

**Minutes of the Meeting of the Greater Manchester
Joint Health Scrutiny Committee held on 15 April 2025
GMCA, Boardroom, 56 Oxford Street, Manchester, M1 6EU**

Present:

Councillor Elizabeth FitzGerald	Bury Council (In the Chair)
Councillor Ayyub Patel	Bolton Council
Councillor Peter Joinson	Rochdale Council
Councillor Irfan Syed	Salford Council
Councillor Karl Wardlaw	Stockport Council
Councillor Sangita Patel	Tameside Council
Councillor George Devlin	Trafford Council
Councillor Ron Conway	Wigan Council

Officers in Attendance:

Warren Heppolette	Chief Officer for Strategy, Innovation & Population Health
Claire Connor	Director of Communications & Engagement, NHS Greater Manchester
Nicola Ward	GMCA Statutory Scrutiny Officer & Deputy Head of Governance
Ben Hopkins	Senior Governance & Scrutiny Officer, GMCA

JHSC/111/25 Welcome & Apologies

The Chair welcomed Councillor Sangita Patel who had replaced Councillor Charlotte Martin as the representative from Tameside Council.

Apologies for absence were received and noted from Councillor Wendy Wild and Councillor Karl Wardlaw attended as substitute.

JHSC/112/25 Chair's Announcements and Urgent Business

There were no Chair's announcements or urgent business.

JHSC/113/25 Declarations of Interest

No declarations of interest were received in relation to any item on the agenda.

JHSC/114/25 Minutes of the Meeting held on 18 March 2025

RESOLVED/-

That the minutes of the meeting held on 18 March 2025 be approved as a correct record, subject to the following amendment:

- JHSC/106/25 – Reconfiguration Progress Report and Forward Look. The date of commencement for consultation in relation to Adult Attention Hyperactivity Disorder (ADHD) be 7 April 2025, not 7 April 2026 as stated.

JHSC/115/25 NHS Greater Manchester Update – Delivery in 2025-26 in the Context of NHS Reforms

Warren Heppolette, Chief Officer, Strategy Innovation and Population Health, introduced a report providing an NHS Greater Manchester update in relation to delivery in 2025-26 in the context of NHS reforms, as requested by Members at the March 2025 meeting of the Committee.

The current Integrated Care Board (ICB) structure had been established in 2022 and largely incorporated the functions of the Clinical Commissioning Groups (CCGs), which had been abolished at the same time. ICBs were largely responsible for the commissioning of services and had an £8.5 billion budget to do so in Greater Manchester. In the city-region, the ICB employed 1,400 staff although there were currently 330 vacant positions.

The Committee was advised that ICB staff were primarily involved in the commissioning of services, including secondary care services; financial and contracting functions; supporting the nursing and medical leadership; and corporate services related to Human Resources. The total staffing costs related to these functions was £106 million.

The Committee was informed that the government had announced significant reforms to the NHS, including the abolition of NHS England over a two-year period and a requirement for ICBs to reduce expenditure by around 50 per cent. These reductions related only to the running costs of the ICB and did not include its commissioning budget for healthcare delivery.

The ICB in Greater Manchester was currently running a £200 million deficit with agreement from NHS England. It was highlighted that the amount required to be saved would vary from ICB to ICB and in Greater Manchester the decrease would be approximately 39 per cent, representing a reduction from £32.98 to £17.96 per head of population. This would mean a £41 million decrease from the current figure of £106 million.

Currently, there was no further information on details of the changes and how they would affect Greater Manchester, but the ICB was required to provide an outline plan by the end of May 2025 on how these reductions could be delivered. There would be significant variations in how these savings could be made across the country, but it was not proposed that the Greater Manchester ICB merge with any of its neighbours, given its size, as had been proposed elsewhere in the country. It was anticipated that the changes would make the ICB a purely strategic commissioning organisation.

Whilst there was certainty in terms of the need to reduce running costs, it was appreciated that this was very an unsettling time for ICB staff as details of redundancies resulting from these proposed changes were not yet clear. Consequently, weekly briefings were being held between the Chief Executive, Deputy Chief Executive and staff. Colleagues had also been invited to provide suggestions to mitigate against the proposals, and over 1,500 ideas were currently being worked through.

