

**MINUTES OF THE MEETING OF THE GREATER MANCHESTER JOINT HEALTH
SCRUTINY MEETING HELD ON WEDNESDAY 13 JULY 2022**

PRESENT:

Councillor Elizabeth Fitzgerald	Bury Council
Councillor Patricia Dale	Rochdale Council
Councillor David Sedgwick	Stockport Council
Councillor Naila Sharif	Tameside Council
Councillor Sophie Taylor	Trafford Council
Councillor John O'Brien (in the Chair)	Wigan Council

OTHERS PRESENT:

Mayor Paul Dennett	Homelessness, Healthy Lives and Quality Care Portfolio Lead, GMCA
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OFFICERS IN ATTENDANCE:

Rob Bellingham	Director of Primary Care and Strategic Commissioning, NHS GM Integrated Care Governance & Scrutiny Officer, GMCA
Lindsay Dunn	Governance & Scrutiny Officer, GMCA
Bernadette Enright	Director of Adult Services, Manchester CC
Warren Heppolette	Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care
Richard Mundon	Chair of GM Provider Directors of Strategy
Sandeep Ranote	Mental Health Lead for NHS GM Integrated Care
Nicola Ward	Statutory Scrutiny Officer, GMCA

JHSC/01/22

WELCOME INTRODUCTION AND APOLOGIES

Nicola Ward, Statutory Scrutiny Officer, GMCA welcomed Members to the annual meeting of the Greater Manchester Joint Health Scrutiny Committee.

Apologies for absence were received from Councillors Jacqueline Radcliffe (Bolton Council), Sandra Collins (Manchester) Sajed Hussain (Oldham) and Margaret Morris (Salford City Council).

Apologies were also received from Geoff Little, Portfolio Lead Chief Executive, Bury Council and Councillor Janet Grooby, Derbyshire County Council.

**JHSC/02/22 APPOINTMENT OF CHAIR FOR THE MUNICIPAL YEAR
2022/23**

A nomination for Councillor John O'Brien to be appointed as Chair was received and approved.

Resolved/-

That Councillor John O'Brien be appointed as Chair for the municipal year 2022/23.

**JHSC/03/22 APPOINTMENT OF VICE-CHAIR FOR THE MUNICIPAL YEAR
2022/23**

A nomination for Councillor David Sedgwick to be appointed as Vice-Chair was received and approved.

Resolved/-

That Councillor David Sedgwick be appointed as Vice-Chair for the municipal year 2022/23.

JHSC/04/22 MEMBERSHIP 2022/23

Resolved/-

That the Membership for the 2022/23 municipal year be noted as below.

Member	Substitute Member	Authority
Councillor Jacqueline Radcliffe	Councillor Andrea Taylor-Burke	Bolton
Councillor Elizabeth Fitzgerald	Councillor Joan Grimshaw	Bury
Councillor Sandra Collins	Vacant	Manchester
Councillor Sajed Hussain	Councillor Mohammed Alyas	Oldham
Councillor Patricia Dale	Councillor Aisling-Blaise Gallagher	Rochdale
Councillor Margaret Morris	Councillor Irfan Syed	Salford
Councillor David Sedgwick	Councillor Lisa Smart	Stockport
Councillor Naila Sharif	Councillor Jacqueline Owen	Tameside
Councillor Sophie Taylor	Councillor Barry Winstanley	Trafford
Councillor John O'Brien	Councillor Ron Conway	Wigan

**JHSC/05/22 MEMBER'S CODE OF CONDUCT AND ANNUAL
DECLARATION FORM**

Resolved/-

1. That the GMCA's Code of Conduct be noted.
2. That it be noted that all Members be requested to complete an annual register of interest form.

JHSC/06/22 TERMS OF REFERENCE

Resolved/-

That the Terms of Reference for the Committee be noted.

JHSC/07/22

DECLARATIONS OF INTEREST

Resolved/-

There were no declarations received in relation to any item on the agenda.

JHSC/08/22

**STRATEGIC APPROACH TO RECOVERY IN GREATER
MANCHESTER**

Richard Mundon, Director of Strategy and Planning at Wrightington Wigan and Leigh Teaching Hospitals NHS Foundation Trust and Chair of GM Provider Directors of Strategy introduced a report and accompanying presentation which outlined the GM Recovery Strategy.

The Committee were provided with a summary of comprehensive plans supporting eight key work programmes which recognised the governance arrangements and interdependencies associated with each. An outline of collaborative action to be undertaken across GM along with the main priorities and sequence of actions planned to address key service challenges was presented.

Members were advised that initially the Recovery Strategy had focused on the collective actions of service providers, however engagement on individual programmes had underlined the benefit of describing a whole system approach which would complement the emerging ICS Strategy. Recovery themes included primary and social care along with the VCSE sector and whilst the GM Recovery Strategy included themes drawn from local recovery plans, it was acknowledged that it did not represent the totality of recovery action within each of the ten districts.

Bernadette Enright, Director of Adult Services, Manchester CC provided the Committee with an overview of the joint action plans developed by GM Directors of Adult Social Care Services with hospitals, community health and social care to ensure the correct type, level and quantity of care was available to support people and unpaid carers. The strategic approach to recovery would build on work developed throughout the pandemic and would focus on key themes to provide universal support which

included developing the workforce, digital health, supported housing and the home care market.

