

**Minutes of the Meeting of the Greater Manchester
Joint Health Scrutiny Committee held on 17 June 2025
GMCA, Boardroom, 56 Oxford Street, Manchester, M1 6EU**

Present:

Councillor Elizabeth FitzGerald	Bury Council (Chair)
Councillor Ayyub Patel	Bolton Council
Councillor Ken Rustidge	Oldham Council
Councillor Irfan Syed	Salford Council
Councillor Wendy Wild	Stockport Council
Councillor Sangita Patel	Tameside Council
Councillor Emma Hirst	Trafford Council
Councillor Ron Conway	Wigan Council

Neighbouring Authority

Councillor Joseph Turrell	Derbyshire County Council
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Officers in Attendance:

Claire Connor	Director of Communications & Engagement, NHS Greater Manchester
Jennie Gammack	Programme Director for Sustainable Services, NHS Greater Manchester
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Nicola Ward	GMCA Statutory Scrutiny Officer & Deputy Head of Governance
Jenny Wilkinson	Programme Manager for Sustainable Services, NHS Greater Manchester

JHSC/01/25 Welcome & Apologies

Nicola Ward, Statutory Scrutiny Officer and Deputy Head of Governance and Scrutiny, GMCA, opened the meeting and welcomed new and returning Members.

Apologies for absence were received and noted from Councillor Basil Curley, Councillor Pat Dale and Councillor Colin McLaren.

JHSC/02/25 Appointment of Chair for the 2025/26 Municipal Year

Resolved/-

That it be noted that Councillor Liz FitzGerald be appointed as Chair for the ensuing year.

The Chair announced the sad passing of Councillor John O'Brien, former Mayor of Wigan and long-time Chair of this Committee. Members observed a minute's silence in his honour.

Chair welcomed Members and outlined the Committee's strategic direction for the year ahead. The Chair expressed a desire to continue building on key themes from the previous year, emphasising the importance of continuity and sustained focus on critical areas of health and social care across Greater Manchester. The Chair stressed the importance of maintaining a strong focus on prevention and early intervention and ensuring that critical issues from the previous year were not lost in the transition to new priorities. These themes would inform the Committee's Work Programme for 2025/26 and guide its scrutiny of service reconfigurations, system performance, and public accountability.

JHSC/03/25 Appointment of Vice-Chair for the 2025/26 Municipal Year

Resolved/-

That it be noted that the appointment of Vice-Chair would be addressed with Members following the meeting, acknowledging that some Members who had sent their apologies for today's meeting might be interested in the role.

JHSC/04/25 Membership of the Committee 2025/26

Resolved/-

That it be noted that the Committee noted its Membership for the ensuing year and any updates would be provided in the minutes of the meeting.

Authority	Member (Councillor)	Substitute (Councillor)
Bolton	Ayyub Patel (Communities First)	Debbie Newall (Lab)
Bury	Elizabeth Fitzgerald (Lab)	Joan Grimshaw (Lab)
Manchester	Basil Curley (Lab)	To be advised
Oldham	Colin McLaren (Lab)	Ken Rustidge (Lab)
Rochdale	Patricia Dale (Lab)	To be advised
Salford	Ifran Syed (Lab)	Samantha Bellamy (Lab)
Stockport	Wendy Wild (Lab)	Karl Wardlaw (Lab)
Tameside	Sangita Patel (Lab)	Shibley Alam (Lab)
Trafford	Emma Hirst (Lab)	Ben Hartley (Lab)
Wigan	Ron Conway (Lab)	Paul Molyneux (Lab)

JHSC/05/25 Member's Code of Conduct and Annual Declaration Form

Members were reminded of their obligations under the GMCA Member's Code of Conduct and were requested to complete an Annual Declaration of Interest Form, within 28 days of their appointment to the Committee. which would be published on the GMCA website.

Resolved/-

1. That it be noted that Members noted their Code of Conduct.

2. That it be noted that Members were asked complete their Annual Declaration of Interest Form within 28 days of their appointment to the Committee.

JHSC/06/25 Terms of Reference

Resolved/-

That the Committee noted its Terms of Reference for the ensuing year.