Details of the Annual Plan 2025-26 were provided, and it described the activities that NHS Greater Manchester would undertake over the forthcoming year. This plan was structured on the five pillars of the Sustainability Plan, as outlined within the Officer's submitted report. The Annual Plan sought to:

- Maintain access to, and the quality of, essential health services.
- Improve the city-region's mental health services.
- Improve the efficiency and productivity of the NHS in Greater Manchester.
- Make as much progress as possible to reduce waiting lists within available resources.
- Support the focus on prevention (the left shift) to protect the future of the NHS in Greater Manchester.

These ambitions aligned with the government's 10 Year Health Plan, which would be published later this year, and included commitments to shift healthcare from hospital to the community, from analogue to digital, and from sickness to prevention.

Given the financial pressures that the Greater Manchester ICB currently faced, and its need to making savings of £600 million to run an authorised deficit of £200 million, considering whether to proceed with investment was highly challenging. However, Members were pleased to note that NHS Greater Manchester had committed to continuing to invest in prevention. The ICB would also continue to work at a place-based level within communities, building the Live Well ambition into this neighbourhood model. Despite the challenges faced, it was reported that Greater Manchester continued to be a national leader in population health improvements.

Members were informed that the "left shift" would also be the centrepiece ambition towards more proactive care through the neighbourhood model, helping to reduce instances of cardiovascular disease and diabetes. £7 million pounds would be invested to grow the proactive care model across primary care.

The mental health system would be reoriented to reduce crisis care and the need for inpatient treatment. Members were pleased that the number of out of area mental health placements had been reduced to 15 and this was a significant reduction from a typical level tracking at well over 100 at any one time.

The Committee welcomed that investment in acute secondary care at the expense of primary and community care had been arrested, and this would allow for increased investment in the latter.

A Member sought clarification on how mitigations could be put in place to protect the workforce as far as possible from the proposed changes. In response, the reporting Officer acknowledged that work needed to be done to retain experienced staff and prevent staff from feeling they had to seek alternative employment.

Addressing a question regarding joint working and integration with local authorities, it was highlighted that such working would need to intensify up to the submission of the plan on reductions in May. Work would be undertaken to build upon existing joint operations. Opportunities also existed to improve collaboration between data insight teams at the ICB, Combined Authority and the ten districts. Work could also be undertaken to create blended teams from different organisations and design joint commissioning approaches.

The Chair queried if there would be significant investment in combined health records. Responding, the Chief Officer explained that being able to access GM health records had supported 24,000 clinicians per day in making more informed decisions and enabling a shift towards more proactive and preventative care. This function would be at the heart of process change and delivery.

Members were concerned about the impact the proposed reductions in spending would have upon service delivery in Greater Manchester and on Key Performance Indicators (KPIs). The Committee asked how the ICB could ensure that the quality of care was not compromised across Greater Manchester. The Chief Officer reiterated the importance of not losing talented staff from the workforce and maintaining oversight of day-to-day care and delivery cost improvements, at the

same time as delivering the changes and new model of the Care Board. It was highlighted that the same arrangements for quality, performance and oversight would need to continue, and work could not be disrupted.

A Member asked how effective the relationship between the Strategic Commissioning Board and ICB was and in response it was explained that there was some joint commissioning between the ten GM local authorities and the ICB. This was particularly focused around prevention and social care. Core hospital and specialist services had always been a primarily NHS function and these were run in tandem with joint commissioning services. It was highlighted that some providers spanned several areas of care, and this would spread across the system.

Members questioned if the changes would affect the priorities of the Five-Year Plan. In response, the Chief Officer advised that the ICB would meet on 16 April 2025 to sign-off the final version of the full Plan. Whilst some details of the Plan had been shared with the Committee, the complete document was much longer, and this would be circulated to Members outside of the meeting. More granular detail in relation to specific areas was provided within the document.

The Chair asked about the importance of ensuring that day-to-day running of services continued despite the proposed changes to the ICB. Concerning first appointments for elective care, it was explained that the metrics associated with this would be identified and how this affected the waiting lists overall. This information would continue to be reported through the normal arrangements of the Board's performance monitoring and be held at a detailed level through the Performance and Quality Committee. Despite the challenges, this work needed to continue and could not be buffeted by the changes, and tracking would be reported through the normal channels.

Regarding the ICB's current financial position, Members queried the difficulties related to investment and sought clarity on whether investment would continue. The Chief Officer advised that the system was currently operating at a £200 million deficit, and providers were having to deliver a cost improvement programme of 5-6 per cent. Moving forward, GM would move away from a crisis approach towards a

preventative approach, investing in those areas that had the highest returns and most positive impact on patient outcomes.

