

**MINUTES OF THE MEETING OF THE GREATER MANCHESTER
JOINT HEALTH SCRUTINY COMMITTEE HELD ON 21 SEPTEMBER 2022,
GMCA, BOARDROOM, 56 OXFORD STREET, MANCHESTER M1 6EU**

PRESENT:

Councillor John O'Brien	Wigan Council (Chair)
Councillor Andrea Taylor-Burke	Bolton Council
Councillor Elizabeth Fitzgerald	Bury Council
Councillor Patricia Dale	Rochdale Council
Councillor Naila Sharif	Tameside Council

OTHERS PRESENT:

Francis Andrews	Executive Director, Bolton NHS Foundation Trust
Mary Fleming	Deputy Chief Executive, Wrightington, Wigan and Leigh NHS Foundation Trust
Laura Rooney	Director of Corporate Strategy, Health Innovation Manchester
Vicky Sharrock	Greater Manchester Programme Director Elective Recovery and Reform

OFFICERS IN ATTENDANCE:

Oliver Fenton	Business Support Officer, GMCA
Jenny Hollamby	Governance & Scrutiny Officer, GMCA
Nicola Ward	Statutory Scrutiny Officer, GMCA
Warren Heppolette	Chief Officer for Strategy & Innovation, Greater Manchester Integrated Care Partnership

JHSC/10/22 APOLOGIES

Apologies were received and noted from Councillors Sandra Collins, Joan Grimshaw, Jacqueline Radcliffe, David Sedgwick, and Lisa Smart.

Apologies were also received from Paul Dennett and Geoff Little.

JHSC/11/22 DECLARATIONS OF INTEREST

RESOLVED/-

There were no declarations of interest reported by any Member in respect of any item on the agenda.

**JHSC/12/22 MINUTES OF THE ANNUAL MEETING HELD ON
WEDNESDAY 13 JULY 2022**

RESOLVED/-

That the minutes of the annual meeting held on 13 July 2022 be approved.

**JHSC/13/22 GREATER MANCHESTER ELECTIVE RECOVERY AND
REFORM**

Members considered a report and presentation provided by the Executive Director, Bolton NHS Foundation Trust, the Deputy Chief Executive, Wrightington, Wigan and Leigh NHS Foundation Trust and the Greater Manchester Programme Director, Elective Recovery and Reform.

The report updated Members on the current position in relation to elective care, the impact of the Covid pandemic on the overall wait list and the strategies being developed to address this.

The report set out the current challenges and pressures impacting on elective care and provided examples within each of the programmes of work of the systematic approach to reducing wait times.

The main points referred:

Since publication of the agenda, more up to date data was reported; there were 521k patients on the wait list, which had increased from a pre-pandemic figure of 283k. As at 4 September 2022 there were 524k patients on the wait list, but this had dropped to 521k as at 11 September 2022. The 78 week wait list had increased slightly by 80 patients (680).

Members commended the work to meet the target to treat all people who had been waiting 104 week or more by the end of July 2022 despite the challenges. 7k people had been treated between February and the end of July 2022, which was a significant achievement. A Member asked about the independent sector and how it had been used to support the NHS in achieving this result. In addition to other measures being put in place and collaborative working, Members heard that maximising the use of available capacity in the independent sector was critical. It would continue to play an important part in the reduction of the 78 week wait list, where patient numbers were much larger. They were being targeted by reviewing what capacity was available and what services could be provided locally foremost. To support patients during their waiting period various digital and on-line platforms and apps were in development. Clinical conversations were also taking place with patients to ensure they had the best opportunities and solutions that they could access easily. It was suggested that the creation of and, investment in strategically placed surgical hubs was the way forward.