JHSC/07/25 Chair's Announcements and Urgent Business

The Chair informed Members that the two items requested at the previous meeting had been deferred. The report on Major Trauma Services was postponed due to an ongoing financial review and option analysis and would be considered on 12 August 2025 before being considered by the Integrated Care Board (ICB) in September 2025. The Procedures of Limited Clinical Value report was also deferred. However, five areas had been identified for review and engagement work was being planned. Claire Connor, Director of Communications and Engagement, NHS Greater Manchester agreed to provide a brief update at the next meeting on 15 July 2025.

The Chair provided the Committee with a short update from the Safety of Women and Girls Task and Finish Group and highlighted the Group had been finalising its review, with the final report expected by the end of July 2025. Deputy Mayor Kate Green had stressed the importance of safety for both well-being and economic participation. The review had taken a holistic approach, considering safety across a woman's full journey. The Group had called for better data on safety perceptions and discussed improving public transport through cleanliness, staff presence, and easier reporting. They had also gathered information on bystander training, promoted the #isthisokay campaign, and focused on educating young people about consent, masculinity, and social media's influence. It was noted that this item would be considered by the Greater Manchester Joint Health Scrutiny Committee at the meeting on 12 August 2025.

In response to a Member's question about the depth of the review, it was confirmed that the Group had conducted a substantial review, including around ten evidence-gathering sessions. The draft report currently contained 24 recommendations for GMCA, LAs, central government and the GMCA. It was in its final stages, with sign-off expected in July 2025. The report was due to be considered by the Police, Fire and Crime Panel, LAs, and this Committee on 12 August 2025. It aimed to be a practical tool capturing the work done to date and outlining helpful recommendations.

A Member shared feedback about tram stop areas not owned by LAs or Transport for Greater Manchester (TfGM), some of which were poorly lit, difficult to access, and obscured by overhanging trees. These conditions created a sense of insecurity, especially at night, leading some residents to choose taxis over trams. The Member suggested an engagement campaign to address these concerns, and requested that this be considered by the Task and Finish Group.

Resolved/-

1. That it be noted that the Work Programme be updated with the above items.
2. That it be noted that Officers work together to agree a date for consideration of the Procedures of Limited Clinical Value report.
3. That it be noted that the final report from the Safety of Women and Girls Task and Finish Group be considered at the meeting on 12 August 2025.
4. That it be noted that Claire Connor, Director of Communications and Engagement, NHS Greater Manchester would provide a brief update regarding Procedures of Limited Clinical the next meeting on 15 July 2025.

JHSC/08/25 Declarations of Interest

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

JHSC/09/25 Minutes of the Meeting held on 15 April 2025

Resolved/-

That the minutes of the meeting held on 15 April 2025 be approved as a correct record.

JHSC/10/25 Reconfiguration Progress Report and Forward Look

Members considered a report presented by Claire Connor, Director of Communications and Engagement, NHS Greater Manchester, which 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) (Consultation) – the consultation ran from 23 April to 17 June 2025. Engagement reached 2,262 people across Greater Manchester, including 1,338 through face-to-face sessions and 924 online. The Director of Communications and Engagement, NHS Greater Manchester, agreed to share the Findings Report with Members in due course.
- Children and Young People’s ADHD (Implementation) – changes had been implemented and this item could be removed from the Committee’s Work Programme.
- In Vitro Fertilisation (IVF) Cycles (Consultation) – the consultation would commence on 18 June for a six-week period. Members had received a briefing and were asked to share the information with their constituents.
- Specialist Weight Management (Engagement) – some engagement with service users had taken place, and further progress was pending updated National Institute for Health and Care Excellence (NICE) guidance.
- Safe and Sustainable Specialised Services for Babies and Children (Engagement followed by possible consultation) – Members asked for a more detailed update on this item, which was being led by the NHS England Team.

A Member highlighted that residents in Tameside were potentially unaware of the proposed changes to IVF cycles. Claire Connor, Director of Communications and Engagement, NHS Greater Manchester, reassured the Member that a stakeholder briefing had been circulated and extensive communications had taken place across all areas. The Director agreed to work with the Member to ensure residents in Tameside were fully informed.

A Member asked why IVF cycles were potentially being reduced in some areas of Greater Manchester. Officers explained the aim was to standardise access across Greater Manchester, addressing the current postcode variation. Following years of work and pre-engagement with a Service User Group Jennie Gammack, Programme Director for Sustainable Services, NHS Greater Manchester added that the focus was on equity and managing limited resources fairly. While the proposal might not suit everyone, it was considered better than offering no provision at all. Members were encouraged to share this with LA Members and constituents.

