MINUTES OF THE MEETING OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 9 NOVEMBER 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 Joan Grimshaw	Bury Council
Councillor Patricia Dale	Rochdale Council
Councillor Margaret Morris	Salford City Council
Councillor Sophie Taylor	Trafford Council

OTHERS PRESENT:

Councillor Paul Dennett	City Mayor of Salford and Chair of the Integrated Care Partnership Board
Salman Desai	Deputy Chief Executive/Director of Strategy, Partnerships and Transformation, North West Ambulance Services NHS Trust
Steve Dixon	Chief Delivery Officer, NHS Greater Manchester
Silas Nichols	Chief Executive, Wrightington Wigan & Leigh Teaching Hospitals NHS Foundation Trust
Dan Smith	Commander, North West Ambulance Services NHS Trust

OFFICERS IN ATTENDANCE:

Oliver Fenton	Business Support Officer, GMCA
Warren Heppolette	Chief Officer for Strategy & Innovation,

	Greater Manchester Integrated Care Partnership
Jenny Hollamby	Governance & Scrutiny Officer, GMCA
Nicola Ward	Statutory Scrutiny Officer, GMCA

JHSC/17/22 APOLOGIES

Apologies were received and noted from Councillors Jacqueline Radcliffe, Bolton, Sandra Collins, Manchester and Naila Sharif, Tameside.

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

JHSC/18/22 DECLARATIONS OF INTEREST

RESOLVED/-

Councillor Joan Grimshaw, Bury Council declared a personal interest by virtue a family member being employed by the GMCA.

JHSC/19/22 MINUTES OF THE MEETING HELD ON WEDNESDAY 21 SEPTEMBER 2022

RESOLVED/-

That the minutes of the meeting held on 21 September 2022 be approved as a correct record.

JHS/20/22 CHAIR'S ANNOUNCEMENTS OR URGENT BUSINESS

In response to an enquiry the Chair had received about the Edenfield Centre, the Chair reported that he had met with senior GMCA Officers on the matter, and further

consulted health colleagues from the NHS Greater Manchester Integrated Partnership (ICP).

The Chair had been assured that NHS Greater Manchester were working alongside regional colleagues at NHS England, the Care Quality Commission (CQC) and locally with Bury Safeguarding Partnership to gain assurance on the safety and effectiveness of care and treatment at the Edenfield Centre, particularly for those named in the BBC Panorama investigation. They were working with the Trust to review the wider impact on safe provision of care and to look at any other areas of concern including culture and impact on workforce.

The Chair was mindful that investigations were on-going therefore did not feel it was the right time to call for the issues to be scrutinised by the Committee, but he had asked Officers to keep him appraised so that the Committee could review at an appropriate time as the situation progressed.

The statement was available, and Members were asked to contact the Governance & Scrutiny Team should they require a copy.

The Chair advised that it was up to Local Authorities if they wished to undertake their own scrutiny on this issue via their local arrangements.

RESOLVED/-

1. That the Chair’s announcements be received and noted.

2. That the Governance and Scrutiny Team provide a copy of the Chair’s statement on the Edenfield Centre to scrutiny members upon request.

JHSC/21/22 INTEGRATED CARE STRATEGY

A report was presented by the Mayor of Salford and Chair of the Integrated Care Partnership (ICP), which provided the Committee with an update on the development of the Greater Manchester Integrated Care Strategy (the strategy).

Comments made:

Greater Manchester had committed to produce the strategy as part of the NHS reform work undertaken to established integrated care systems across the country.

The ICP had responsibility for development of the strategy, with the Integrated Care Board (ICB) and localities being responsible for its delivery. The report also highlighted how commissioners, Local Authorities (LAs), providers and partners would deliver more collaboratively, focussing on, prevention and person-centric care for the entire population across Greater Manchester.

The strategy work undertaken in recent years provided an opportunity to do things differently and fully consider the wider determinants to health and wellbeing, including the living environment and housing quality, and to further develop integration across health, social care, and wider services within the system.

The strategy had been developed to compliment the Greater Manchester Strategy (GMS), which had been refreshed to better address inequalities and the climate change challenge. The GMS aspired that Greater Manchester would be somewhere where people could live a good life, grow up, get on, and grow old in a greener, fairer, and more prosperous city-region.

A framework for the strategy had been agreed, which shared commitments and outcomes, supported by partnership working and set high-level progress measures, replicating the framework used to develop the GMS. Members were advised of the four shared outcomes; everyone in Greater Manchester had a fair opportunity to live a good life, everyone in Greater Manchester to experience high quality care and support where and when they needed it, everyone in Greater Manchester has improved wellbeing and everyone in Greater Manchester works together to make a difference now and in the future. The shared outcomes were underpinned by the commitments for the entire system to deliver the strategy.

