

**MINUTES OF THE JOINT MEETING OF THE
GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE AND GMCA
OVERVIEW & SCRUTINY COMMITTEE HELD ON 8 NOVEMBER 2023,
GMCA, BOARDROOM, 56 OXFORD STREET, MANCHESTER M1 6EU**

PRESENT:

Councillor David Sedgwick,	Stockport MBC (Joint Chair for this meeting)
Councillor Nadim Muslim	Bolton Council (Joint Chair for this meeting)
Councillor Andrew Morgan	Bolton Council
Councillor Elizabeth FitzGerald	Bury Council
Councillor Imran Rizvi	Bury Council
Councillor Joan Grimshaw	Bury Council
Councillor Basil Curley	Manchester City Council
Councillor Mandie Shilton-Godwin	Manchester City Council
Councillor John Leech	Manchester City Council
Councillor Eddie Moores	Oldham Council
Councillor Jenny Harrison	Oldham Council
Councillor Colin McLaren	Oldham Council
Councillor Patricia Dale	Rochdale Council
Councillor Lewis Nelson	Salford City Council
Councillor Sophie Taylor	Trafford Council
Councillor Jill Axford	Trafford Council
Councillor Shaun Ennis	Trafford Council
Councillor Nathan Evans	Trafford Council
Councillor Ron Conway	Wigan Council
Councillor Fred Walker	Wigan Council

OFFICERS IN ATTENDANCE:

Warren Heppollette	Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care
Jane Pilkington	Director of Population Health, NHS Greater Manchester Integrated Care

Elaine Mottershead	Senior Governance & Scrutiny Officer, GMCA
Nicola Ward	Statutory Scrutiny Officer, GMCA
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Oliver Fenton	Assistant Governance Officer, GMCA

OTHERS PRESENT:

City Mayor Paul Dennett	GMCA Deputy Mayor and Portfolio Lead for Homelessness, Healthy Lives and Quality Care
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JHSC/19/23 APOLOGIES

Apologies were received and noted from Councillor Sammie Bellamy, Councillor Helen Hibbert, Councillor Zahid Hussain, and Councillor Nalia Sharif.

JHSC/20/23 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

Councillor Nadeem Muslim, Chair of the GMCA Overview & Scrutiny Committee and joint Chair for this meeting explained the purpose of the meeting was to look at the work across Greater Manchester (GM) to tackle health inequalities, as both Committees had raised this as an area of interest. Recognising this was a significant issue, this was a one item agenda/meeting, giving time for Members to receive presentations and for a question and answer session.

Furthermore, the agenda pack had been issued early so Members could have additional time to consider the report from their Local Authority (LA) perspective and identify the local challenges regarding health inequalities that the Committee might wish to discuss.

He added the information provided in the agenda pack, was to open initial discussions and conversations and that Member's questions today would shape the framework moving forward.

JHSC/21/23 DECLARATIONS OF INTEREST

RESOLVED/-

No declarations of interest were received at the meeting.

JHSC/23/23 GREATER MANCHESTER'S WORK TO TACKLE HEALTH INEQUALITIES

Councillor David Sedgwick took the Chair for this item and asked the City Mayor Paul Dennett as Chair of the Integrated Care Partnership (ICP) to open discussions. The City Mayor advised Members that this was the first time the GMCA Overview & Scrutiny Committee and Joint Health Scrutiny Committee had been brought together to consider health inequalities and welcomed the opportunity to consider the NHS GM's response the Fairer Health for All framework designed to deliver health and care services that are fairer, greener, and inclusive.

It was explained that recent NHS reforms had triggered the work in terms of the 5 Year Strategy for the GM Integrated Care System. Members were informed the Fairer Health for All framework had been in development for the last 15 months and was aligned with the 5 Year Strategy and Joint Forward Plan.

Members were asked for comments on the principles, challenges, metrics, priorities, and direction of travel for GM delivery. This scrutiny activity would inform the framework and delivery. It would also help to galvanise the system behind the challenges to tackle the wider determinants of health and move GM further in its ambitions towards a Marmot City Region.

