

**MINUTES OF THE MEETING OF THE GREATER MANCHESTER  
JOINT HEALTH SCRUTINY COMMITTEE HELD ON 18 JANUARY 2023,  
GMCA, BOARDROOM, 56 OXFORD STREET, MANCHESTER M1 6EU**

**PRESENT:**

Councillor John O'Brien	Wigan Council (Chair)
Councillor Elizabeth FitzGerald	Bury Council
Councillor Andrea Taylor-Burke	Bolton Council
Councillor Patricia Dale	Rochdale Council
Councillor Sophie Taylor	Trafford Council

**OTHERS PRESENT:**

Councillor Linda Grooby	Derbyshire County Council
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**OFFICERS IN ATTENDANCE:**

Rob Bellingham	Director of Primary Care and Strategic Commissioning, NHS Greater Manchester Integrated Care
Warren Heppolette	Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care
Jenny Hollamby	Governance & Scrutiny Officer, GMCA
Ben Squires	Head of Primary Care, NHS Greater Manchester
Nicola Ward	Statutory Scrutiny Officer, GMCA

**JHSC/25/23                      APOLOGIES**

Apologies were received and noted from Councillors Jacqueline Radcliffe (Bolton Council), Sandra Collins (Manchester City Council), City Mayor Paul Dennett and Margaret Morris (Salford City Council) and Naila Sharif (Tameside Council).

**JHSC/26/23**

**DECLARATIONS OF INTEREST**

**RESOLVED/-**

No declarations of interest were received.

**JHSC/27/23**

**MINUTES OF THE MEETING HELD ON WEDNESDAY  
9 NOVEMBER 2022**

**RESOLVED/-**

That the minutes of the meeting held on 9 November 2022 be approved as a correct record.

**JHSC/28/23**

**PROVISION AND ACCESS TO NHS DENTISTRY**

The item was introduced by the Director of Primary Care and Strategic Commissioning and a presentation was delivered by the Head of Primary Care, which provided an update on the provision of, and access to, NHS primary, secondary and community dental services and delivery of oral health improvement activity across Greater Manchester. The report also highlighted the actions taken to address health inequalities and to improve access to dental services to ensure patients were able to receive dental care and oral health improvement in a safe way.

The Committee welcomed the comprehensive report and informative presentation. NHS Greater Manchester Officers agreed to feed this back to their colleagues to who had co-authored the materials.

Officers were asked to explain the contractual arrangements around dentistry. Members heard that the NHS held contracts with dental practices rather than individual dentists. Practices were paid, not on the number of patients but to provide a set number of Units of Dental Activity (UDA) for the annual contract value. The UDA was a measurement of a course of treatment related to its complexity. There

were different units of value for different treatments along with banded courses of treatment. In terms of payments, should a practice not provide their contracted UDA they would be asked to undertake a review and could be financially penalised. However, should a practice provide more UDA, they would not be paid more than the contract value. The current contract came into place in 2006 and renegotiation work was ongoing. It was reported that relationships with dentists and practices were positive, but it was difficult given the complexity of the current contract.

Whilst it was reported that 60% of Greater Manchester residents had access to a NHS dentist, a Member queried access for Rochdale residents and asked what more could be done. Officers clarified that the 60% reported was the pre-pandemic level and this may have increased. However, to improve services and access, further investment was needed. The Integrated Care Board (ICB) was considering this aspect and would invest in the priority areas. More work was needed with dental practices to encourage them to see new patients to deliver against their contracted UDA levels. However, practices were concerned because of the potential excessive treatment need and if they surpassed their contracted UDA.

A discussion took place about how it was financially advantageous for practices to carry out six-monthly patient check-ups even though there was no clinical requirement. A public education programme was needed about the recall period and practices needed to be persuaded to use appointments to see new patients, over unnecessary check-ups.