Since March 2022, a Strategy Working Group had met monthly to produce a draft strategy for consultation. Analysis of data sat at the core of the strategy and identified needs across the population, which differed in parts of Grater Manchester.

The strategy would be regularly refreshed and reviewed by stakeholders and considered in the light of locality plans, locality analysis and data on population need within those localities. In terms of current engagement, there was statutory national guidance, which advised engagement must be made with local health organisations, and people who lived and work in Greater Manchester. Lived experience input and co-production were also noted as important in terms of developing the strategy.

Early engagement had taken place between March and May 2022 with the second phase was now underway. Work would also be undertaken with localities and communities to obtain qualitative data.

It was envisaged a draft of the strategy would be available in late November 2022 for consideration by all stakeholders and formal approval by the ICP Board before February 2023.

A Member asked about the early engagement and if there were any early indications of strategy priorities from the responses. Initial public engagement had been undertaken in March 2022, which provided a steer on language in the outcomes. Further engagement had been undertaken in phase two and these responses would be reflected in the draft strategy. . The Member from Rochdale drew attention to their positive engagement work before the introduction of the Health and Care Act and how joined up thinking and partnership working would evidently achieve better results for residents.

A Member enquired about how local scrutiny panels could feed into the strategy development process. The Committee were assured that there was a real focus on engagement, and it was actively encouraged to ensure buy in and trust.The strategy was an iterative strategic document and once approved through the ICP Board, there would be further opportunity to refresh and update. From an engagement perspective, it was explained that there was a need for local scrutiny to form part of

the process, which would help with operationalisation and ownership within localities. It was suggested and agreed that local Health and Wellbeing Boards and local Health Scrutiny Committees form part of the engagement in January/February 2023.

A Member asked for further information about operationalisation, reporting and monitoring to ensure that Local Authorities and residents could see the effectiveness of the strategy. It was confirmed that whilst the governance around the integrated care system had been established, there were still opportunities to drive transparency, accountability, and deliverability and to also monitor and measure performance. There was a significant role for Local Authorities, as Members on the ICP, with each having a seat. Beyond the ICP, the ICB, was the statutory Committee reporting to the Department for Health, in addition there was the Joint Planning and Delivery Committee (JPDC), with performance as a priority for all those bodies with responsibility for health. Work had also been undertaken to understand how the new health structure all fitted together in terms of accountability and performance. From a performance perspective, it was acknowledged, there were statutory requirements including the NHS constitutional standards to be considered. The NHS Greater Manchester Officer responsible for monitoring performance, provided the Committee with the detail relating to locality performance. Targeted action plans would be produced for localities and with the interface with Locality Boards being key to overseeing delivery and highlighting any potential variations.

In terms of the statement about unwanted variation in access and experience of care, a Member stated that variation was an important issue. How it was reported, monitored, and communicated to the residents of Greater Manchester was important for success. Members were reassured there would be the right processes and progress measures around outcomes to ensure they worked for everybody and drove improvements.

Performance levels and improving health were highlighted as crucial to the success of the strategy. A Member enquired about the agreed timetable to deliver improvements. The Committee were reminded there had been a negative impact on performance during the pandemic, with further pressures resulting from the cost-of-

living crisis. The ICP and ICB would be expecting to see rapid improvement now they had been established, supported by evidence to meet the challenge.

A Member highlighted 'Section 3 – Process of Development' of the report and asked the Chair of the ICP to expand on the metrics that were being used and the key outcomes, how they would be measured and how would they be measured as a success, which might vary between localities. It was explained that each locality had undertaken a Joint Strategic Needs Assessment (JSNA), which identified the challenges and in turn, the intelligence formed the basis of the strategy. It was recognised there would be differences and variations across Greater Manchester and that would be an important feature in performance measuring and monitoring. It was reported that the data analysis intricacies were broad, work was underway across 170 indicators that spanned every possible measure of access, outcome, experience and process in the health and care system. Thought was also being given to how the indicators had changed over recent years, the impact of the pandemic, progress in Greater Manchester and the changing picture of health and care.. The data collated would be used to identify what was working and then a selection and prioritisation process would take place. Whilst all the outcomes would be measured, the ICP would rationalise the list, to form a set of central indicators.

Members were assured that the ICP Board had been actively involved and performance was a key priority. It was suggested and agreed that the Committee would receive an update on the proposed performance management and monitoring framework for the ICB at the next meeting.

In response to a suggestion that the strategy had a top-down approach, Members were reassured that the strategy took a bottom-up approach. There would be wide engagement with staff, residents, all stakeholders, and the voluntary sector in recognition that full ownership would be required to ensure the strategy was successful. The Member further asked how individuals would get involved. The next steps detailed in the report highlighted the timeframe. However, it was incumbent for all partners to encourage engagement from all their stakeholders with the formulation of the strategy.

