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

Present:

Councillor Elizabeth FitzGerald	Bury Council (Chair)
Councillor Basil Curley	Manchester City Council
Councillor Colin McLaren	Oldham Council
Councillor Pat Dale	Rochdale Council
Councillor Wendy Wild	Stockport Council
Councillor Emma Hirst	Trafford Council
Councillor Ron Conway	Wigan Council

Officers in Attendance:

Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Warren Heppolette	Chief Officer for Strategy, Innovation & Population Health, NHS Greater Manchester
Nicola Ward	GMCA Statutory Scrutiny Officer & Deputy Head of Governance

JHSC/18/25 Welcome & Apologies

The Chair opened the meeting and welcomed everyone present. Apologies for absence were received from Councillor Ayyub Patel, Councillor Joesph Turrell and Councillor Sean Fielding,

An apology was also received from Claire Connor, Director of Communications and Engagement, NHS Greater Manchester.

JHSC/19/25 Appointment of Vice-Chair for the 2025/26 Municipal Year

Resolved/-

That Councillor Irfan Syed be appointed as Vice-Chair for the 2025/26 municipal year.

JHSC/20/25 Chair's Announcements and Urgent Business

There were no Chair's announcements or urgent business.

JHSC/21/25 Declarations of Interest

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

JHSC/22/25 Minutes of the Meeting held on 16 June 2025

Resolved/-

That the minutes of the meeting held on 16 June 2025 be approved as a correct record subject to page 23 being amended to read diabetes not In Vitro Fertilisation (IVF).

It was noted that the Major Trauma Review and Procedures of Limited Clinical Value item would be considered at the 16 September 2025 meeting.

JHSC/23/25 Reconfiguration Progress Report and Forward Look

Members considered a report presented by Warren Heppolette, Chief Officer for Strategy Innovation & Population Health, NHS Greater Manchester. It was explained that the report provided a status overview of key service change proposals, categorised by their stage of development ranging from early engagement planning, active consultation, post-consultation proposal development, through to implementation. The report also identified proposals subject to NHS England's

formal assurance gateways. Members were encouraged to consider how the report aligned with the Committee's Work Programme.

The main points referred:

- Members asked for a clearer, more structured report format including information on who was being consulted and why, the absence of detail on consultation methods, timelines to support new and returning Members.

- The Chair and other Members echoed this request and proposed developing a more visual, matrix-style tracker to show each proposal's full lifecycle, including columns to indicate current stage (e.g. planning, engagement, consultation, implementation) and adding contextual information such as consultation scope, target audience, and expected timelines.

- With potential government legislation on the horizon such as those related to Special Educational Needs and Disabilities (SEND) and Education, Health and Care Plans (ECHPs), a Member suggested it would be helpful to consider the timing of such developments when planning the Committee's Work Programme. Warren Heppolette, Chief Officer for Strategy, Innovation and Population Health, NHS Greater Manchester suggested that, should national changes occur, it would be appropriate for the Committee to reflect on them.

- Members discussed the importance of maintaining visibility on proposals post-consultation, particularly Children and Young People's Attention Deficit Hyperactivity Disorder (ADHD) pathway, which had moved into implementation without a clear follow-up mechanism for the Committee. The Committee agreed that a brief summary of consultation outcomes and implementation plans should be provided for each item transitioning from consultation to delivery and include how such changes were landing with communities. There should also be an option for the Committee to determine whether further scrutiny was required.

- Regarding the IVF consultation it was queried how public feedback would influence final decisions, especially if consultation responses strongly opposed the proposed changes In response, it was confirmed that all proposals went through a formal post-consultation reporting process, with recommendations reflecting the feedback received. Final decisions would be made by the NHS Greater Manchester Board or its committees, ensuring that public consultation outcomes were fully considered before implementation.

Resolved/-

1. That Claire Connor, Director of Communications and Engagement, NHS Greater Manchester work with colleagues to redesign the report format into a more visual and informative tracker, incorporating feedback from the Committee.

2. That NHS Greater Manchester Officers ensure that post-consultation summaries be provided for items moving into implementation, with the option for the Committee to determine whether further scrutiny was required.

3. That legislative changes such as those around SEND and ECHPs be scheduled into the Work Programme.

JHSC/24/25 NHS Reform Messages and NHS Greater Manchester Annual Plan 2025-26

Members considered a presentation provided by Warren Heppolette, Chief Officer for Strategy, Innovation and Population Health, NHS Greater Manchester, which provided Key messages since 3 July 2025.

