms to update

It is crucial that we engage with local media to:

- Increase awareness of the engagement.
- Encourage an informed public understanding of the work.
- Provide clear information.
- To encourage ensure accurate and positive reporting.

It will be important to agree a nominated list of effective spokespeople from various parts of the system to lead interviews.

### Social media

The NHS GM communications team manage the digital channels for both the NHS Greater Manchester and Greater Manchester Integrated Care Partnership accounts. Our NHS Greater Manchester platforms are used for information directly relating to our organisation and used to get key health messages out, using the trusted NHS branding.

Our Greater Manchester Integrated Care Partnership is used for information relating to the work of the partnership and has more focus on engaging with organisations and people living across Greater Manchester.

As this is an NHS GM consultation, this is where we will focus most of our activity for this programme, with shares on to the ICP pages.

Social media platforms provide us with advanced targeting options that allow us to reach specific demographics, such as age, gender, location, education level, interests, and behaviours. This precision targeting ensures that the content reaches the most relevant audience segments.

This is helpful for us as, for example, Meta allows us to target based on boroughs, postcodes, or for example, within 20km of a postcode area.

We can further target the audience as follows:

- Demographics (age, gender, etc)
- Interests. i.e. Indeed.com, Job Interview, Linkedin, Recruitment (careers), jo hunting etc.
- Employers/Job titles/Industries i.e. Cleaner, Taxi Driver, Fast food, Accountant, Campaign Manager etc.
- Behaviours i.e. frequent travellers, commuters, engaged shoppers etc.

A detailed social media plan will be developed.

## Other channels

In addition to the stakeholder communications, media, digital and social media activity set out we will also keep people involved using the following methods:

| Channels | How/Where |
|---|---|
| NHS GM/GM ICP website | • Get involved page Get Involved\| Greater Manchester Integrated Care Partnership (gmintegratedcare.org.uk)<br>• News page (if required) |
| Direct email | To be determined if required |
| Bulletins | Inclusion in Primary Care Bulletin, Stakeholder Bulletin and Keep Connected |
| Verbal briefing | As required |
| Intranet | On NHS GM website, and encourage partners to use too |

## Communications to support the public engagement

As set out above we will employ a mix of broad-reaching and targeted communication methods to drive awareness and action among our public and stakeholders.

| Activity, action or decision | What do people need to know? | Communications response or tactic |
|---|---|---|
| Final approvals and notification that the engagement can go ahead | The public engagement will go ahead and timings | Email notification<br>Briefing note on the decision and confirmation of consultation start date (see stakeholder management plan above) |
| Launch day | The engagement has launched, how to access the consultation materials and documents | Briefing note<br>Newsletter article<br>(see stakeholder management plan above) |
| Ongoing communication throughout out engagement period | How to respond/get involved<br><br>Factual information | Website page<br>Media release to help support<br>Offer interviews with agreed spokespeople.<br>Newsletter piece that can be shared in GMICP news and for partners to share on their own channels (include in NHS GM staff newsletter too)<br>Create a series of social media posts outlining the details of the engagement, including dates, how to participate, and key questions being considered.<br>Use targeted social media ads to reach specific demographics (amount per week to be agreed)- to agree demographics with engagement<br>Ongoing review during engagement (1,2 and 4 weeks) and re-divert funds where there is low take up.<br>Resources to support engagement (see engagement resources) |

## Engagement Methodology

NHS GM will ensure that it uses a variety of engagement methods to ensure it reaches a wide range of audiences throughout the engagement.

This will include:

- Survey (online and print version available to download)
- Patient Stories
- Public drop-in meetings / Community engagement (e.g. at libraries, practices, supermarkets, etc)
- Focus groups/ Targeted discussion groups
- Lived experience and advisory group engagement.
- WhatsApp, text message, phone calls, emails and letters will all be promoted/accepted ways to get involved.
- Request providers and primary care to promote the survey and engagement with patients who have used any of the services in the policies.
- An offer of support to help people engage in the way that suits them best, including translated documents, 1-2-1 discussions, etc.

## Resources

The NHS GM communications and engagement team will work together on producing the resources.

All information produced as part of the consultation will be written in language that can be understood by members of the public. Technical phrases and acronyms will be avoided, and information will be produced in other forms as required, to reflect the needs of GM's diverse population. This will include as standard:

- Easy read
- BSL video
- Large print
- Printed copies posted out with a freepost return address

Key resources we will use as part of our engagement activities will be:

- Survey
- Information document about the policies
- Video / films (including BSL)
- Posters/ flyers/ leaflets

- PowerPoint
- Patient facing texts/emails for providers

Supporting communications resources include:

- Media releases
- Stakeholder briefings
- Web copy
- Social media graphics and posts
- Newsletter articles

## Measurement and evaluation

To evaluate the success of the communication and engagement to support the public consultation and engagement, a variety of metrics should be used. These will be:

- Number of Total Responses
- Response Rate by Demographics: Age, gender, ethnicity, and the target audiences identified above and in the Equality Impact Assessment
- Place Distribution of Responses
- Stakeholder group participation or sharing of information.
- Social media reach and engagement i.e impressions, shares, comments and likes, click throughs
- Media coverage
- Go vocal engagement statistics re: users joined, following programme, submissions to survey etc.

## Risks and mitigating actions

| Risk | Mitigation | RAG |
|---|---|---|
| People are unable to engage due to lack of publicising. | A communications plan will be in place to mitigate this. | Amber |
| People are unable to engage due to barriers to access. | Resources will be provided in a number of formats, with an offer for additional formats or individual assistance. | Green |

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# Greater Manchester Joint Health Scrutiny Committee

Date: 21 January 2025

Subject: Supporting our Workforce: An update from NHS Greater Manchester

Report of: Janet Wilkinson, Chief People Officer, NHS Greater Manchester

## Purpose of Report

This report provides an update on the following:

(i) Delivery and evolution of the Greater Manchester Health and Care People and Culture Strategy 2022-2025

(ii) An overview of the improved People and Culture governance structures, which are able to provide much greater oversight of the delivery of strategy.

(iii) An overview of the role of workforce in the three-year Sustainability Plan.

## Recommendations:

The JHSC is requested to:

1. Note the update and progress made to focus delivery of the People and Culture Strategy for maximum impact.
2. Note the alignment of work to the wider GM Strategy.
3. Note the risks to delivery identified and consider areas where the GMCA can support to mitigate or reduce the risks.

## Contact Officers

Anna Cooper-Shepherd, Head of Strategy and Business, Chief People Officer, NHS GM – anna.cooper-shepherd1@nhs.net.

## Risk Management

NHS GM People and Culture Committee oversees the workforce risk as recorded on the Integrated Care Board's Board Assurance Framework and a strategic risk register.

## Number of attachments to the report: Two (Appendix One and Two)

# Background Papers

- The full GM People and Culture Strategy for our Health and Care Workforce can be read here: https://gmintegratedcare.org.uk/wp-content/uploads/2023/03/gm-icp-people-and-culture-strategy-2022-2025-final-1-1.pdf.

## Tracking/ Process

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

No

## 1. Introduction/Background

The Greater Manchester People and Culture Strategy for our health and care workforce was developed in 2022 and was approved and subsequently overseen by the then Greater Manchester People Board.

It has five priority areas and creates a blueprint for shared delivery across Greater Manchester. Full strategy can be read here: https://gmintegratedcare.org.uk/wp-content/uploads/2023/03/gm-icp-people-and-culture-strategy-2022-2025-final-1-1.pdf.

In 2024, the Integrated Care Board's governance structures were reviewed, and it was agreed that the delivery of the People and Culture Strategy would be overseen by the NHS Greater Manchester (NHS GM) People and Culture Committee, a statutory committee of the Integrated Care Board.

This report will outline how the progress has been overseen to date and the current Committee priorities.