A discussion ensued regarding the topics the Committee wished to focus on during 2025/26, including:

- Preventative health measures.
- Voluntary sector/Health Watch.
- Budget reduction submission.
- Diabetes.

Resolved/-

1. That details on how further integration between the ICB and local authorities was being achieved, including steps to ensure preventative health measures among Greater Manchester's population would be included in the forthcoming work programme.
2. That presentations from GM Health Watch groups and voluntary sector providers be presented, outlining their work on prevention.
3. That an update on the work of the task and finish group, and its considerations on the move to the new operating model, be provided in due course.
4. That regular monitoring of use and uptake of services, including patient satisfaction, be shared with the Committee in future reports.
5. That updates regarding the Sustainability Plan, specifically in relation to the financial position of NHS Greater Manchester, be provided to the Committee on a regular basis.

6. That consideration be given on how best to inform Members at the start of the next municipal year on the successes delivered in 2024/25 and the priorities for the forthcoming year.
7. That details of the May 2025 submission to NHS England in relation to budget reductions and details on specific challenges outlined be shared with the Committee.
8. That the Chief Officer for Strategy, Innovation & Population Health circulate the NHS Greater Manchester Annual Plan 2025/26 to Members of the Joint Health Scrutiny Committee.

JHSC/116/25 Reconfiguration Progress Report and Forward Look

Members considered a report presented by Claire Connor, Director of Communications and Engagement, NHS Greater Manchester, that set out reconfigurations currently planned or undertaking engagement and/or consultation. The report also included additional information on any engagement that was ongoing.

The following update was noted:

- Adult Attention Deficit Hyperactivity Disorder(ADHD) – it had been formally agreed that consultation would commence on 23 April 2025 and a written briefing on the planned consultation would be provided to the Committee. Members were asked to assist with engagement so that it could reach as many people as possible.
- Children and Young People’s ADHD – the project was going through governance for implementation and no formal consultation was required.
- In Vitro Fertilization (IVF) Cycles – a decision would be made at the ICB Board in May 2025 on whether to proceed with consultation or not. A formal update could be provided to the Committee in June 2025.

- Specialist Weight Management – engagement work was focusing on the areas with the least access and specific socio-demographic target groups.
- Major Trauma – the engagement programme was due to launch imminently, but a timeline was still pending.
- Procedures of Limited Clinical Value – these were procedures that the evidence showed would not have a positive impact on most people. Going forward, five policies would be reviewed each year, and a dedicated engagement programme would coincide with each to ensure the public's voice was heard.
- Diabetes – the structured diabetes report would be coming to the next meeting of the committee in June and details of the timescales for consultation would be provided.

Members queried if changes to the ICB would affect public engagement going forward. In response, the importance of the patient voice was still considered vital and how this could be captured going forward would be reviewed. Given that the ICB was responsible for spending £8.5 billion of public money, ongoing public input would be important as a strategic commissioning organisation.

A discussion also ensued in relation to Member engagement on the proposed ICB changes. The Chief Officer advised that discussions would take place in each of the localities through the ten Locality Boards and an equivalent report could be presented at each district Health Scrutiny Committee.

The Chair believed that it would be helpful if Committee Members contacted their respective Democratic Services teams to circulate details of consultations with all elected Members of each local authority to facilitate maximum public engagement.

Resolved/-

1. That it be noted that the Committee received the report.

2. That the Director of Communications & Engagement, NHS Greater Manchester, would confirm if the June 2025 meeting of the Committee was timely to share details of the Diabetes Consultation with Members.
3. That Members share details of the Adult ADHD Consultation, due to go live on 23 April 2025, with their colleagues and constituents to ensure the maximum level of engagement.
4. That a future report on Major Trauma be brought to the Committee ahead of the facilitation of any Major Trauma consultation.
5. That Committee Members contact their respective Democratic Services teams to circulate details of upcoming consultations to their elected colleagues to ensure maximum public engagement.

JHSC/117/25 Work Programme for the 2024/25 Municipal Year

The Chair advised Members that this was the final meeting of the current municipal year. Members were encouraged to stand again as continued membership of the Committee would help to build invaluable experience of this broad and varied area.

The Chair concluded by thanking Members and Officers for their contributions over the past 12 months.

Resolved/-

That thanks be extended to Members and Officers for their contributions at the Committee over the past year.

JHSC/118/25

Date and Time of Next Meeting

Resolved/-

That with the absence of local elections this year, the next meeting would take place on 17 June 2025.