In response to Member's request for a succinct presentation to allow more time for questions, Warren Heppolette, Chief Officer for Strategy & Innovation, NHS Greater

Manchester (NHS GM) and Jane Pilkington, Director of Population Health, NHS Greater Manchester provided an introduction.

The report also outlined opportunities for partners to input and shape priorities for coordinated action on health inequalities across GM, responding to the proposed principles, priorities, targets, and metrics in the GM Fairer Health for All Framework.

The report explored in detail:

- An overview of the key missions in the Integrated Care Partnership Strategy, which collectively would reduce health inequalities by enabling a social model for health and a strategic shift towards prevention.
- Summary of Integrated Care System Operating Model and governance to ensure tackling health inequalities was everybody's business and part of the way they worked.
- Overview of priorities, principles, and tools in the Fairer Health for All Framework which enabled coordinated action and delivery of the Joint Forward Plan.
- A deeper exploration of a small number of flagship areas that showed Fairer Health for All in action including the Fairer Health for All Academy and the Health & Care Intelligence Hub.

The Chair advised that the range of health inequalities was vast, whilst issues were recognised as systemic and would not be solved quickly, NHS GM Officers wanted to understand if they had set the right priorities, targets, and measures. A question and answer session followed.

Members expressed gratitude to City Mayor Paul Dennett, GM Portfolio Lead for Quality Care for his presence as political leadership was important for this agenda.

The report was also commended for going to the heart of issues and recognising that deprivation remains a significant determinant of poor health, with over one third of GM residents living in the top 10% deprived neighbourhoods, often underusing preventative care services and overusing critical care services.

Members questioned the age of the report and asked whether the report was created specifically for this meeting. Officers informed Members that the report was created for this meeting but drew on research undertaken since the start of the statutory establishment of the ICS (Integrated Care System).

Members commented on the language used within the framework with acronyms and abbreviations making it inaccessible. Whilst there were different versions of the framework for different audiences, Officers acknowledged the use of jargon as unhelpful and would seek to use plain English where possible.

In response to a question about decision makers, it was clarified there were 5 Board Members on the Integrated Care Board, which included City Mayor Paul Dennett. Whilst it was difficult to present the decision-making structure in a simple format, Officers acknowledged that improvements could be made and that diagrams would be reviewed. City Mayor Paul Dennett explained that he was appointed by the GMCA as the Portfolio Lead for Health and Social Care and that decision-making power sat in different spaces. The role of the ICB was one of assurance. Consideration was being given to governance and whether it remained fit for purpose. In terms of accountability, legally decision-making powers sat with the Secretary of State and NHS England.

Members highlighted the need for addressing health disparities, incorporating NICE (National Institute for Health and Care Excellence) guidelines, and creating a transparent system to provide equal opportunities for all residents in accessing healthcare services, particularly IVF (In Vitro Fertilisation) treatments. A Member provided an example of disparities in IVF treatment previously commissioned by Clinical Commissioning Groups (CCGs) and expressed concern about the disparity, in Manchester, where residents received only one round of IVF. In contrast, individuals living in Stockport were entitled to two rounds, and those in Tameside received three rounds. Officers acknowledged the range of unequal standards and advised that work would be undertaken to review the disparities, specifically on IVF and treatments, which would be shared with both Committees.

However, officers further advised that NICE guidance was not legally binding and not all ICSs were operating the same way regarding this guidance.

The Committee expressed concern that those residents who were already socially excluded would have the most significant challenge to overcome in terms of barriers to services, and that this must remain a priority for the Integrated Care System.

Members raised concerns that there was no mention in the framework about the increasing levels of obesity in the population, with implications for public health and the healthcare system's ability to provide services and manage finances. Officers noted the influence of national policies, the impact of the food industry and individuals' inactivity as the most fundamental causes of obesity. Officers informed Members about the efforts in the Joint Forward Plan to promote active travel, such as walking, and cycling. The Committee were informed that this topic would be considered by the GM Joint Health Scrutiny Committee at their meeting in March 2024.