It is important to highlight that the People and Culture Strategy is due to be refreshed later this year, following extensive evaluation of delivery and impact to date, and further stakeholder engagement on priorities for the next three years.

## 2. Delivery of the People and Culture Strategy

Delivery of People and Culture Strategy is complex, as there are multiple plans and teams supporting work in this space at various different levels. See diagram one

*Diagram one*

Good progress has been made to align all relevant delivery plans to the People and Culture Strategy, including plans in Adult Social Care, Primary Care, Mental Health, Cancer, however it has been difficult to establish clear governance and a process for measuring impact of each delivery plan. The NHS GM People and Culture Function has reviewed delivery of twice per year since 2022, but this is not consistent for supporting delivery plans across Greater Manchester.

The implementation of the findings of the Good Governance Institute (see Appendix 1), the planned refresh of the strategy in spring 2025, as well as further maturity of the ICB will provide greater opportunity to advance this work.

## 3. Responding to the Good Governance Institute's Recommendations

The Good Governance Institute (GGI) has worked closely with NHS GM to review how and where decisions are made. A full report and recommendations were provided for each Committee of the Integrated Care Board. An action plan was developed for the People and Culture Committee to identify how the recommendations would be implemented. See Appendix 1.

Key areas for improvement included:

- Refined priorities with clear measurables
- Greater scrutiny and monitoring of risks
- Reviewing how the agendas were structured to ensure the Committee was delivering in its role
- Developing a work plan for the year
- Other areas included development of a narrative on a page, summary terms of reference and bringing the values of NHS GM to lift.

Diagram two provides an overview of the three priority areas that were identified and approved by Committee in October 2024 for delivery over a six-month period, by which time the People and Culture Strategy is due to be refreshed.

The priorities are the three areas that the Committee felt the system could work on collectively for maximum benefit. Delivery is owned by all members of the Committee and supporting groups. A large proportion sits with the NHS GM People and Culture Team as the only dedicated central resource. However, resource within the team is limited due to competing priorities (including meeting statutory duties as an organisation and the NHS England undertakings) and ongoing vacancies and this is recorded as a risk on the strategic risk register.

*Diagram two*

| Committee Priority | Focus | Measurables (What does success in 6 months look like?) |
|---|---|---|
| (1) Delivery of the People and Culture Strategy. | With a particular focus on good employment through the Good Employment Charter and advancing equality, diversity and inclusion. | • Increase number of health and care employees benefitting from Good Employment Charter Membership by 10%<br>• Embed Equality Professionals Network and develop an action plan for collaboration, utilising staff survey and equality data. |
| (2) Delivery of System Leadership activities. | Supporting our GM Single Improvement Plan by delivering the System Leadership activities as part of Pillar One of the Plan. | • Improve the score of at least half of the Partnership Assessment Tool categories.<br>IN REVIEW |
| (3) Driving workforce efficiency and sustainability. | Working collaboratively with NHS Providers to support workforce and financial sustainability, to meet our in year local and national targets in.<br><br>Developing technical career pathways into health and care, to support the future sustainability of our workforce, by:<br>• Establishing an MBacc for health and care<br>• Increasing T Level placement capacity | • To achieve the following targets collectively for our NHS Trusts and ICB: Sickness Absence – 5.1%, Agency as a % of pay-bill target – 3.2%, Turnover – 10.9%<br>• Increase the number of health and care employers offering T level placements (number to be defined through initial scoping phase.)<br>• Develop a GM apprenticeship approach following publication of national strategy. |

## 4. Progress to deliver on the Committee Priorities

As part of the implementation of the GGI's recommendations, a third of every Committee meeting is now dedicated to reviewing delivery of our Committee priorities, including highlight reports and deep dives.

Regular oversight and assurance along with clear measurables improve the ability to oversee the delivery of our priorities. The Committee meeting in December 2024 received the first highlight reports and a deep dive on Priority One.

All supporting meetings, including NHS GM (org) Sub-Committee, Health and Care Group, and Sub-Groups, such as NHS HRDs, Education and Skills and Good Employment and Wellbeing have been tasked with reviewing the priorities and identifying their role in supporting delivery. Both the (org) Sub-Committee and Health and Care Group have developed delivery plans which they are managing oversight of.

### 4.1 Delivery update on priority one

- Supported the delivery of Good Employment Week and showcased the work on Multiple Disadvantage with Greater Manchester employers and providing key input on the good leadership workshops.
- NHS GN received its plaque recognising the organisation as a member of the GM Good Employment Charter.
- Urban Village Medical Practice, based in Ancoats, have been recommended for Charter Membership in the latest round.
- Greater Manchester Mental Health have had their membership application paused whilst there are trades union disputes with the organisation in regard to safe staffing
- The Equality Professionals Network was established in June 2024 and has been meeting monthly. The Network is now getting into a rhythm of sharing good practice, joint working on improvement initiatives, identifying system wide themes that lend themselves to collaborative working.

### 4.2 Delivery update on priority two

- Worked with Affina OD to utilise their Partnership Assessment Tool to assess how well the ICS's inter-organisational partnership works across a number of set dimensions, by assessing the quality of the relationships between partnership members. Completed the first survey over the summer, with over 150 system leaders contributing. The results were presented at our People and Culture Committee in October. Collectively they give a clear indication that improvement is required across all measures and these first results provide a baseline to build on over the coming months.
- The next step is to work together to deliver a targeted improvement programme to support the areas identified in the first set of results. This plan is being developed and overseen by a monthly system leadership group made up of leaders across NHS Trusts, Primary Care, Place Leaders from Local Authorities, Voluntary, Community and Social Enterprise Sector and the Integrated Care Board.

### 4.3 Delivery update on priority three

- *Workforce Efficiency Measures*

  To achieve the following targets collectively for our NHS Trusts and ICB:

- Sickness Absence; Target 5.1%; Month 6 (Sept 2024) 5.9% - **0.8% above plan**
- Activity: Peer reviews have taken place around attendance management, with themes and best practice identified
- Agency as a % of pay-bill; Target 3.2%; Month 6 (Sept 2024) 1.9% - **target on track**
- Activity: Continuation of support to providers challenged in relation to off framework usage and price cap compliance. sign-off of the Temporary Staffing Strategy, liaison with temporary staffing provider to investigate rates of pay for nursing, midwifery and medical staff for both agency and bank across provider trusts
- Turnover: Target 10.9%; Month 6 (Sept 2024) 10.6% - target on track
- Activity: Mapping of GM to Regional Retention Priorities demonstrating reasonable alignment and an opportunity to continue to work together. System maturity matrix in relation to retention undertaken. Development of People Promise Exemplar Site Implementation Plans.

- *Workforce Sustainability*

  T Level placements = increased by 10 (this is ahead of plan as we are still in the scoping phase technically, target for phase 2 yet to be set with the funder) This includes placements in maternity (a first in GM), estates and facilities, cancer, and a rotational placement model between secondary and adult social care.

  New employers providing placements = 3 (The Christie, Miocare & Pennine Care) have made a commitment to provide (currently onboarding to achieve employer readiness).

### 4.4 Risks to delivery

The following have been identified as risks to the delivery of Committee's priorities:

1) The rise in National Insurance for April is due to hit hospices, Primary Care, Social Care and VCSE Sectors and will place at risk their ability to pay the real living wage and uphold other cost standards in the charter including sick pay on 1st day.

2) NHS Trusts continue to have concerns about Real Living Wage. Our mitigation is that we can pass trusts through on this as the pay deal currently takes them above the amount. If national pay deals took them below whilst we could not continue with membership. Seek to raise the issue through the GM Mayor in order to address the situation.
3) Ensuring equality retains a focus / priority through the significant change currently underway in Greater Manchester due to improvements required and undertakings.
4) Reduced take up of bank shifts due to reduction in overtime and reduced bank rates.
5) Reduced transparency of decision making and restrictions on collaboration due to challenges around engagement with the Workforce Efficiency Programme Governance due to the pressures of delivering the current recovery programmes
6) The Workforce Efficiency Programme will not achieve associated targets due to a lack of capacity within organisations engaged in the programme.