A Member was concerned about the profound dental issues in children under five and how this issue could be addressed. It was reported that improved oral health meant less treatment. The Oral Health Improvement Greater Manchester Transformation Programme was about improving oral health in conjunction with Districts via a programme of support to reduce health inequalities across the priority oral health areas, offered supervised toothbrushing for children aged 2 to 5 years, delivered Health Visitor 0 to 3 years training, and supported the distribution of fluoride dental packs. There was also the challenge of introducing fluoridated water, even though it was having a positive impact in other areas of the country. Members heard there had been a shift towards prevention and early intervention, which linked

to the wider Integrated Care Partnership Strategy (the Strategy). Whilst there was a need to have services in place, it was recognised that it was more beneficial to prevent problems in the first instance. The importance of preventative activity in school and at home was also acknowledged.

Regarding the illustration within the report which compared Districts percentage of 5-year-old children with obvious dental problems with the national average, a Member asked how this would be levelled up. Targeted work was taking place in challenging areas and evidenced based programmes to improve oral health for children were being introduced.

The Member from Rochdale was asked about the picture in her District. Members heard that the health needs including dentistry in Rochdale were shaped by deprivation, there were more health problems and poorer life expectancy. How dental practices worked needed addressing along with the recruitment of more dentists.

A Member enquired about capacity and ask why the patient count had dropped from 1.2m to 800k. The drop reduction was attributed to the pandemic, reduced attendance, and how information was reported 2021/22.

A Member asked about the 85% of practices in Greater Manchester whose activity was more than 30% of their contracted delivery. It was explained that it was expected that practices would have achieved 50% of their contracted delivery by this stage. If practices had only undertaken 30% then they would have to achieve 70% of their contracted delivery by the end of the year. It was suggested that footfall had reduced because of the complexity of treatment.

A discussion took place about underperforming practices, links to the Strategy, and how renegotiation of contracts was a priority. Officers reported that should a practice be underperforming, there was the option of clawback, but work would take place with practices before this happened. Members were informed that the contracts would be reviewed nationally. However, there had been some changes to the Public Contracts Regulations in October 2022 around complex treatments which further

incentivised dentists to undertake these. Officers were considering what scope there was locally and discussions were taking place with NHS England's Director of Primary and Community Care to influence national policy and to understand if there was any flexibility in the national contract.

A Member was concerned about the price of toothpaste given the problems with oral health. It was reported that Population Health was undertaking work in this area as oral health had deteriorated during the pandemic. The cost-of-living crisis was making the challenge even harder. It was suggested that Officers visit a toothpaste manufacturer to encourage them to support oral health programmes with free products.

It was suggested and agreed that a dentistry update be provided at the Committee's meeting in due course.

#### **RESOLVED/-**

1. That the committee noted the report.
2. That Member's comments about the report and presentation be fed back to the co-authors.
3. That a further dentistry update be presented to the Committee at a future meeting.

#### **JHSC/29/23                      DEVELOPING THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP (ICP) STRATEGY: UPDATE**

A report provided by the Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care, was considered, which provided an overview of the background to the Strategy, the process undertaken to develop it; and the engagement planned until February 2023.

A presentation accompanied the report, which covered the following key issues:

- Our Model of Health and Care

- Shared Outcomes and Shared Commitments
- A Greater Manchester Where Everyone

A Member asked about funding and how much would be available for NHS Greater Manchester, compared to previous years. It was advised there was approximately £6.5m of funding, which was an increase that included specialist care but did not include social care. There was around £800m available for social care and an extra £200m for extra care home beds.

A Member welcomed the diagram, which illustrated the Greater Manchester Model of Health and Care and asked about culture change and the role of the ICB, jobs and accountability to health and preventative measures. The Member also suggested, in terms of hard-to-reach communities and volunteers, there was a generation of people coming through the system who were less healthy and would be unable to sustain and skill volunteering work. The Member asked how it would be addressed and how would health as an outcome be embedded. In response, it was explained that discussions were taking place with housing providers, schools, colleges, universities and local people about their role and the relationship between good work and health. There was also a more fundamental shift, which needed to be progressed through the Trailblazer negotiations about control of the skills system across Greater Manchester and the connection between priorities for where good employment required development and growth. There was a need for a link between the skills and careers in care, which was an ambition of the Trailblazer. The culture change identified in the diagram was recognised as important in terms of health practitioners, GPs, hospital doctors and nurses needing to understand that good quality housing and good work were health outcomes, which recognised there was a benefit to support and provide clinical intervention alongside medical interventions and pathways.