The Chair emphasised the importance of tracking service changes as part of the Committee's role. The Chair asked whether there was a mechanism to monitor the impact of such changes. Messaging regarding any potential service changes would need to be carefully managed and that the Committee had a role in ensuring transparency and accountability.

A Member asked whether the outcome of the IVF consultation would result in equity across Greater Manchester. Officers confirmed that the aim was to ensure consistency in access to IVF services. It was emphasised that the public voice remained central to the process and that any policy changes would be informed by the consultation findings.

A Member asked whether there was data on families seeking IVF treatment abroad. Officers confirmed this had been raised during pre-engagement, with some residents reporting they felt forced to go overseas. While NHS Greater Manchester did not hold formal statistics, they had gathered insight indicating this was a known issue.

A Member asked whether the IVF offer was fair and what the picture looked like in

Greater Manchester compared to other areas in the UK.. Officers explained that while NICE guidance recommended the plus one IVF model, provision varied nationally. Some areas did not commission any cycles at all. NHS Greater Manchester aimed to create consistency across the region, and data could be shared to provide reassurance.

A Member asked for the success rates associated with the proposed plus one IVF cycle model. Jennie Gammack, Programme Director for Sustainable Services, NHS Greater Manchester, agreed to provide the relevant statistics. It was noted that seven out of ten LAs in Greater Manchester already offered the plus one cycle model.

The Chair requested and Officers agreed that it would be beneficial for Clinicians to be invited to future meetings to respond to Members' questions. Additionally, the Chair asked for further information on the IVF consultation findings to help Members better understand the overall picture. A narrative was considered necessary.

A Member suggested that it would also be beneficial to consider the comparative costs of private IVF treatment, across different boroughs, nationally and internationally.

Resolved/-

1. That it be noted that the Adult ADHD Findings Report be brought to the Committee by the Director of Communications and Engagement, NHS Greater Manchester in due course.
2. That it be noted that the Children and Young People's ADHD item be removed from the Work Programme.
3. That it be noted that Members were requested to share the relevant information from the report along with the IVF consultation to LA Members and constituents.
4. That it be noted that Members requested a more detailed update on the Safe and Sustainable Specialised Services for Babies and Children (Engagement followed by possible consultation) led by NHS England.

5. That it be noted that the Director of Communications and Engagement, NHS agreed to work with a Member to ensure residents in Tameside were fully informed of the potential IVF cycle changes.
6. That the Programme Director for Sustainable Services, NHS Greater Manchester provide Members with data around the national and international IVF picture and the success rates of the plus one cycle.
7. That it be noted that Officers were asked for a mechanism to track the impact of service changes.
8. That it be noted that the Chair asked and Officers agreed that Clinicians attend future meetings to support proposed service reconfiguration items.
9. That it be noted that the Chair asked that more information be provided on the IVF consultation findings to help Members better understand the overall picture.

JHSC/11/25 Greater Manchester Paediatric Audiology Services

Members considered a report presented by Jennie Gammack, Programme Director for Sustainable Services and Jenny Wilkinson, Programme Manager for Sustainable Services, NHS Greater Manchester. The report described the current challenges within paediatric audiology services and how Greater Manchester was responding to these challenges including mitigations and a commissioning review.

The Chair asked why this service was not included in the Reconfiguration Progress Report and Forward Look. It was explained that, at this stage, paediatric audiology was not necessarily considered a service reconfiguration.

The main points referred:

- The report described the national context following NHS England's review, noting that a national incident had occurred. Out of 140 paediatric audiology services reviewed across England, 90 had been found to have low or partial levels of quality assurance. The report also outlined the three main governance routes to address the issue across Greater Manchester.