## 5. Wider system delivery

The requirement to support a statutory organisation and the delivery of the Single Improvement Plan in response to the NHS England undertakings, have limited the delivery of activity across the wider health and care system. However, Delivery continues in three key areas:

A. Good Employment – to improve membership across health and social care.
B. Skills – supporting the Baccalaureate in health and care and increase T Level placement capacity.
C. Wellbeing – improving the access to good wellbeing support across health and care, through the Wellbeing Toolkit, engagement sessions, Freedom To Speak Up and expansion of access to occupational health support in primary care.

Appendix Three is a summary of wider progress being made in Greater Manchester and summarises the case studies that have been submitted to support the development of the national ten-year plan for the NHS.

## 6. Supporting the three-year Sustainability Plan

NHS Greater Manchester's People and Culture Function have been supporting the three-year Sustainability Plan in three key areas:

(1) Annual Operational Planning

(2) Key controls and activity

(3) Assurance

Appendix Two provides a more detailed overview of this piece of work.

## 7. Next steps

The focus for January-April 2025 will be on delivery of the three Committee priority areas highlighted in this report. The Committee will continue to monitor progress through highlight reports and deep dives, with a full review on whether the targets have been achieved in April/May 2025.

The spring will then see the start of the strategy refresh, with extensive system engagement. The refreshed strategy will include clear measures of success and a reporting process for all supporting delivery plans, to ensure wider delivery is captured going forward.

The NHS GM People and Culture Function will also continue to support the delivery of the Single Improvement Plan, the Sustainability Plan and meeting the requirements of the statutory ICB.

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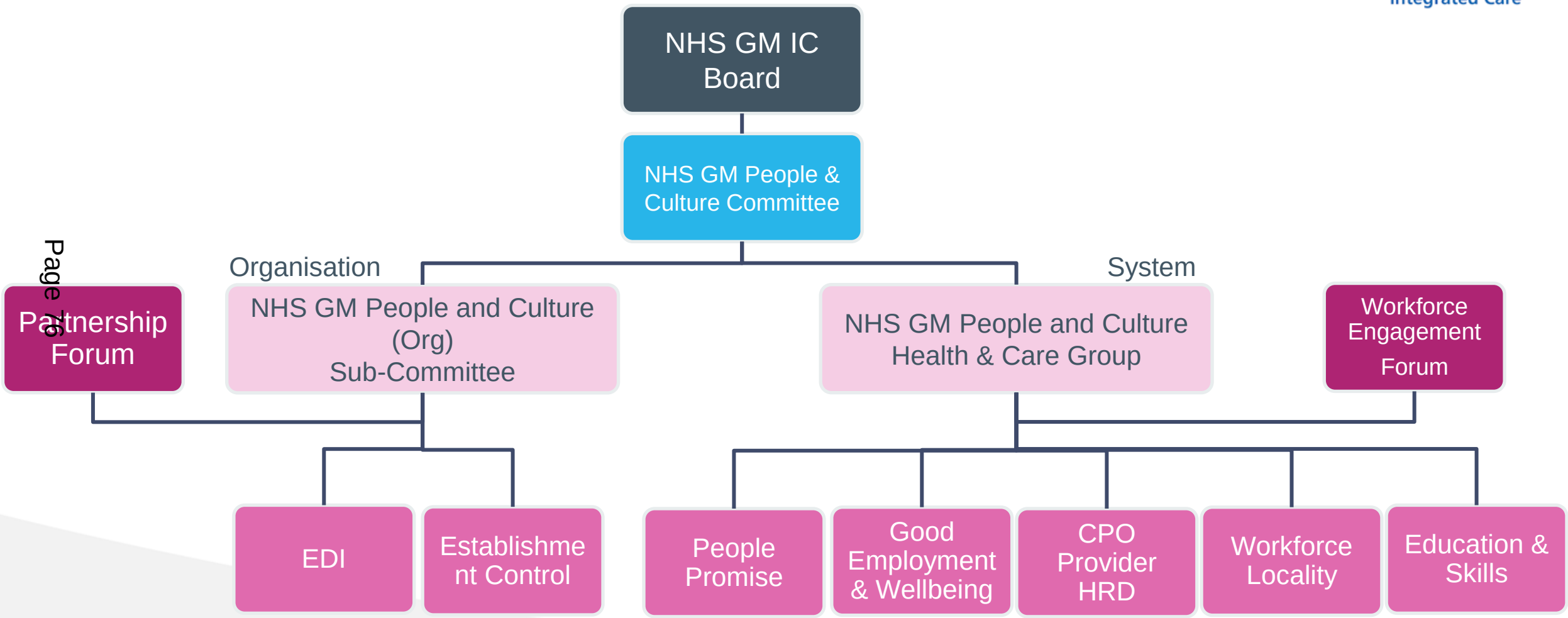
NHS
Greater Manchester



# Appendix One – P&C Committee Action Plan

# People and Culture Governance



# Action Plan

| Recommendation | Proposed action | Implementation date | Update |
|---|---|---|---|
| 1. Review Committee's priorities | Identify and adopt 3 priorities for the next six months | October 2024 | Approved. |
| 2. Develop a narrative on a page | Draft to be reviewed in Oct and approved in Dec. | December 2024 | Approved. |
| 3. Develop an escalation map | Draft to be reviewed in Oct and approved in Dec. | December 2024 | Approved. |
| 4. Introduce greater scrutiny of the BAF risk | BAF considered at the beginning of the meeting and members agreed to ensure greater scrutiny. | Complete | N/A |
| 5. Build learning into our approach/agenda | Cttee members to reflect and discuss at October's meeting. | October 2024 | Complete. |
| 6. Bring our values to life | Introduced a member meeting reflection item. | Complete | N/A |
| 7. Develop a TOR on a page | Final draft to be approved in Oct. | October 2024 | Approved. |
| 8. Review how the agendas structured | Three-way split between BAU, escalations and Cttee priorities. | October 2024 | Complete |
| 9. Develop a business cycle that is driven by the TOR. | Approve approved and to be implemented from Oct. | October 2024 | Complete |
| 10. All agenda items to link with delivery of the ICB strategy | Incorporate into cover sheets and implement from Oct. | October 2024 | Complete |

# Terms of Reference on a page (updated)

NHS Greater Manchester

## Purpose

The purpose of the People and Culture Committee ('the Committee') is to obtain assurance, on behalf of the Board, that the health and care workforce across the Greater Manchester integrated care system is sustainable and is supporting the transformation of services in line with the ICS strategy.

The Committee also obtains assurance on the above for NHS GM (ICB) workforce through the People and Culture Sub-Committee.

## Key duties

- **Strategy and planning:**
  - Review the People and Culture Strategy Delivery Plan and monitor progress with its implementation
  - Review delivery of workforce elements of NHS System Oversight Framework, People Plan and Long Term Workforce Plan, with a focus on efficiency and effectiveness.
  - Review plans for system development, including development of places, collaboratives and system leadership, and monitor progress in implementing them.
- **Workforce performance and experience:**
  - Review workforce themes or hotspots from across the system, including within places and across sectors including social care and VCSE.
  - Review the results of the annual staff survey and any other staff surveys and proposed system-wide action plans
  - Review reports from the Freedom to Speak Up Guardian regarding activity from across the system
- **Equality, diversity and inclusion:**
  - Review workforce elements of the system's Equality, Diversity and Inclusion Strategy prior to its submission to the Board, and monitor progress with its implementation, including review of WRES, WDES, and Gender Pay Gap reports.
- **Strategic risks**:
  - Review and monitor BAF risks that have been assigned to the Committee, and the Committee's Strategic Risk Register.
- **Sub-committees and system groups:**
  - Oversee the work of the People and Culture Sub-Committee, which obtains assurance on statutory duties regarding NHS GM staff
  - Receive reports from the NHS GM Health and Care People and Culture Group.