A Member asked about the independent sector and the cases being treated within private facilities. It was reported that Greater Manchester managed the total wait list and treatment continued to be provided in chronological order. The independent sector was provided with strict criteria about the cases they could treat, which were normally the simpler ones. However, this had often left the NHS with the riskier complicated cases which was an issue being addressed. Members were reassured

there was a focus on health inequalities running throughout the plan to tackle wait list backlogs and that strong working relationships and governance arrangements also played a significant role

A Member enquired about the stretched and fatigued workforce, how it was being managed and whether it would become a more significant problem given the growth in cases and extra work needed to reduce wait lists. A health and wellbeing offer was currently being developed for the workforce however, it was recognised that the elective workforce was exhausted after managing the pandemic. There had been a lot of staff movement, which had further exasperated stress and anxiety and therefore a more long-term solution was needed. Work was taking place with partners regarding managing the upcoming winter pressures and it was hoped that dealing with these issues would provide further protection to the elective workforce. A full capacity protocol was being developed to make sure support was provided throughout Greater Manchester, which would reinforce the wellbeing offer. There was also a need to ensure acute processes were fit for purpose. A concern was raised about staff leaving the workforce; data and understanding were being gathered, however in the medium term, more training and new job offers would be developed with universities and partners. A Member asked for staff retention data in future reports.

A Member suggested that the way the 104 week target had been achieved be publicised further as it was a positive news story. Internet accessibility, the importance of primary care and patient communication and the impacts of patients and carers travelling for treatment were raised. Whilst travel could be problematic for some patients, the focus was on providing choices as sometimes treatment could be provided quicker elsewhere. Detailed conversations took place with patients to ensure nobody was disadvantaged and that care offers could meet their needs. Communication with patients was acknowledged as key Officers recognised that it was not consistent. It was suggested that the Please Write to Me, a national initiative designed to help communications become more patient-centred could be reactivated following the pandemic.

It was reported that an orthopaedic patient who had mobility issues had to travel outside their locality for treatment, which proved difficult. It was clarified that patients were always offered a choice, be treated at outside their locality quicker, or continue on the wait list for treatment locally. In one example, out of 150 patients, three chose to remain on the wait list. By exception, transport for patients and relatives had been offered. Feedback from the most recent patient survey had been positive, but it was clear that logistics would be important for future wait list reductions. As part of the recovery strategy and inequality work, impact assessments were taking place to identify and mitigate negatives. The Greater Manchester Elective Recovery and Reform Board membership would include a Patients Panel to consider any changes put in place from a patient perspective.

A Member asked about children's mental health and how that wait list would be addressed as some families had been waiting to access services for over 12 months. Officers agreed to feedback to the Member outside of the meeting on that specific case. Members heard there would be a focus on mental health at the meeting on 18 January 2022.

Officers were thanked for their informative presentation and withdrew from the meeting.

RESOLVED/-

1. That the Committee commented on the proposed strategy for elective recovery and highlighted further issues and areas for implementation within the work.
2. That the Committee endorsed the examples of work already underway to drive improvement and reduce the overall wait list.
3. That the Committee endorsed the wider system work required to manage the flow of patients and free up beds for elective activity.
4. That an Elective Care Update with a focus on the delivery of the 78 week position be considered at the meeting on 8 March 2023.

5. That officers would seek to find ways to promote the good news story of reducing the number of patients waiting over 104 weeks for their elective care.
6. That officers consider a relaunch of 'Please Write to Me' initiative to improve patient communications.
7. That future reports on elective care include data on staff retention rates.
8. That the Committee would seek to understand the specific challenges affecting children's mental health services at a future meeting.

**JHSC/14/22 DIGITAL HEALTH AND CARE UPDATE ON INVESTMENTS
PRIORITIES AND DIGITAL**

Consideration was given a report and presentation provided by the Director of Corporate Strategy, Health Innovation Manchester.

The report updated Members on elements of the Greater Manchester Health and Care Digital Strategy and set out the approach taken to determine digital maturity and investment priorities, as well as digital inclusion.

The main points referred:

A Member asked for further information about the digital champions. A job advertisement had been placed for 20 digital facilitators and applications were welcomed from all sectors and a diverse mix would be ideal. These champions would help GP practices understand the power of technology and transformation. Members suggested that young people and high school students could be good candidates. Whilst the champion jobs were paid employment working in a GP practice, further thought would be given to how the GMCA's Children & Young People team could be utilised to access those groups.

A Member commented that services should focus on the technology most people had such as mobile phones. YouTube videos were suggested as a fashionable way of delivering training/instructions.