- Officers had begun conducting site visits across Greater Manchester using the Paediatric Audiology Quality Assurance Tool (PASQAT). Of the ten sites, six had been completed, and formal reports were awaited.
- The report outlined that future arrangements for care would look different, and it set out the proposed approach for a revised model of care.
- The challenges had stemmed from systemic issues and misdiagnoses of childhood hearing impairment, highlighting the need for system-wide improvements.
- Officers had planned to hold a stakeholder event involving patients and Clinicians to help shape the new model of care.
- That further work take place with Stockport, as there were areas that needed some focus within their local service.
- Officers recognised and acknowledged workforce issues.
- Funding for providers had been through a block contract or through a national tariff. Officers intended to undertake a full commissioning review across Greater Manchester, which would involve public consultation.
- When site issues were identified, Officers would reach out to Members to individually take forward discussions outside of the Committee and provide progress updates at future meetings.

The Chair advised Officers that while the report clearly outlined proposed actions, it lacked sufficient detail on the underlying issues. Members were concerned that they had not informed of the scale of the problem, including how many children had been affected or whether current staffing levels were adequate to meet demand. The Committee emphasised the need for more comprehensive information to fully understand the challenges facing paediatric audiology services and to assess the effectiveness of the proposed response.

A Member asked whether ear, nose and throat (ENT) services would be included in the review, noting that the current pathway between ENT and audiology was confusing. The Member also asked was this about diagnoses or aftercare provided by locality. Clarification was provided that the audiology component of ENT services was within the scope of the review but the broader ENT service was not. The focus

would encompass both assessment and aftercare, with all elements of the pathway and supporting data subject to review to ensure a coherent and effective model of care.

A Member requested more detailed information in the report, specifically regarding child diagnoses. Officers explained they were examining the newborn hearing programme as the initial step in the pathway, which then led to referrals and included various school programs, encompassing the full paediatric pathway. Officers emphasised the importance of detecting hearing loss in children under five to improve life chances, noting that hearing loss could occur at any age. The Member also inquired about hereditary hearing problems, which Officers acknowledged as a potential factor that was considered.

A Member asked for more detail on the development Equality Impact Assessment (EIA), and what measures would be put in place to ensure equitable access to services, including adults, given that hearing loss could occur at any stage of life. It was reported that Officers completed an initial Equality Impact Screening, which identified key groups for focus in the full assessment. Equality was a core consideration during site visits and Officers asked about “was not brought” data in paediatrics, feedback from families, and access arrangements. These insights would shape the future model of care. A full EIA was planned.

A Member was concerned to see that quality assurance reviews revealed significant concerns in paediatric audiology services and asked whether the PASQAT review outcomes had been published by locality, and whether a clear implementation timeline for the new Greater Manchester-wide service specification had been made available. Additionally, had stakeholder co-design workshops been arranged with parent groups, disability advocates, and community health workers. Officers noted the points, especially around stakeholder engagement and had planned to involve the Greater Manchester Special Educational Needs and Disabilities (SEND Board) and parent carer forums. The desktop quality assurance review had graded each trust as low, partial, or high assurance. Site visits were still underway, with six of ten completed and the final one scheduled for 21 July 2025. Full locality reports were expected shortly after and would inform the new model of care and be shared with

LAs. NHS Greater Manchester Chief Officers had asked Officers to accelerate development of the model, aiming for a draft by late September 2025. It was to localise the national specification for Greater Manchester and welcomed further engagement with Members to shape the final approach.

The Chair expressed satisfaction with the co-production efforts involving children and families. The Chair highlighted the significant positive impact that improvements in paediatric audiology services would have on the lives of children, particularly within their first 1,000 days.

A Member raised concerns about potential causes of hearing loss, such as older children listening to loud music and adults in military service and asked whether these risks were being addressed through prevention. Reporting Officers explained that while they could not provide detailed statistics on noise-induced hearing loss, the review had focused on the paediatric population. That said, Officers remained mindful of the implications for adult services, particularly around transition from children's to adult pathways. Officers had observed increasing complexity in the needs of children accessing community services, especially in audiology. This included challenges in differential diagnosis for children with autism or ADHD. While noise-induced hearing loss was less prominent in children, the overall complexity of cases had made service delivery more demanding.

The Chair raised the issue of a shortage of trained professionals in audiology, noting that demand had been increasing for some time. The Chair requested a future briefing outlining the current position across Greater Manchester, including any locality or community-specific challenges, and asked that a Clinician be present when the item returned to the Committee.

Resolved/-

1. That it be noted that the Committee received the update.
2. That it be noted that Members agreed to receive further updates as NHS Greater Manchester would be undertaking a commissioning review to develop a sustainable and compliant model of care for paediatric audiology.