## Membership

**Main committee members:**

- Non-Executive Member, NHS GM
- Non-Executive Member, NHS GM
- Chief Executive Officer, NHS GM
- Chief People Officer, NHS GM and Chair of the NHS GM Sub-Committee
- NHS GM Partner Member
- Chief Nursing Officer, NHS GM
- Chief Medical Officer, NHS GM
- Director of Finance, NHS GM
- Director of People Services, NHS GM
- Director of OD and Culture, NHS GM
- Director of EDI, NHS GM
- Director of Social Care NHS GM
- Deputy Place Based Lead, NHS GM
- Provider Chief Executive and Chair of the NHS GM Health & Care Group
- Provider HR Director
- Primary Care Board representative
- Mental Health Provider representative
- Higher Education Institution representative
- VCSE representative
- Trade union representative (WEF)

# Narrative on a page

NHS Greater Manchester

**Revised priorities for 2024/25:**

1. Delivery of the People and Culture Strategy, with a focus on the Good Employment Charter and advancing equality, diversity and inclusion.
2. Delivery of system leadership activities, in support of the Single Improvement Plan.
3. Driving workforce efficiency and sustainability, working with NHS providers to focus on workforce and financial sustainability and technical career pathways.

**Risk to the People Strategy: Inconsistent approaches and siloed working**

- **Capacity and resource:** Limited resource to focus on delivery of this work at a system level, when there are lots of competing priorities.
- **Ownership and accountability:** All partners need to understand and own their role in supporting delivery, otherwise the strategy will not be delivered effectively across the whole system.
- **Lack of collaboration:** If system partners, including local authority and VCSE, do not work in partnership and share resources, then progress will be limited.
- **Lack of integrated governance:** If we do not have an integrated approach to quality, workforce and finance then we will not have long-term sustainable solutions.

**Context driving the priorities: GM has unwarranted variation across its 10 localities and a very large financial deficit**

- **Poor population health:** Only 55% of the population is is "good health" and the health of the population is projected to deteriorate over the next five years.
- **Unwarranted variation:** The system has unwarranted variation of quality of care and life outcomes across the 10 localities.
- **Large deficit**: Poor health drives higher demand for health care which increases costs and contributes to the system deficit.

**Successes: Establishing foundations for success**

- ✓ **Ways of working:** Co-designed ICP ways of working to create foundations for partnership working and well established P&C Strategy.
- ✓ **Good employment:** Huge progress in increasing membership and supporters in health and care.
- ✓ **Wellbeing**: established GM approach to wellbeing, with a wealth and support and resources, including the GM Wellbeing Toolkit.
- ✓ **Integration:** A strong network of workforce leaders who come together every year at our annual Workforce Summit.
- ✓ **Addressing inequalities**: Launched a new Disability Framework including self-assessment tool and reasonable adjustment pilot. Multiple Disadvantage Framework currently being rolled out.
- ✓ **Growing & Developing**: Investment in the development of our VCSE workforce, including the creation of a Workforce Hub for the sector.

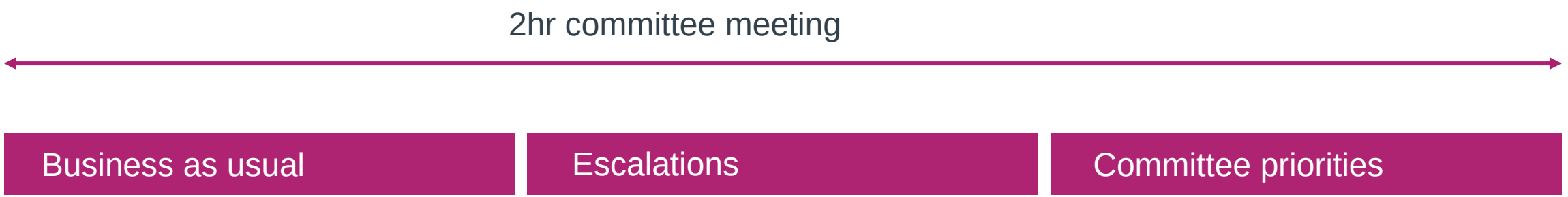
**Future plans: Transformation to deliver workforce sustainability**

- **Strategy development**: Refresh our P&C Strategy, with input from stakeholders across the system, to ensure the right priorities are in place to support partnership working, with clear and measurable KPIs driving what success looks like.
- **System Delivery Plan:** Plans are in place to develop a more robust approach to capturing activity taking place to delivery the strategy at different levels, including with our system programmes/clinical pathways.
- **Workforce performance and experience:** Drive and evidence improvements in NHS provider workforce performance and experience (including inequalities) through improved oversight arrangements, including clarifying roles, information flows and escalation paths, and sharing best practice.
- **One workforce approach**: Taking a system view to achieve or exceed 2024/25 workforce targets, including through developing system culture and leadership.

# (8) and (9) New agenda structure and business cycle

The GGI recommend that agendas have three aspects, allowing the Committee to conduct business as usual, to manage escalations and review progress to deliver priorities. Going forward, meetings will be structured as follows:





# P&C Committee Work Plan

DRAFT

| December 2024 | |
|---|---|
| **Standing Agenda Items** | **Focus Items** |
| 1. Declarations of Interest<br>2. Action Log/ Notes<br>3. Forward View of Work Plan<br>4. Committee Risk Report<br>5. Sub-Committee Chairs Report (inc. workforce report)<br>6. H&C Group Chairs Report (inc. workforce report)<br>7. Committee Prioirties Highlight Reports | 8. Committee Priority Deep Dive - **Priority 1**<br>9. Freedom to Speak Up |

| January 2025<br>28/01/2025 | |
|---|---|
| **Standing Agenda Items** | **Focus Items** |
| 1. Declarations of Interest<br>2. Action Log/ Notes<br>3. Forward View of Work Plan<br>4. Committee Risk Report<br>5. Sub-Committee Chairs Report (inc. workforce report)<br>6. H&C Group Chairs Report (inc. workforce report)<br>7. Committee Prioirties Highlight Reports | 8. Committee Priority Deep Dive - **Priority 3**<br>9. EDI Update |

| March 2025<br>25/03/2025 | |
|---|---|
| **Standing Agenda Items** | **Focus Items** |
| 1. Declarations of Interest<br>2. Action Log/ Notes<br>3. Forward View of Work Plan<br>4. Committee Risk Report<br>5. Sub-Committee Chairs Report (inc. workforce report)<br>6. H&C Group Chairs Report (inc. workforce report)<br>7. Committee Prioirties Highlight Reports | 8. Committee Priority Deep Dive - **Priority 2**<br>9. Staff Survey Results (?) |