Rob Bellingham, Director of Primary Care and Strategic Commissioning, NHS GM Integrated Care provided the Committee with an overview of Primary Care outlining the opportunities and current challenges. It was advised that there are 431 GP practices, 671 community pharmacies, 413 dental practices and 312 optometrists totalling 1827 points of delivery of Primary Care in GM and between 80-90% of contact with the NHS is through Primary Care. Currently, it was advised that of the 431 General Practices in GM, 65% were reporting increased demand, 14% significantly increased demand, 8% very significant and 4% are at a critical level of demand requiring extra support.

The ability of Primary Care to react rapidly to deliver a new archetype from face to face to a remote digital or telephone access model at the outbreak of the pandemic was recognised. Furthermore, although not exclusive, Primary Care had played an instrumental role in the mobilisation of the vaccination programme in GM.

It was advised that recovery planning focussed on the aspiration and opportunity to deliver a proactive model of support and the role of Primary Care to address the current pressures on the hospital system, assisting with discharge and reducing admissions and re-admissions was also recognised.

Members were provided with an overview of the recently published Fuller Review which outlined a new vision and the next steps for integrating Primary Care. It was reported that GM were currently developing a broader response to the review that further delivers and orientates a health and care system to a local population health approach by building neighbourhood teams, streamlining access and helping people to stay healthy. Further engagement with the Committee to characterise the approach to recovery in Primary Care was suggested.

In discussion, Members considered the impact on hospital services of patient delays in accessing GP appointments and the development of a more aligned up approach between social care and hospital discharge.

Dr Sandeep Ranote, Mental Lead for NHS GM Integrated Care provided the Committee with an overview of the strategic approach to recovery for mental health and children and young people priorities. It was recognised that mental health demand and acuity was high as a direct consequence of the Covid-19 pandemic and lockdown with national predictions for mental health needed to remain at elevated levels for some time to come. It was advised that access to timely care for those one in six young people requiring specialist support had improved to above the national average in GM. It was recognised that opportunities provided under devolution had enabled GM to effectively develop areas of strength collaboratively as part of a whole system approach. A preventative approach with an emphasis on workforce mental health support had been adopted throughout the strategy.

Members were informed that GM was the only region to have developed a jointly owned children's mental health and social care escalation risk policy which would be shared with Integrated Care System neighbours.

The social paediatric approach to recovery was also emphasised along with the Trailblazer programme providing proactive mental health assessment, support and interventions to GM university students to enable them to fulfil their university ambitions and experience.

The Committee were also advised that the adoption of safety signs for mental health would enable data to inform a whole system approach to recognise risks along with areas that were working well. The opportunity to work at scale across sectors in GM was recognised as a method to strengthen the delivery of unwarranted variation and provide quality health care at scale in localities to address inequalities.

In discussion the Committee recognised that pre-Covid-19, Greater Manchester was in the lowest quartile nationally for mental health funding and requested what if any, corrective action could be taken to address the funding challenge. Members were advised that there was a co-ordinated national move to increase the proportion of investment in mental health services to reflect the priorities of the NHS Long Term Plan and Mental Health Investment Standard.

Recognising that GM was starting from a lower baseline than other areas, it was reported that under devolution there had been a progressive increase in investment to improve the model of care along with greater utilisation of resources which included pooled budgets. Despite increased investment it was estimated that was still circa. £55m per year below the national level of investment which posed a significant challenge.

An overview of the consequences of delayed discharges of care and the collaborative partnership work to address the scale of the challenge integrated with social care colleagues was provided. The Committee identified that the quality, quantity and consistency of procured care can be variable and further detail of the various workstreams to address workforce challenges was provided.

The Committee recognised that the approach to recovery was vast, provided a practical joined-up framework for delivery and requested what reassurance could be provided to performance monitoring and reporting along with risk and contingency planning. It was acknowledged that the approach was challenging with critical enablers and themes along with interdependencies. An overview of the formal governance where issues that required escalation and areas that needed reprioritising was provided and it was advised that an immense level of data would drive the monitoring of the recovery plan.

The challenges for workforce including local variations in the real living wage by care providers was emphasised and it was suggested that the strategic approach being developed in respect of the significant workforce pressures 'GM People & Culture Strategy 2022-25' could be considered by the Committee at a future meeting.

Members were asked to identify areas for further in-depth engagement at future sessions and it was recognised that the comprehensive update would inform the future work programme of the Committee. Members expressed their interest to receive updates on workforce, the role of digital in supporting recovery and digital inclusion and NHS dentistry.

Members were encouraged to share the update with their local Health Scrutiny Committees and engage stakeholders in developing the approach to recovery. Mayor

Paul Dennett echoed the comments of the Committee and highlighted the cost-of-living crisis as an issue that would further exacerbate health inequalities and highlighted the importance of lobbying, influencing and campaigning on national issues. He recognised the important role and input of the Committee to improve health outcomes for GM residents.

Resolved/-

1. That the update be noted.
2. That the scale and interconnectivity of the proposed GM Strategic Approach to Recovery be recognised.
3. That it be acknowledged that the approach to recovery is vast and provides a practical joined-up framework for delivery.
4. That workforce, the role of digital in supporting recovery and digital inclusion and NHS dentistry be further considered for in-depth engagement at future meetings of the Committee.
5. That the update be shared by Committee Members with their local Health Scrutiny Committees and engage stakeholders in developing the approach to recovery.

JHSC/09/22

DATE OF FUTURE MEETING

Wednesday 14 September 2022

Wednesday 9 November 2022

Wednesday 18 January 2023

Wednesday 8 March 2023

All meetings will commence at 10:00am in the Boardroom, GMCA Offices.