3. That it be noted that the Committee emphasised the need for more comprehensive information to fully understand the challenges facing paediatric audiology services and to assess the effectiveness of the proposed response. Future reports to include more information on the underlying issues.
4. That it be noted that Members were asked to take forward site issues discussions outside of the Committee and provide progress updates at future meetings.
5. That it be noted that Locality Reports would be shared with LAs.
6. That it be noted that the Chair raised the issue of a shortage of trained professionals in audiology and requested a future briefing outlining the current position across Greater Manchester, including any locality or community-specific challenges.

JHSC/12/25 Greater Manchester Structured Diabetes Education Engagement

Consideration was given to a report presented by Claire Connor, Director of Communications and Engagement, NHS Greater Manchester that updated the Committee on the plans for structured diabetes education (SDE) services across Greater Manchester and public involvement.

It was explained that the Committee had previously considered this topic on 18 February 2025. There were 180,000 people diagnosed with Type 2 Diabetes and Officers reported that SDE was effective in reducing complications and hospital admissions by helping people manage their condition. However, access varied across Greater Manchester. An eight-week engagement with over 400 people showed strong support for the service, with calls for hybrid delivery, flexible scheduling, and more refresher sessions. The findings were with commissioners to inform the next steps

A Member suggested there was limited information on demographic breakdown and highlighted there was no mention of people following the Muslim faith and the impact of those following the Hanafi. It also appeared that most of the individuals who

completed the survey chose not to complete the equality monitoring questions. The Director of Communications and Engagement, NHS Greater Manchester agreed to provide Members with the information and amend the report accordingly,

A Member noted that diabetes was a growing concern and asked whether any prevention programmes were in place. The Director of Communications and Engagement, NHS Greater Manchester, agreed to follow up with the relevant Lead to explore whether information could be shared. It was also agreed that diabetes prevention would be added to the Committee's Work Programme.

A comment was made that the report noted that some individuals chose not to follow medical advice and instead pursued their own research or holistic approaches. Given that lifestyle changes like exercise and weight loss had helped some people avoid progressing from pre-diabetes to diabetes.

A Member asked about social media engagement, including the number of views and the use of two paid Facebook adverts. It was explained that while digital platforms supported quick access to resources, the primary focus had been on face-to-face engagement. An EIA had guided the targeting of paid content to reach key communities. The Voluntary, Community, Faith and Social Enterprise (VCSFE) sector, diabetes support groups, and Members had also played a key role in sharing messages. Digital was described as one of several tools used for engagement. The Member asked social media play a more prominent role and that more resources should be made available for family members supporting people with diabetes, as they often lacked access to clear information.

A Member asked if engagement was for people already living with Type 2 Diabetes and how they managed their condition independently. Officers confirmed that the engagement had included this group and suggested adding the topic to the Work Programme, with an invitation for individuals with lived experience to share their views with Members.

A Member suggested there might be a link between blood groups and diabetes and asked whether any targeted research had been carried out in this area. Officers

confirmed this was something they would explore further.

The Chair noted that 180,000 people represented around 80% of Bury's population and suggested that investing in prevention such as lifestyle interventions could reduce long-term demand on services like IVF. While the current focus was on supporting people already diagnosed, the Member emphasised the importance of shifting towards prevention to reduce illness in the first place.

The Director of Communications and Engagement, NHS Greater Manchester, agreed to keep the Committee updated on progress, including how public feedback had influenced commissioning decisions. A timeline for implementation and a final report would also be provided.

Resolved/-

1. That it be noted that the Committee reviewed and noted the report.
2. That it be noted that the Committee requested the inclusion of diabetes prevention measures in the Work Programme.
3. That it be noted that the Director of Communications and Engagement, NHS Greater Manchester would ask the Diabetes Programme Lead if information about diabetes prevention programmes could be shared.
4. That it be noted that lived experience be invited to a meeting to discuss engagement and their views with Members.
5. That it be noted that the Director of Communications and Engagement, NHS Greater Manchester, agreed to keep the Committee updated on progress, including how public feedback had influenced commissioning decisions, a timeline for implementation and a full report would also be provided.