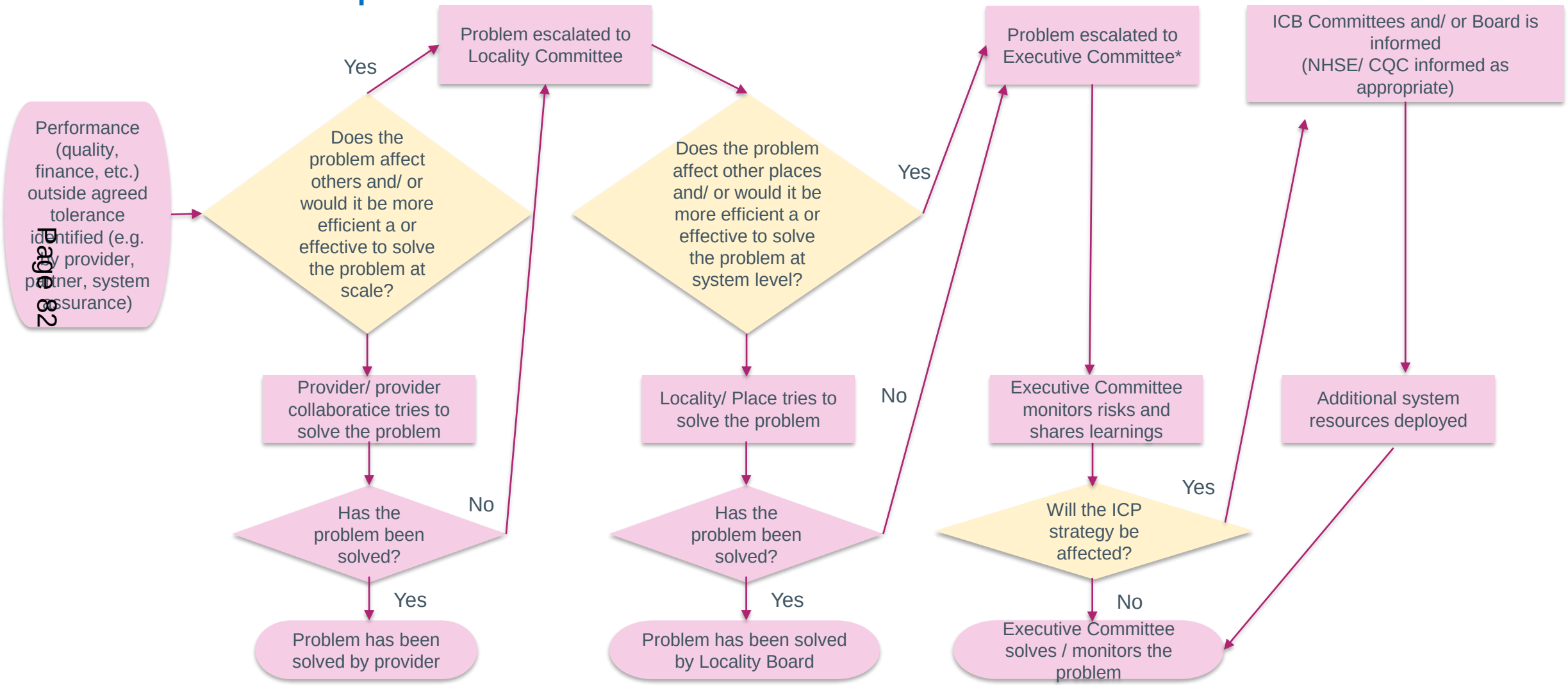
| May 2025<br>27/05/2025 | |
|---|---|
| **Standing Agenda Items** | **Focus Items** |
| 1. Declarations of Interest<br>2. Action Log/ Notes<br>3. Forward View of Work Plan<br>4. Committee Risk Report<br>5. Sub-Committee Chairs Report (inc. workforce report)<br>6. H&C Group Chairs Report (inc. workforce report)<br>7. Committee Prioirties Highlight Reports | 8. Committee Priority **Impact Assessment**<br>9. EDI Update<br>10. Committee Annual Report |

| July 2025<br>29/07/2025 | |
|---|---|
| **Standing Agenda Items** | **Focus Items** |
| 1. Declarations of Interest<br>2. Action Log/ Notes<br>3. Forward View of Work Plan<br>4. Committee Risk Report<br>5. Sub-Committee Chairs Report (inc. workforce report)<br>6. H&C Group Chairs Report (inc. workforce report)<br>7. Committee Prioirties Highlight Reports | 8. Approve Priorities for Next 12 Months<br>9. P&C Strategy 3 Year Review<br>10. Freedom to Speak Up |

| September 2025<br>30/09/2025 | |
|---|---|
| **Standing Agenda Items** | **Focus Items** |
| 1. Declarations of Interest<br>2. Action Log/ Notes<br>3. Forward View of Work Plan<br>4. Committee Risk Report<br>5. Sub-Committee Chairs Report (inc. workforce report)<br>6. H&C Group Chairs Report (inc. workforce report)<br>7. Committee Prioirties Highlight Reports | 8. P&C Strategy Approval<br>9. EDI Update |

| November 2025<br>25/11/2025 | |
|---|---|
| **Standing Agenda Items** | **Focus Items** |
| 1. Declarations of Interest<br>2. Action Log/ Notes<br>3. Forward View of Work Plan<br>4. Committee Risk Report<br>5. Sub-Committee Chairs Report (inc. workforce report)<br>6. H&C Group Chairs Report (inc. workforce report)<br>7. Committee Prioirties Highlight Reports | 8. Committee Priority Deep Dive - **Priority X**<br>9. Freedom to Speak Up |

# Escalation map




* Regular reporting to the executive committee identifies issues in common, which could benefit from a system response

NHS
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# Appendix Two:
# P&C Input to the Sustainability Plan

# Supporting the GM Sustainability Plan

NHS Greater Manchester Integrated Care

***Annual Operational Planning***

- Centrally coordinated forecasts for the year

***Key controls and activity to deliver on plans***

- Temporary Staffing Strategy
- Reducing sickness absence
- Vacancy and establishment control
- Scaling People Services, including reducing time to hire.
- Delivering the People Promise across NHS Providers

***Assurance***

- People and Culture Governance
- Provider and Locality Assurance
- Supported with assurance packs and toolkits
- Workforce Efficiency Group
- Scaling People Services Oversight Group

GM People and Culture Strategy

- Developing and promoting good employment practices
- Creating collaborative working cultures
- Understanding causes of staff sickness and burnout
- Developing technical career pathways into health and care

# Annual Operational Planning

- All providers produce a 12 month operational plan, including workforce forecast for the year.
- The centrally coordinated and managed operational planning round submission for the ICB includes submissions from all nine provider trusts and 10 primary care localities. In 2023/24, over 800,000 data items were processed for each of the 3 collection rounds.
- People teams work in collaboration with colleagues to triangulate workforce plans with finance and activity.
- Provider HRDs provide each other with peer support and challenge as required.
- This process ensures we have high quality workforce data for GM, to support collaboration with Trusts and the ICB and for monitoring progress.

# Key controls and activity

- The Workforce Efficiency Programme was established to support and enable NHS Provider Organisations to improve productivity and reduce the financial gap against workforce. The aim was to reduce reliance on premium cost staffing through a reduction in sickness rates and tighter controls on agency booking to achieve a more affordable workforce establishment.

Activity includes:

- Development of a GM Temporary Staffing Strategy
- Utilising the NHSE Agency Spend Reduction Toolkit
- Development of sickness absence audits to improve better reporting and support to line managers and staff, reducing the reliance on agency usage
- Increased focus on agreeing common rates across GM where we can reduce spend
- A system vacancy control panel meets weekly to review posts for recruitment that meet the exclusion criteria, ie that are outside of establishment or operating plan, or are non-clinical above Band 8a.