A Member agreed that Greater Manchester Model of Health Care illustrated comprehensively the full health and care picture. The Member highlighted that there had been a wave of people with chronic pain problems following the pandemic, which was adding further pressure to the system but the conditions for a good life

were not accessible for some residents. Deprivation was highlighted as a particular problem and determinant of health.

Members were concerned about the £800m deficit reported. Members heard that reductions would be needed in the cost base, efficiency and productivity, and measures were being considered. Radical changes would be challenging, and difficult choices would be needed moving forward. A financial roadmap would be developed to understand the picture. Members agreed that innovative thinking and a move to early diagnosis and prevention were key.

A Member enquired, in light of the £800m deficit, how the backlog of elective surgery would be undertaken and how the 62-day wait figure for treatment would be reduced given it was reported as deteriorating. The Member also drew attention to the dramatic reduction in the 78-week waiting list figure from 2,578 to 675 patients and congratulated the workforce. Regarding the waiting figures, it was reported that it equated to over 0.5m people in Greater Manchester and the Strategy would need to include a description for the first year about what work was taking place to reduce the lists with available resources with a focus on the reduction of wait times. In recognising the move to prevention, it would not be reliant on NHS resources but on investment across all public services. Conversations with the private and business sectors would take place to understand how they could support good health across the population. Members agreed that innovation was key, and the Member from Rochdale described how GPs in her ward were working collaboratively around resources and had employed five Social Prescribing Link Workers to help provide support and advice in relation to social issues. Patients would be helped to access the services that were already in place to improve their good health and it freed up time for GPs to concentrate on clinical issues.

A Member enquired who paid for Social Prescribing Link Workers in practices. It was advised that resources were part of the primary care contract.

Officers agreed that social prescribing to add capacity and lighten the load of GPs, could potentially be something to value and grow.

The Chair encouraged Members to watch the BBC's Panorama programme, which aired on 21 January 2023 about hospitals struggling with soaring demand, increased waiting times and workforce issues. The programme investigated what could be done to fix the health and care system.

A Member asked if the Greater Manchester Model of Health and Care diagram could be shared outside of the meeting. Officers explained that it would be updated and shared with Members following the meeting.

Further to a Member question raised at the last meeting about the Edenfield Centre and it being considered at a Greater Manchester level, it was reported that it was being scrutinised locally as there was an impact on other services given the special measures intervention.

A Member asked, and Officers agreed to update the Annual Health Check Performance diagram include Rochdale.

#### **RESOLVED/-**

1. That Committee noted the report.
2. That Members considered and endorsed the set of key questions on the draft Strategy (paragraph 4.3 of the report).
3. That the Greater Manchester Model of Health and Care diagram be updated and shared with Members.
4. That the Annual Health Check Performance diagram be updated to include Rochdale.

**JHSC/30/23**

#### **INTEGRATED CARE BOARD QUALITY AND PERFORMANCE UPDATE 21 DECEMBER 2022**

The report, which was for Member's information, was considered by the Integrated Care Board on 21 December 2022 and covered reporting against all constitutional standards and system oversight framework indicators, the material risks/issues raised by localities, system boards, the Joint Planning and Delivery Committee, and



the Quality and Performance Committee. The report had been presented to Members in response to their questions at the last meeting around performance measures.

**RESOLVED/-**

That the report be received and noted.

**JHSC/31/23                      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.

**RESOLVED/-**

That a dentistry update be provided in September 2023 be added to the Committee's Work Programme.

**JHSC/32/23                      DATE AND TIME OF NEXT MEETING**

The next meeting would be held on 8 March 2023 at 10.00 am, Boardroom, GMCA.