1) NHS Reform Messages

It was explained that at the time of the initial announcements in April 2025, the Committee had received only a verbal update on NHS reforms. These were later formalised through the NHS 10-Year Plan and the National Integrated Care Board

(ICB) Model Blueprint, which clarified the streamlined role of IBCs as strategic commissioning bodies. NHS Greater Manchester confirmed its intention to retain its footprint aligned with the Greater Manchester Combined Authority and maintain strong local partnerships across the ten Districts.

The Committee was informed that NHS Greater Manchester had been tasked with a 39% reduction in running costs, impacting staffing levels significantly. Despite this, the organisation had continued to deliver improvements in care access and outcomes while managing a savings target. A workforce transition hub was being developed to support affected staff, and a voluntary redundancy scheme was due to be considered by the NHS Greater Manchester Board. The new ICB structure was expected to be in place by the end of the financial year, with full savings realised in 2026/27.

The main points referred:

- A Member asked whether the additional £7 million in savings reported was linked to unfilled vacancies. It was clarified that while some of the savings were due to held vacancies, it was not a direct correlation. The £7 million formed part of a wider £103 million savings programme, and decisions were still being made on whether to retain or remove those vacancies under the new structure.

- A Member enquired whether the planned 39% cost reduction and potential loss of 600 staff would affect frontline services or if savings would be focused on administrative roles. Efficiencies were primarily targeted at administrative and corporate functions. Frontline services such as continuing healthcare and medicines optimisation were expected to be protected. It was confirmed that the design process was ongoing and would determine which roles were retained, transferred, or reduced.

- A Member asked how the proposed ICB restructure would affect locally deployed staff, particularly those employed by the ICB but working within

Local Authorities, and whether this should be reflected in future scrutiny planning. Further clarification would be provided when available on the structure of the new organisation and the role of ICB staff in localities. These staff often worked as part of integrated place-based teams and that the aim was to retain this blended model while managing reductions through shared responsibilities.

- A Member enquired how NHS Greater Manchester planned to protect specialist expertise services moved to neighbourhood-based delivery, particularly given the potential expected loss of experienced ICB staff. While services would become more locally accessible, pathways would remain connected to specialist input. Examples like dermatology were noted would help demonstrate how local delivery could be supported without compromising service quality.

- A Member asked to what extent the ICB restructure would impact patients and whether a health impact assessment had been carried out. The Member also raised concerns about the future of engagement functions, particularly in light of changes to Healthwatch and the ICB blueprint's emphasis on streamlining communications. Both health and equalities impact assessments had been undertaken and were being updated throughout the design phase. It was clarified that while the ICB blueprint outlined a more focused role for ICBs, it was a guide not a strict instruction. Therefore, communications and engagement would remain a core function, delivered by a team embedded within a broader network of partners, including local place-based partnerships and community-led organisations. Also acknowledged was the need to reassess the role of Healthwatch in this new structure, given recent changes.

- A Member asked whether there was a consistent approach across Greater Manchester's ten localities in response to the ICB reforms, noting the scale of change and the need for clarity. A single, unified format had not yet been established due to the ongoing design phase. Weekly staff briefings had been held to share updates, and a clear system-wide description of the changes

was expected by September 2025.

- A Member asked whether safeguarding and SEND responsibilities would remain within the ICB structure, noting concerns raised at a local scrutiny committee about the potential loss of consistency across Greater Manchester if these functions were removed. Safeguarding, SEND, and quality functions were on a different timeline due to ongoing national work and local discussions. These areas were likely to be excluded from the initial voluntary redundancy process, with decisions deferred until further design work was completed. These roles represented a significant portion of ICB staff across the ten Districts, and any changes would be clarified in future updates.

- The Chair commented that the ICB reforms represented a significant change and emphasised the importance of the Committee receiving a timely briefing to allow for appropriate scrutiny and feedback. NHS Greater Manchester was asked to provide a briefing in September or October 2025 outlining the new ICB structure and its implications for place-based working, including any key exclusions.

2. NHS Greater Manchester Annual Plan 2025-26

It was reported that the NHS Greater Manchester Annual Plan for 2025/26, had been approved by the Board and signed off by NHS England shortly after. The plan outlined how NHS Greater Manchester would manage its £8.5 billion budget and align with the region's three-year Sustainability Plan. It aimed to deliver on the Darzi shifts moving from treatment to prevention, hospital to community care, and analogue to digital systems while maintaining financial balance and care standards. The plan had been shaped by detailed health data, which showed worsening outcomes and rising demand across the population.

In response the plan prioritised investment in prevention, primary care, and community services. Early implementation had already begun in outpatient areas such as dermatology, gynaecology, and ophthalmology. The plan included a shift in funding away from secondary care and towards more sustainable, preventative

models. Also highlighted was the importance of tracking progress and ensuring that the plan remained aligned with wider NHS reforms and local delivery priorities.