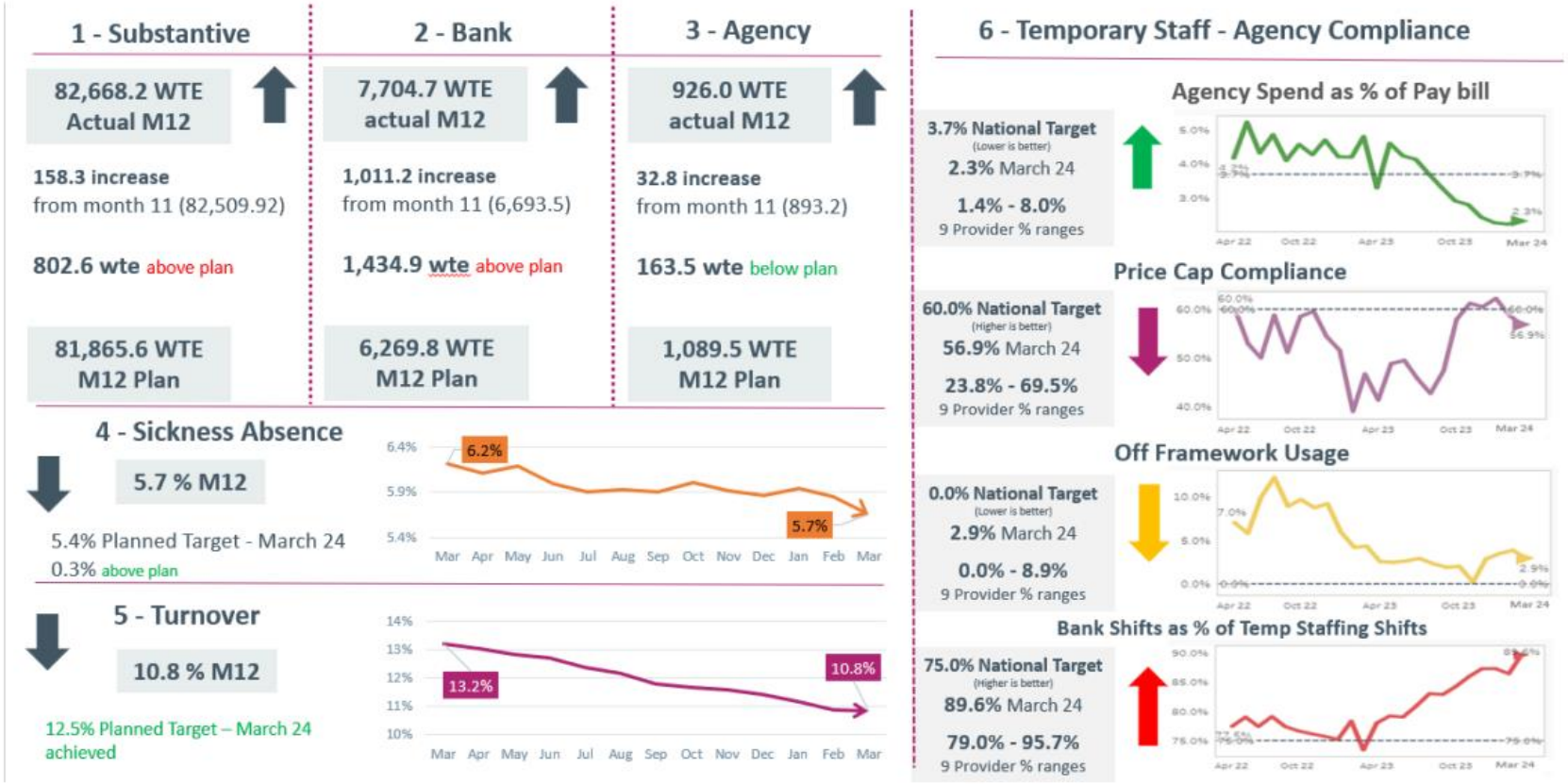
- To enable the monitoring of 24/25 plans colleagues are developing further processes to support the delivery of provider plans, which will include monitoring tools to ensure plans are achieved, early warning tracking highlight any deviations from projected forecasts throughout 2024/25.

# Workforce reporting

Greater Manchester Integrated Care

The system dashboard below is produced monthly and is reviewed by our H&C Group and P&C Committee to monitor progress on annual local and national targets.

## Greater Manchester Balanced Scorecard – Month 12 Workforce Position



# Assurance

- Through monthly assurance meetings the ICB works with providers and localities to make sure they are on track to meet their operational plan/locality workforce plan.
- A Self Assurance Toolkit has been developed to support the Provider Assurance process, which includes KLOEs. This information, triangulated with the monthly data assurance packs contributes to assurance and informing GM's narrative on its current workforce position against finance, performance and recovery.
- Providers submit a monthly return with a focus on grip and control around staffing spend, vacancy controls, temporary staffing and sickness absence.
- A significant difference has been seen in meeting the NHS England targets particularly around temporary staffing, including Off-Framework spend, agency to bank ratios and agency to overall staffing spend.
- Key activity is also overseen by the NHS GM People and Culture Committee and Health and Care Group – where system workforce dashboards are reviewed and areas of concern or improvement discussed, as well as quarterly the Joint CPO/HRD Sub-Group, the Workforce Efficiency Group and the Scaling People Services Oversight Group.

## NHS Greater Manchester case studies

The following case studies have been fed into the 10 Year Health Plan Working Group.

**Healthy Hyde** – making changes to someone's life early on, in order to improve their life before they hit crises. The range of support includes help with employment, housing, health, nutrition, social care, pre and post-natal education

**Accelerating the Deployment of the GM Care Record** – providing health and care workers with access to vital patient information to provide better informed direct care and treatment on the frontline.

**Social prescribing** – A new role which is dedicated to supporting people with Type 2 diabetes and a high BMI, or those at risk of developing the disease.

**Better outcomes – better lives** – improving people's independence by focusing on what they can do (their strengths) rather than what they can't do, known as a strengths-based approach.

**Making Smoking History in Greater Manchester** – a whole-system approach to creating a smokefree city region.

**Targeted lung health checks** – aimed at past and current smokers aged 55 to 74 through a series of roadshows and mobile CT scanner units set up in supermarket car parks.

## Hospital to Community

In GM, there are 88,995 members of NHS employed staff, 63,000 in Adult Social Care, 22,000 in Primary Care and 75,610 paid employees in the VCSE sector. These go alongside 496,609 volunteers and 280,000 unwaged carers. These figures reflect the importance of considering those outside NHS employment when looking at a community-led approach. It is a key priority of GM for the workforce to be representative of the communities it serves.

GM also trailblazed a blended roles programme, which focused on improving career pathways for the workforce across the system and providing better support for people, by integrating health and social care roles. The design of the programme was a collaborative effort, bringing together district nurses, local authorities, independent sector social care providers, the voluntary sector, NHS, primary care and other sector experts. Further information on the results of the programme can be found here - Supporting integrated working through blended roles | NHS Employers.

The top three tips from the programme were -

1. Committing to high-quality resources for six to eight months is necessary for successful program implementation. This includes design, training, and ensuring competency.
2. A dedicated role in the district nursing team ensures ongoing resources for training and competencies.
3. Success in the programme requires a shared vision among leaders of healthcare and social services, with a commitment to collaboration and utilising expertise towards a common goal.

## Treatment to Prevention

2024/2025 is the first year of delivery of NHS GM's Multi-Year Prevention Plan, The system agreed to prioritise **CVD and Diabetes** prevention in year 1. This is the first time that they have collectively agreed prevention priorities at system level.

System learnings from initial work on CVD and Diabetes prevention –

1. The model of locality workshops to establish a shared understanding, build relationships, identify challenges and share learning were well received by both locality and GM teams
2. GM Operating Model: delivery of prevention sits within localities, and locality prevention programmes demonstrate true partnership working and delivery within neighbourhoods and communities

3. Resources: Finances for prevention activites have been reduced at both GM and locality level. To realise prevention at scale, a new model of sustained funding needs to be agreed
4. Capacity: GM Priorities need to align with locality priorities in order to ensure locality teams have sufficient capacity to deliver

GM are also developing proposals for a **'Live Well GM Prevention Demonstrator'** which will work across the range of prevention. The aim of the Demonstrator will be to bring together existing Live Well work and VCSFE strengths and provision with targeted prevention activity across all public services (Delivered through Live Well Centres and Spaces). A key priority will be shifting resources towards neighbourhood provision which integrates primary care, community care, social care, mental health, employment support and voluntary services to offer coordinated support, reducing the reliance on acute, emergency and high-cost services.