JHSC/14/25

2024-25 Greater Manchester Joint Health Scrutiny Committee Annual Report

Nicola Ward, Statutory Scrutiny Officer and Deputy Head of Governance and Scrutiny, GMCA presented a report that provided Members with an overview of the activities and achievements of the Greater Manchester Joint Health Scrutiny

Committee for the 2024-25 municipal Year. Its purpose was to ensure transparency and accountability in the Committee's oversight of health and social care services across Greater Manchester, highlighting its contribution to improving public health outcomes and service delivery for the region's residents. It was noted that the report would next be considered by the AGMA Executive Board.

The Chair praised the Committee's adapted role in scrutinising proposed service reconfigurations under new legislation, deeming it an exciting and engaging responsibility for Members. Other Members concurred, finding the discussions both interesting and dynamic. An appreciative Member thanked Officers for their commendable work and attending meetings. The Chair further highlighted the significant changes within NHS England and the Integrated Care Board (ICB), acknowledging the Committee's crucial role in addressing Member concerns, especially around staff and their wellbeing.

Resolved/-

1. That it be noted that the Committee was satisfied with the Annual Report content and format for future years.
2. That it be noted that Members actively communicate the role and achievements of the Committee and highlight service reconfigurations within their respective LAs.
3. That it be noted that the report would next be considered by the AGMA Executive Board.

JHSC/15/25 Work Programme for the 2024/25 Municipal Year

Consideration was given to a report presented by Nicola Ward, Statutory Scrutiny Officer and Deputy Head of Governance and Scrutiny, GMCA that provided Members with a draft Committee Work Programme for the 2025/26 municipal year, attached at Appendix 1 of the report. Appendix 2 provided items for potential inclusion in the Work Programme and Appendix 3 provided times considered in 2024/25. At the next meeting, Members would be provided with a list of health

scrutiny items that would be considered locally in 2025/25. Members were encouraged to review the Work Programme and suggest potential agenda items.

Members suggested the below topics:

- A strong focus on the key themes from the prior year including waiting lists/times, service accessibility, children's services, mental health services, government investment, Integrated Care Partnership (ICP) changes, the Sustainability Plan, and public and staff engagement.
- The workforce and government investment.
- The Care Quality Commission (CQC) reviews across the borough.
- The risks facing social care, particularly around bed capacity and the need to prevent avoidable hospital admissions.
- An annual update on dentistry, doctors' appointments including how Pharmacy Now was being used.
- Cardio vascular disease including prevention, while this was already on the Work Programme an update was needed.
- Functional neurological disorder (FND). While there was NICE guidance, there was variation in service across Greater Manchester.
- Assisted dying and palliative care.
- Individual funding requests and application process.
- Extend support for young people with additional needs to age 25.
- Address accessibility challenges posed by postcode boundaries.
- Expansion of self-referral pathways such as menopause clinics.
- Midwifery and baby services.
- Women's health and inequalities.
- Men's and women's life expectancy and healthy life expectancy. The general picture of health across Greater Manchester was being updated.
- The potential of using blood groups for targeted diabetes engagement.
- Diabetes prevention measures.

A Member suggested that the Committee would benefit from Co-opted Members from the VCSFE sector and Healthwatch.

The Chair proposed forming Task and Finish Groups to address the workload and committed to collaborating with Officers to determine whether a Task and Finish Group, a briefing, or a report would be most appropriate for each item.

Resolved/-

1. That it be noted that the Work Programme be updated following the meeting.
2. That it be noted that the Statutory Scrutiny Officer and Deputy Head of Governance, GMCA investigate the suggestion around Co-opted Members.
3. That it be noted that the Chair would work with Officers to understand what was the most appropriate approach for each item.

JHSC/16/25 Date and Time of Next Meeting

Resolved/-

That meetings take place on the following Tuesdays in-person:

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|---------------------|--------------------|--------------------|
| • 15 July 2025 | • 11 November 2025 | • 20 January 2026 |
| • 12 August 2025 | • 14 October 2025 | • 17 February 2026 |
| • 16 September 2025 | • 9 December 2025 | • 17 March 2026 |

The Chair advised Members that although a full schedule of meetings had been set, not all meetings would necessarily take place, as the agenda remained live and subject to the volume and timing of items and service reconfigurations requiring scrutiny. Should a meeting be cancelled, Members would be notified in good time.