Officers were asked to expand on how digital investment in other areas and projects could improve the overall healthcare system, priorities, and challenges. It was recognised that having the right hardware and devices to access the technology available were vital and would need investment, which had become more of a priority in healthcare. The benefits of digital had been proved through the pandemic and had accelerated transformation. However, NHS funding was uncertain; proving the case for technology and digital investment would be important but challenging. In the long-term, national funding was expected and the Integrated Care Partnership (ICP) was investment ready and was at the leading edge nationally in terms of digital maturity assessments. The deal on interdigital maturity investment needed further work. However, discussions were taking place with the NHS regionally and nationally about a longer-term deal. It was noted that due to the financial pressure on the NHS some of the national funding for digital had been used to meet the cost of the national pay award. Members acknowledged the funding challenge and delivery of digital transformation, however noted that small pockets of investment did not meet the needs of digital maturity and further negotiations to secure a better deal were needed.

Information on the [Lighthouse Project](#), which would be used to test the digital optimisation of GP practices was welcomed. It was suggested that this would provide evidence of how digital improvement could strengthen the work around equalities. Whilst technology could help, wider service changes were needed in operation to make use of that technology. Work would take place with clinical and operational teams about how to change their model of services to see improvements and further learning from the private sector would be used to inform solutions.

A discussion took place about resource requirements to support the digital journey. Whilst funding was a barrier, educational change was seen as more important. Work would take place to address issues such as people's unwillingness to change, approaches to technology, lack of trust and inequalities. The problem was

multifaceted, and members recognised that investment alone would not solve the issues

A Member suggested that communications needed to be bite sized for the public and for them to fully benefit from technology, they needed to know that they did not need a computer; a smartphone was enough. It was reiterated that communication with the patient and NHS was vital especially around test results. The number of NHS apps already available was highlighted as problematic and should be streamlined. The use of GP practice staff for disseminating information was also raised. Technology could support improved communication from a service to the NHS and patient but could also be a barrier if the user could not engage with the digital service. Digital literacy work with Greater Manchester citizens would be required to address some of the barriers. The system also needed levelling up across Greater Manchester and stronger collaboration was required. Learning and expertise would be used from the private sector and academia to inform decisions and services. Members asked that a way to engage with young people to transfer knowledge be developed.

The Officer was thanked for her presentation and withdrew from the meeting.

RESOLVED/-

1. That the Committee acknowledged the method and approach taken to determine health and care digital investment priorities.
2. That the Committee acknowledged the work undertaken to embed digital inclusion into the future design and delivery of digital services, including the highlighted area of good practice in primary care.
3. That officers would consider the use of young people as future digital champions through a programme for schools and colleges that potentially widens the role.
4. That the Committee would continue to advocate to Government for long term funding strategies that would allow full integration of digital infrastructure.

5. That the Committee welcomed the outcomes of the Lighthouse project case study in due course.

JHSC/15/22 WORK PROGRAMME FOR 2022/23 MUNICIPAL YEAR

Members considered a report provided by the Statutory Scrutiny Officer, GMCA. The report set out the draft Work Programme for the 2022/23 Municipal Year. The Work Programme was a working document, which would be updated throughout the year.

It was agreed that the following would be added to the Work Programme:

1. 9 November 2022 – Integrated Care Strategy. The Committee to consider the strategy before publication to ensure it aligned with Greater Manchester priorities.
2. 9 November 2022 – Urgent and Emergency Care System Update. To provide the Committee with an understanding of the continued pressures on the urgent care system and plans to address issues for accident and emergency departments, ambulances and within social care.
3. Deferred from 9 November 2022 to 8 March 2023 – Greater Manchester People and Culture Strategy. To give Members the opportunity to look closer at the strategy, wellbeing toolkit and reference to future workforce planning. The Committee to further consider the real living wage work underway, the good employment charter and social value.
4. 8 March 2023 – Elective Care Update. The Committee to consider an update on the delivery of the 78 week position, which reported there would be 84k patients treated before the end of March 2023.

RESOLVED/-

1. That the Work Programme be updated.

2. That Members with ideas for the Work Programme contact the Statutory Scrutiny Officer, GMCA.

JHSC/16/22 DATE AND TIME OF FUTURE MEETINGS

All meetings would commence at 10.00 am in the Boardroom, GMCA Offices on:

- Wednesday 9 November 2022
- Wednesday 18 January 2023
- Wednesday 8 March 2023