There is also a report on the impact GM's whole system approach to **Population Health & Inequalities** which is available to share upon request.

## Cross-cutting case studies

***Healthy Hyde***

Healthy Hyde began in December 2021 after its Primary Care Network (PCN) was tasked with improving the health and wellbeing of the most deprived 10% of its local population.

The programme aims to make changes to someone's life early on, in order to improve their life before they hit crises. Much of their work is with the homeless population, refugees, asylum seekers, food bank users, children struggling in schools, and parents with young children. The range of support includes help with employment, housing, health, nutrition, social care, pre and post-natal education.

Funded through the Locally Enhanced Service scheme, Healthy Hyde is run from the 30-strong PCN office comprising a variety of health and wellbeing practitioners, a PCN manager and two clinical directors. The team partners with housing

organisations, domestic violence organisations, voluntary and community groups, the local council, housing shelters and statutory services at a variety of levels.

By taking the time to get to know their communities, listen to what they want and adapt their offer to fit their needs, Healthy Hyde has introduced a number of initiatives, including English lessons for refugee and asylum seekers – with incorporated wellbeing checks, advice sessions at local food banks, health drop-in sessions for homeless people, post-natal courses, mum and toddler groups with an emphasis on health matters, and a memory café run by mental health practitioners aimed at combating loneliness among carers.

***Accelerating the Deployment of the GM Care Record***

The GM Care (GMCR) provides health and care workers with access to vital patient information to provide better informed direct care and treatment on the frontline. It is also providing the platform for research and secondary uses and the basis of digital transformation of clinical pathways.

Since the GMCR was launched during the pandemic, it is now being accessed by over 18,000 frontline workers to support the care and treatment of over 180,000 patients each month. It has become a major digital asset for Greater Manchester, with the potential to support programmes to tackle health inequalities and transform care in areas such as dementia/frailty, virtual wards and heart failure.

During the pandemic and through close collaboration between the GM clinical-academic community, health and care partners and citizens, 22 COVID-19 related research studies using de-identified data from the GMCR were approved to understand the impact on the communities of Greater Manchester. In future, data from the GMCR will help researchers to understand other major health and care issues affecting the city-region through GM's Secure Data Environment.

All of this activity to support both direct care and research has been underpinned by engagement and strong governance across GM data controllers, providers, commissioners, and central GM bodies.

***Social Prescribing***

Recruited in March 2022, alongside a Network Dietician, the Diabetes Social Prescribing Link Worker in Gorton and Levenshulme Primary Care Network offers an alternative approach to managing a health condition with medication alone.

The role is dedicated to supporting people with Type 2 diabetes and a high BMI, or those at risk of developing the disease; working with them to find out what matters to them and what they want to achieve.

Darab, for example, a 39-year-old with limited English, moved to England in 2016 after serving in the armed forces. His wife and children remain in another country.

He had a part-time job but wanted to improve his English to enhance his working ability and access to services. He also wanted to lose weight, join a gym and learn about healthy eating so he could improve his health. After visiting his GP a number of times with low mood and joint pain, Darab was diagnosed with pre-diabetes and referred to the social prescribing service.

Working together with the social prescriber and with the help of an interpreter, Darab was able to join a smoking cessation service, English lessons and secure a gym membership. He also received visual information sheets to help with healthy eating.

In just two months, Darab has increased his health confidence scale from 4 to 12 out of 12; lost more than 16kg in weight, reducing his BMI from 30.2 to 25; and stopped smoking. He goes to the gym four times a week, and now walks daily. He has also reduced visits to his GP and seen an increase in his mood and confidence.

He said: “This service has helped me so much; I have managed to make many changes to better my health and wouldn’t have known where to start without it. I am now eating better, feel fitter and have lost weight.”

***Better outcomes – better lives***

Manchester’s Better Outcomes, Better Lives is improving people’s independence by focusing on what they can do (their strengths) rather than what they can’t do, known as a strengths-based approach. This approach has led to the prevention, reduction and delay of people needing formal adult social care services.

This strengths-based practice is embedded within teams through behaviour change and a shared passion for the preventative approach, with a robust performance and evidence-based framework in place to drive improvement.

Through a combination of strengthened commissioning arrangements, improved early support with the right interventions, support for people to regain independence and a focus on safeguarding people in a timely manner, the programme has successfully met increased demand without a proportionate increase in workforce.

As well as contributing to the wider adult social care service delivering within budget, other achievements include a 10% reduction in the use of Manchester's residential care, a decrease in the cost of 22% of care packages following review, and a total of 66% of people not needing a package of care at the end of a reablement intervention.

***Making Smoking History in Greater Manchester***

Smoking is the single biggest cause of preventable illness and premature death in the world, and the greatest driver of health inequalities. It pushes people into poverty and ill health with a devastating impact on individuals, communities, and the economy. Illnesses where smoking is a major risk factor include cancer, heart disease, stroke, and respiratory diseases. Non-smokers that are exposed to second-hand smoke (also known as passive smoking) are also at risk of the same illnesses – especially vulnerable adults, children, and babies.

In 2017, Greater Manchester Integrated Care Partnership (previously Greater Manchester Health and Social Care Partnership) published its 'Making Smoking History' strategy, taking a whole-system and hugely ambitious approach to creating a smokefree city region. Against a challenging backdrop of higher-than average smoking prevalence and exacerbated health inequalities, Greater Manchester has made huge progress in reducing smoking rates – saving thousands of lives and providing millions in cashable savings to the NHS and public services.

As a result, smoking prevalence has fallen to the lowest on record, from 18.4% in 2016 to 15.4% in 2021 – meaning there are now 66,000 fewer smokers living in Greater Manchester. Furthermore, smoking at time of delivery (SATOD) – the benchmark used to measure smoking status for women at the time of giving birth –

has declined by a quarter, from 12.6% in 2017-18 to 9.5% in 2021-22, preventing many tragic outcomes in pregnancy and birth.

***Targeted lung health checks***

People at risk of lung cancer had the disease detected at a much earlier stage thanks to a pilot scheme in Manchester and Tameside.

The Lung Health Check was aimed at past and current smokers aged 55 to 74 through a series of roadshows and mobile CT scanner units set up in supermarket car parks.

Lung cancer is the most common cause of death in Manchester in people under the age of 75, and most cases are diagnosed at a late stage when survival is poor.

Through targeted screening, the Lung Health Check detected lung cancer and other lung conditions such as Chronic Obstructive Pulmonary Disease (COPD) at a much earlier stage than they would normally have been diagnosed – after reporting symptoms, for example.

As a result, people were offered potentially curative treatment and advice to manage their previously undiagnosed disease. Early detection, intervention and treatment is not only beneficial for the patient but also less costly for the NHS.

In Manchester, more than 2,500 individuals undertook a lung check with just over half deemed to be high risk and qualifying for a CT scan on site. The team found 46 lung cancers affecting 42 individuals, with the majority (8/10) being at an early stage and therefore offered potentially curative treatment (9/10). In comparison, half of lung cancers diagnosed outside of screening are advanced and therefore curative treatment is not an option.