Members also emphasised the impact of mental health, particularly in children and young people, and expressed the need for more focus on this issue within the framework. Officers highlighted the importance of mental health in the Joint Forward Plan and emphasised the recognition across the system for significant focus on mental health in future work. Additionally, Officers mentioned a projected health needs analysis that identifies mental health as a key area of concern for children and young people in the next five years and acknowledged the under-investment in mental health services of approximately £97 million per year compared to the national average which needed to be addressed.

Members highlighted the importance of increasing the professionalisation and status of social care workers within the healthcare system and as a career choice. They indicated that success would be achieved when young, qualified individuals aspired to become social care workers, emphasising the need for improvement in this area. Officers confirmed that this was at the heart of the Workforce Development Strategy which could be shared with members.

Members expressed concern that the report was too focused on the NHS as an employer and suggested a need to shift the emphasis towards getting long-term unemployed individuals back into the wider workforce by integrating these individuals into businesses outside the NHS, even for less skilled roles. Officers informed Members of the collaborative efforts between different entities, including the GMCA and LAs, aimed at helping people get back into work. The approach was based on the Working-Well Combined Authority (CA) model, which involved collaboration with local businesses. Officers stressed that the focus was not solely on recruiting people into the NHS workforce, although that was a part of the initiative due to the NHS being a major employer, instead, the effort spanned across various sectors and involved engagement with local businesses and the wider public sector. The Committee were also informed that there may be further opportunities regarding skills and employment through the GM devolution trailblazer.

Members emphasised the importance of integrating alternative health services like physiotherapy, osteopathy, acupuncture, and massage into the NHS to support people to manage their own health and officers recognised the need for further exploration in this area and welcomed members suggestion of the establishment of community centres that offered a comprehensive range of services, including dentistry, pharmacy, GPs (general practitioners), and alternative health providers.

Members questioned whether the relationship between the Integrated Care Partnerships strategy and a good home has been explored and commented on the importance of housing for health and quality of life. It was questioned whether the Integrated Care System could leverage a new model of delivery for GM that focussed on the wider determinants. Officers informed Members that there was not a single accountable individual for commissioning policy for access to core health services at the same time as they were commissioning policy for external factors like clean air or quality of housing provision, therefore an integrated approach to health inequalities was vital.

Members highlighted the absence of specific support for paid family carers and young carers in the strategy, expressing the need for more focus on the growing burden of care on children and young individuals. Officers informed Members of the

work carried out to support unpaid carers and stressed the importance of the need to support them otherwise the resilience of health and social care was at stake if action was not taken.

Members raised concerns about the lack of coverage in the report about NHS dentistry. Officers informed Members that this was a standing priority of the Joint Health Scrutiny (JHS) Committee, recognising that current provision fell short of expectations, and that work was underway to improve access to services where possible.

Members queried whether the Fairer Health framework would help to address school readiness and associated mental health issues. Officers commented on the impact of the early years delivery model in GM over the past ten years and acknowledged the significant positive effect the model had before the pandemic but highlighted the challenges it faced in the post-pandemic era and the need to adapt and enhance this model to address the new challenges. Additionally, Officers mentioned the importance of direct access to mental health support in schools, colleges, and higher education facilities in GM as the demand for mental health support for children and young people was overwhelming, and the existing systems were struggling to cope with this growing need.

Members highlighted the importance of standardising best practices across GM and provided an example within maternity services to highlight the need for consistency in approaching patients, specifically mentioning the variation in questioning patients receive from NHS front line workers regarding their housing situation.

Officers agreed on the importance of practical, meaningful support for individuals managing their health and that it should consider factors like housing, financial stability, family situations, active travel, and clean air as these factors could significantly impact a person's ability to recover and stay well.

Members asked whether GM had an anchor network. Officers informed Members that there was an anchor network, and it was originally established to organise GM initiatives. The anchor network has expanded its involvement with CA partners and is

working on local employment pathways, and supply chains, and involving the voluntary sector. Officers mentioned plans for semi-annual events for the anchor network to engage more people, although the program was still in its early stages.