A question was raised about budgets and if acute care and the North West Ambulance Service (NWAS) would get a fair share rather alongside social care. Whilst that was a question for Government, there was funding available for social care reform, although the timetable for allocation was still unknown. District financing, social care issues and children services were raised. Budgets were being stripped and a more progressive way of funding was needed to support Local Authorities and their partners to deliver services. Further details from Government would be known on 17 November 2022 but Local Authority finance settlements would not beknown until 21 December 2022. Members concerns about finances in the Districts for core services were acknowledged.

RESOLVED/-

1. That the Committee noted the report

2. That the opportunities around the Health and Wellbeing Boards and local scrutiny be factored into the formal engagement of the Integrated Care Strategy.

3. That the proposed performance management reporting framework and draft Integrated Care Strategy be considered at the next meeting of JHSC.

JHSC/22/22 URGENT CARE SYSTEM UPDATE - GREATER MANCHESTER AREA PERFORMANCE AND ACTIVITY

Consideration was given to a report, which provided the Committee with an update on the urgent care system.

Commends made:

The Chief Delivery Officer, NHS Greater Manchester reported that the system was under significant pressure because of increased referrals, backlog to elective waiting lists, workforce challenges and ongoing Covid admissions. Work was underway to clear the waiting list backlog and address problems with the workforce such as the number of vacancies.

In terms of overseeing the pressures, system meetings took place regularly to discuss mutual aid. Planning for the winter period had started, with a focus on influenza and Covid vaccination programmes. Concentrated efforts would also be on patient discharge from hospitals, same day emergency care (referrals into another part of the hospital) and ambulance response and handover times. £34m of funding had been approved to implement new schemes over winter including new hospital bed provision. Spend would be based on the priorities of each locality. There would also be £1m for the voluntary sector (Age UK and St John's Ambulance) to focus on the support provided to people in their own homes. £8m had gone into virtual wards, supporting people at home through technology. It was envisaged that 400 people would be supported; there were 200 people on the programme to date. There had also been an announcement about potential future strike action from nurses. However, further details around the conditions were awaited. The ICB had agreed to release £10m in light of the funding awaited for adult social care over the winter period to enable the schemes to be mobilised before 1 December 2022. It was suggested that the Committee could be a useful vehicle for sharing winter campaign messaging where appropriate.

A Member enquired about the impending nurses strike and how that would be mitigated. Officers advised it was a concern and would have an impact on the risk register. Contingency plans were being developed to mitigate against patient's risk. Members were reassured that contingencies were under development and there would be no strike arrangements for staff in high-risk areas such as intensive care and accident and emergency (A&E).

A Member asked about the impact on home care and how patients would be supported during any industrial action. It was confirmed that home care was part of the overall contingency planning process and further consideration would be given to community staff. Foundation Trusts provided a full range of community services, which would need to be open, but any strikes would inevitably put pressure on services. Learning would be taken from the response to the pandemic with planning meetings meeting more frequently should it be necessary.

Officers were asked to outline how the workforce challenge was being addressed. The Committee heard that a range of measures had been implemented in terms of the strategic development of the workforce through colleges and universities. Consideration was also being given to blended roles and pay differentials. Career paths and alternative entry into adult social care and health roles were being considered. There were also a range of health and wellbeing packages in place to ensure the current workforce were effectively supported. There were a number of ICB reports on the workforce strategy, which would be shared with the Committee in due course.

The Chief Executive, Wrightington Wigan & Leigh Teaching Hospitals NHS Foundation Trust added that the workforce was a concern for the health and social care system with a focus on social and mental health wellbeing and recognising that staff may have additional pressures at home. Consideration would be given to providing warm spaces, financial advice, the cost-of-living crisis and mechanisms by which agency staff were paid. Recruitment had improved although staff retention remained a challenge. Opportunities would be provided to passport staff between hospital trusts and to reduce the time to process applications to starting in post. International recruitment was also considered as a potential long-term solution. There had been an increase in the 17- to 20-year-old segment of the population and career paths would be promoted to this cohort. In Wigan work was progressing with schools, colleges, universities, and those reaching out for work experience and clinical placements within hospitals. It was envisaged that more of this work was needed to capture people early in their careers.

Regarding the money earmarked for Districts, a Member asked about good value in terms of quality of care and how it would be allocated. It was explained that funding would be allocated to localities, and that they could chose the schemes that made the biggest impact around workforce retention and flow. Members heard that place-based leads had signed off the proposals and the implementation would be monitored. Should a scheme not be mobilised then the funding would be used elsewhere. An evaluation process would identify the schemes that were delivering, weekly measures would include how many patients were delayed, re-admission rates and ambulance handover times. Work was taking place with ICB colleagues to

address the challenges beyond winter 2022. A different approach was needed around beds occupation for those individuals who did not need to be in hospital with a view to them being cared for at home rather than in residential care.