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# Greater Manchester Joint Health Scrutiny Committee

Date: 21 January 2025

Subject: Monthly Service Reconfiguration Progress Report and Forward Look

Report of: Claire Connor, Associate 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

**GM Transport Committee**

Not applicable

## 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 or 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**<br>*Consultation* | 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. This is now scheduled for early February, so this project should start to progress in the early spring.<br>Date of JHSC: 16th July 2024 |

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| **Children's ADHD**<br>*Engagement followed by possible consultation* | Engagement evaluation | There are currently long waiting times for children's ADHD diagnosis services.<br>Engagement ran for 9 weeks and closed on 8th December 2024. Analysis of the engagement is ongoing with a draft report due in January 2025. The report with the proposals will be ready for GM JHSC review in March 2025.<br>**Date of JHSC: March 2025** |
| **IVF cycles**<br>*Proposed consultation* | NHS GM Board | 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.<br>Engagement and options appraisal has been completed. It is due at an NHS Greater Manchester Board for review in early spring 2025. A written briefing on the planned consultation will be provided to GM JHS.<br>**Date of JHSC: 16th July 2024** |
| **Specialised commissioning cardiac and arterial vascular surgery**<br>*Engagement followed by possible consultation* | Engagement | 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.<br>Date of JHSC: Winter 2025 (TBC) |

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| **Specialist weight management**<br>*Engagement followed by possible consultation* | **Engagement** | **The tier 3 specialist weight management service supports people living with very high BMIs. There are currently different service levels across Greater Manchester.**<br>**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.**<br>**Date of JHSC: Spring 2025 (TBC)** |
| **Diabetes structured education**<br>*Engagement* | Engagement planning | 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 launched on 6th January 2025, with the draft report due in March 2025.<br>Date of JHSC: April 2025 (TBC) |
| **Children's autism**<br>*Engagement* | Analysis of engagement work to date | Children's autism service pathways are being reviewed.<br>Date of JHSC: to be confirmed |

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| **NW Women & Children's Transformation Programme**<br>*Engagement followed by possible consultation* | Preparing options appraisal | 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.<br>NB: North West footprint for this work, scrutiny arrangements are to be agreed. |
| **Procedures of Limited Clinical Value**<br>*Engagement* | Engagement planning | 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 are currently being audited and engagement is being planned to support any future review.<br>**Date of JHSC: 10th December 2024 / 21st January 2025** |

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# Greater Manchester Joint Health Scrutiny Committee

Date: 21 January 2025

Subject: Work Programme for the 2024/25 Municipal Year

Report of: Nicola Ward, Statutory Scrutiny Officer

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## Purpose of Report:

To provide Members with the draft Committee Work Programme for the 2024/25 Municipal Year attached to the report at Appendix 1.

Members are reminded that this is a working document which will be updated throughout the year to reflect changing priorities and emerging issues. The Committee will regularly review and revise the Work Programme to ensure that it remains relevant and effective in addressing the needs of the community.

Members are encouraged to provide feedback and suggestions on the draft Work Programme. A list of items to be scheduled into the Work Programme, at the request of Members is available in Appendix 2. Appendix 3 provides items that have previously been considered.

## 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

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# Appendix 1

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

| | | | |
|---|---|---|---|
| FEBRUARY 18.2.25 | Reconfiguration Progress Report and Forward Look – Monthly Item | • 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. |
| | Diabetes structured education Engagement | • Claire Connor, Director Communications & Engagement, NHS GM | 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. Suggested by Committee on 15.10.24. |
| | GP Access | • Ben Squires, Head of Primary Care Operations, NHS GM | |
| | Children's Attention Deficit Hyperactivity Disorder (ADHD) | • 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. |

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| MARCH 18.3.25 | Reconfiguration Progress Report and Forward Look – Monthly Item | • 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. |
| | Specialist weight management Engagement followed by possible consultation | • Claire Connor, Associate Director, NHS GM | The tier 3 specialist weight management service supports people living with very high BMIs. There are currently different service levels across Greater Manchester.<br>Early engagement has begun which is due to continue into October – November 2024.<br>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. |
| | Elective Care Wait Times | Dan Gordon, Programme Director, Elective Recovery & Reform, NHS GM | Suggested by Committee on 15.10.24. |

# Appendix 2

**Items for Potential Inclusion in the Work Programme**

| Ref | Item | Suggested | Lead |
|---|---|---|---|
| 1. | Fit for the Future (Live in June 2024) | • 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 | • 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 | • Suggested by Committee on 15.10.24 | Ben Squires, Head of Primary Care Operations, NHS GM |
| 4. | Co-occurring Conditions | • 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. |

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| 5. | Specialised Commissioning Cardiac and Arterial Vascular Surgery | • Louise Sinnott, Head of Place Based Commissioning. NHS GM<br>• Lee Hey, Director of Strategy · Manchester University NHS Foundation Trust | 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.<br>To be considered Winter 2025 (TBC) |
| 6. | Reducing the harm caused by harmful products | • Jane Pilkington, Director of Population Health, NHS GM and Lynne Donkin, Director of Public Health, Bolton Council. | 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. |

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| 7. | The safety of women and girls when accessing exercise and active travel opportunities be a key theme at a future meeting<br>(Now a Task & Finish Group) | • 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 | • 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 | • TBC | Options appraisal being prepared. The NW Women & Children's Transformation programmed 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. |

# Appendix 3

**Items Previously Considered in 2024/25**

| Date | Item | Lead | Ask of scrutiny |
|---|---|---|---|
| 10.12.24 | Reconfiguration Progress Report and Forward Look – Monthly Item | • 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. |
| | Development of Digital Solutions | • Gareth Thomas, Lead Digital Transformation, Health Innovation Manchester | 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. |
| | Updates on the ICP Recovery Plan and the Joint Forward Plan (including the subsequent steps in the Leadership and Governance Review) | • Sir Richard Leese, Chair NHS GM, Integrated Care Board | 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. |

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| | Procedures of Limited Clinical Value | • Associate Director – Strategic Commissioning<br>NHS GM Integrated Care | 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. |
| 15.10.24 | Reconfiguration Progress Report and Forward Look – Monthly Item | • 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. |

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| | Obesity Prevention<br><br>NHS Greater Manchester Chief Executive's Update | • Jane Pilkington, Director of Population Health, NHS GM<br><br>• Mark Fisher, Chief Executive, NHS GM | 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. |
| 16.7.24 | Reconfiguration Progress Report and Forward Look – Monthly Item | • 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 | • 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. |

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| | In Vitro Fertilisation (IVF) Cycles Eligibility Reconfiguration | • Claire Connor, Director Communications & Engagement, NHS GM<br>• Harry Golby, SRO and Director of Delivery and Transformation (Salford)<br>• Mark Drury, Head of Engagement, Inclusion and Insight, NHS GM | To provide an overview and update. |

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# GovWifi

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

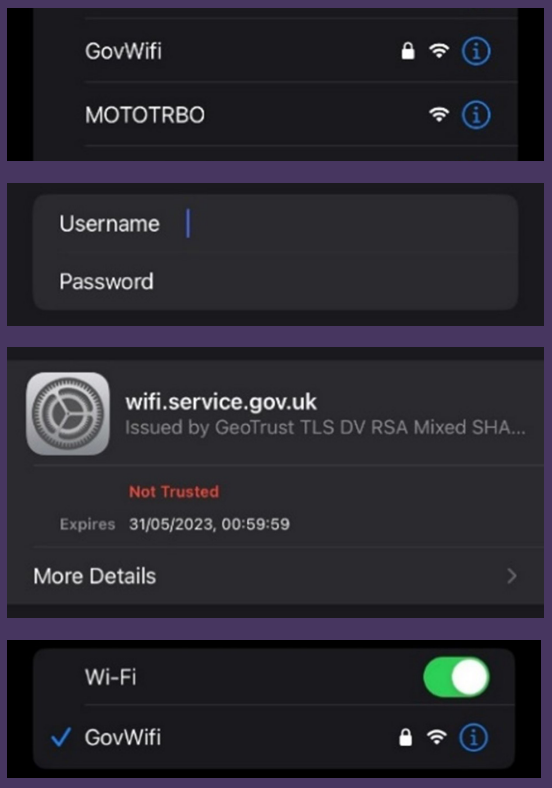
After you have received your username and password open your Wifi settings menu to select the GovWifi option.

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:

GMCA GREATER MANCHESTER COMBINED AUTHORITY

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# 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. |

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| 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-Tract 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 |

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| 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 |

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| 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 |