Members highlighted the importance of addressing the needs of communities, particularly those from Black, Asian, and Minority Ethnic (BAME) backgrounds, issues such as mental health challenges and discrimination within the BAME communities. Additionally, Members stressed the urgency of tackling the stigma surrounding mental health issues in these communities and called for efforts to be made at the top level to address these concerns across the boroughs. Members highlighted the impact of COVID-19 on BAME communities, citing data that showed they were high risk and inquired about the lessons learned from the pandemic to urge strategies to ensure fair and accessible services for these communities in the future.

Officers noted the importance of focusing on prevention, early detection, and addressing disparities in healthcare access and the need for tailored strategies to support populations facing the greatest disparities, suggesting community-led organisations could play a key role. Furthermore, Officers mentioned initiatives in GM, such as setting equality objectives, reimagining primary care models, and the use of advanced data science to analyse needs and risks.

Members addressed the importance of focusing the framework on specific outcome targets rather than adopting a scattergun approach and further expressed concern about the limited impact a broad approach could have. Members welcomed the opportunities created through the Health and Care Intelligence Hub and noted this was a significant outcome of the collaborative approach to health and care across the ICS.

Members emphasised the importance of measuring progress against the rest of England and avoiding the accidental discovery of favourable statistics. Officers highlighted the use of advanced data science to identify individuals at risk and provide precise and targeted care plans. Officers informed Members of the priorities related to page 17 of the report within the agenda pack, which focused on

interventions with the biggest impact on the population at risk. The interventions were based on strong evidence and return on investment. Officers highlighted the need for an effective economic and financial strategy to shift resources into early intervention, prevention, and crisis reduction.

Members commented that the report overlooks staffing issues within the healthcare system and the need to address the scarcity of financial resources. Officers acknowledged staffing pressures, especially in social care and stressed a need for fair pay and a balancing act between levelling up services and precision targeting and offered to pick up the 'levelling up' of GM services as a focus for the 5 Year Forward Plan.

Members emphasised the necessity of involving the voluntary sector but recognised their current lack of support, training, funding, and facilities and suggested exploring ways to better support the voluntary sector. Officers informed Members about the Voluntary, Community or Social Enterprise (VCSE) accord and fair funding protocol signed by LAs and healthcare organisations as a tool by which GM could continue to advise, support and advocate for the voluntary and community sector.

Officers agreed that they would follow up on any questions that had not been answered by the Members of the Joint meeting of the GM Joint Health Scrutiny Committee and GMCA Overview & Scrutiny Committee and members suggested any future sessions should be workshop style to give more opportunities for engagement.

RESOLVED/-

1. That it be noted that the Committee provided comments and views on key goals, targets, metrics, and priorities as requested (see Minute JHSC/23/23).
2. That it be noted that Officers from NHS GM pay attention to the language used framework and simplify the decision-making structure diagrams where possible.

3. That officers be requested to continue to look for ways to remove any barriers to service access, especially for those demographic groups who already find themselves socially excluded.
4. That it be noted that NHS GM Officers would review the disparities to access to IVF and treatments across GM and share any findings of this work with the JHS Committee and the GMCA Overview and Scrutiny Committee.
5. That it be noted that supplementary documents around the challenges in the health & social care workforce be shared with the JHS Committee and the GMCA Overview and Scrutiny Committee.
6. That it be noted that JHS Committee reports on dentistry be shared with the GMCA Overview and Scrutiny Committee for information.
7. That it be noted that NHS GM Officers follow up on any questions that had not been answered at the meeting after the meeting.

JHSC/23/23

DATE AND TIME OF NEXT MEETING

- Joint Health Scrutiny Committee – 17 January 2024 at 10.00 am, GMCA, Boardroom.
- Overview & Scrutiny Committee – 22 November 2023 at 1.00 pm, GMCA, Boardroom.