The main points referred:

- A Member asked what support NHS Greater Manchester had provided to the voluntary sector, given the growing reliance on community organisations. Concerns were raised about the lack of clarity around funding, training, and volunteer recruitment, and it was stressed that without proper support, the sector would struggle to meet expectations and patients could be affected. The concern was acknowledged and it was confirmed that work was ongoing to improve support for the voluntary sector. Highlighted was the VCFSE Accord, which aimed to strengthen commissioning and funding arrangements through longer-term contracts and more stable processes. It was noted that a paper on this was due to be presented to the NHS Greater Manchester Board, and that the system was committed to creating better conditions for voluntary organisations to thrive.

- A Member asked whether the Mental Health Integrated Fund for 2025/26 had been confirmed and, if so, what it would support. The fund had been agreed with the two mental health trusts (Stockport NHS Foundation Trust Tameside and Glossop Integrated Care NHS Foundation Trust). It aimed to reduce hospital admissions by investing in crisis alternatives and community-based mental health support. Salford was highlighted as a successful example. Any future changes to the investment would be reported publicly through the NHS Greater Manchester Board.

- Members raised concerns about the difficulty of scrutinising progress, particularly without clear benchmarks. A Member asked whether Officers could provide clearer performance trajectories, including starting points, direction of travel, targets, impacts and national comparisons. Officers acknowledged the need for greater clarity and agreed to explore ways of presenting progress more transparently including comparative data, such as

national ICB rankings. It was highlighted that sharing existing internal reports and case studies were beneficial to support Members understanding.

Resolved/-

1. Warren Heppolette, Chief Officer for Strategy, Innovation and Population Health, NHS Greater Manchester provide a briefing to the Committee in September/October 2025 outlining the structure of the new ICB organisation and its implications for place-based working to help clarify roles, exclusions, and how the changes would affect local delivery and staffing.

2. That NHS Greater Manchester Officers provide clearer performance trajectories and national comparisons in future updates, and ensure Members receive relevant internal performance reports and illustrative case studies.

3. That Governance Officers discuss opportunities to hear their views of the voluntary sector with the Chair.

JHSC/25/25 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 items considered in 2024/25. To further aid work programming Members were provided with a list of health scrutiny items that would be considered locally in 2025/26. Members were encouraged to review the Work Programme and suggest potential agenda items.

The Committee reviewed the Work Programme and noted that several items had already been scheduled based on timing and relevance, including updates on Workforce, Major Trauma, Procedures of Limited Clinical Value, Diabetes and Cardiovascular Disease prevention, Adult Social Care, and Care Quality Commission (CQC) Inspections. It was noted that some items, such as the

Sustainability Plan, were expected to return in September or October 2025 as discussed today.

Members discussed a number of additional topics not yet scheduled, including Functional Neurological Disorder (FND), postcode-based accessibility, midwifery and reduced General Practice (GP) support for babies, and self-referral pathways such as menopause clinics. It was acknowledged that not all items could be accommodated due to limited Committee time and the volume of upcoming work related to ICB reforms, however would be added to the work programme if an opportunity arose.

A Member suggested that a small group of Members meet to review the reserve list and assess which items could be prioritised, merged, or referred to local scrutiny committees. Members agreed that each District would have different priorities and that some topics may be more appropriate for local scrutiny.

It was proposed that Members consult their local committees and email any additional suggestions. A virtual short follow-up meeting would be arranged to finalise the Work Programme based on this feedback. Members also discussed the importance of embedding regular updates on ICB reforms into the agenda to ensure continued oversight.

.**Resolved/-**

1. That Members review the reserve list with local scrutiny committees and email any priority items not yet included.

2. That the Statutory Scrutiny Officer and Deputy Head of Governance and the Governance and Scrutiny Officer coordinate a short virtual follow-up session with Members to shape and finalise items for the Work Programme.

3. That the Governance and Scrutiny Officer ensure regular and timely updates on ICB reforms be built into the agenda to support ongoing scrutiny.

4. That the Work Programme be updated following the meeting.

JHSC/26/25 Date and Time of Next Meeting

The Committee agreed to cancel the meeting on 12 August 2025 due to limited agenda items and the holiday period and instead hold a slightly extended meeting on 16 September 2025 to accommodate the deferred item from 12 August 2025.

Resolved/-

1. That the meeting scheduled for 12 August 2025 be stood down, taking into account the holiday period and the fact that there were limited substantive items for consideration.

2. That the next meeting be held on 16 September 2025 at 10.00 am and be extended to 12.30 pm, with the items originally due for consideration on 12 August 2025 deferred to this meeting.