Members were reassured that consideration was being given to the entire system to mitigate pressures as it was an interconnected system, not just about ambulance provision. To address capacity and find solutions, the workstream plan and work with the wider system would be deliberated. The pressures did impact on staff and in order to retain and motivate, more work was needed to address the fundamental issues. Consideration was being given to 111 and 999 demand and where that could be diverted to. The triage platform had been moved to the NHS pathways, which was a UK based triage tool meaning more patients could have access to directorate services (with 15% now safely diverted to alternative services). Collaborative work was taking place to find long-term solutions as ambulance handover problems were likely to remain an issue for some time, alternative options for patient presentation was being considered as one option.

Members were offered some clarity around the provision of mental health services with work underway with mental health providers to try and divert patients appropriately. Using and sharing data could highlight service demand and where to allocate future resources to drive change. Patient transport was also being contemplated, modelled, and monitored as demand had shifted.

Around the 111 service, the main challenges highlighted was staffing, recruitment, retainment, and support for staff partly due to the demand around the service changing regularly.

A Member drew attention to the statement about the public failing to treat ambulance staff with respect on occasion. The Member asked if the awareness campaign had started and if there had been any changes to behaviours as a result. Members were advised that a publicity and awareness campaign had been introduced and revitalised every winter in response to the pattern of increased incidences of staff abuse during the period. Harder hitting messages would be used if the high numbers of cases persisted.

A Member highlighted the professionalism of the ambulance service and how a public education programme was needed to show public how to use the NHS to get them the results they wanted. Officers welcomed the feedback and would report it to staff. It was reported that the communication around the winter campaign would use social media and target specific cohorts to improve knowledge of pathways to care.

A Member highlighted the current challenges regarding career pathways and suggested that part time 111 work may result in the future employment of nurses or other specific NHS careers. Flexible hours contracts were being offered to some staff to take account of school start and finish times, however, some locations such as a call centre environment was a difficult place to work and lent itself to flexible working. Specific schemes would be established aimed at working with particular cohorts, which the DWP had identified including those coming out of prison. Whilst Kickstart funding had ceased, it had been agreed to self-fund and continue with this programme. Listening to staff was acknowledged as important. A woman's network had also been established to identify any further challenges and how to support work/life balance, which could be around work patterns or rotas. A Member advised that a system had been established in Salford where all staff had a voice and there were some lessons that could be shared across the acute sector regarding inclusivity.

A discussion took place about the 10% of hospital beds being taken by people who had Covid, which was having an impact on acute care, however, Members were reassured that the lessons learnt from the pandemic had continued. The mortality rate in waves one and two was 40%, and today there had been a reduction to 5%, however information to the public on the current significant number of cases was sparse and there was some hostility towards receiving another vaccination. In was reiterated that immunisation was the first line of defence and that more transparent public information was required on this issue. It was suggested that there was a role for Members in helping with messaging and local communications on continued improved hygiene.

A Member asked about current staff vacancy rates and how many additional nurses were needed. The Committee heard that currently there was an 8% vacancy rate, further data would be provided in the report to be considered at a future meeting of the Committee. A Member suggested that the barrier for people wanting to become nurses was the removal of the bursary which should be addressed by Government.

Officers were congratulated on the creative ways to combat the challenges around ambulance provision and urgent care and assurances that had been provided to the Committee.

RESOLVED/-

1. That the Committee noted the report

2. That staffing issues be considered by the Committee in a future report.

3. That officers consider how appropriately to share the winter campaign messages with the Committee for wider dissemination.

4. That further consideration be given to improved transparency over the numbers of current covid cases, and communications are used to encourage take up of the fourth vaccine and to ensure the basic hygiene message is still conveyed.

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

Members considered a report provided by the Statutory Scrutiny Officer, GMCA, which 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. That ICP Board reports on performance management be considered at the next meeting on 18 January 2022.

2. That wider staffing issues be considered by the Committee in due course.

3. That an action plan be developed to monitor the work of the Committee and record any actions.

A Member asked a question regarding the composition of the Locality Boards. The Chief Delivery Officer, NHS Greater Manchester agreed to speak to the Chair of the Local Board in Salford and report back to the Member directly.

RESOLVED/-

1. That the Work Programme be updated.

2. That Members be requested to submit any further requests for the Work Programme contact the Statutory Scrutiny Officer.

JHSC/24/22 DATE AND TIME OF FUTURE MEETINGS

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

- Wednesday 18 January 2023
- Wednesday 8 March 2023