Minutes of the Meeting of the Greater Manchester Joint Health Scrutiny Committee held on 16 September 2025 at 10.00 am at Transport for Greater Manchester, 2 Piccadilly Place, Manchester, M1 3BG

Present:

Councillor Ayyub Patel	Bolton Council
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 Irfan Syed	Salford City Council
Councillor Sangita Patel	Tameside Council
Councillor Emma Hirst	Trafford Council
Councillor Ron Conway	Wigan Council

Members in Attendance

Councillor Helen Hibbert	Chair, Task and Finish Group, GMCA Overview & Scrutiny Committee Stockport Council

Officers in Attendance:

Charlotte Bailey	Chief People Officer, NHS Greater Manchester
Claire Connor	Director of Communications and Engagement, NHS Greater Manchester
Anna Cooper-Shepherd	Head of Strategy and Business for the Chief People Office, NHS Greater Manchester
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA

Sara Roscoe	Associate Director of Strategic Commissioning, NHS Greater Manchester
Nicola Ward	GMCA Statutory Scrutiny Officer & Deputy Head of Governance

JHSC/27/25 Welcome & Apologies

The Chair opened the meeting and welcomed everyone present. An apology for absence was received from Councillor Sean Fielding.

JHSC/28/25 Chair's Announcements and Urgent Business

There were no Chair's announcements or urgent business.

JHSC/29/25 Declarations of Interest

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

JHSC/30/25 To approve the Minutes of the last meeting held on 15 July 2025

Resolved/-

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

It was noted that the Major Trauma Review would be considered at the meeting on 11 November 2025. The Work Programme had been updated to reflect this change.

JHSC/31/25 Final Overview & Scrutiny Task and Finish Review - In Her Shoes: A Review of Safety of Women and Girls on Public Transport

Councillor Helen Hibbert, Chair of the Task and Finish Group, presented the final Task and Finish review, which had been endorsed by Greater Manchester Overview & Scrutiny Committee, and begun to be shared with wider stakeholders on the safety of women and girls on public transport and the wider public realm.

It was explained that a multi-layered investigation into the safety of women and girls on public transport across Greater Manchester had been undertaken, guided by a holistic socio-economic model that had the ability to enact the required level of change. The review ensured that women and girl's experiences were considered and made integral to decision-making.

The joint review between the Overview & Scrutiny Committee, Greater Manchester Joint Health Scrutiny Committee and the Police, Fire and Crime Panel represented the first joint Task and Finish exercise of its kind, recognising that safety was a complex issue with far-reaching impacts. It was emphasised that safety encompassed not only statistical data but also the subjective feeling of safety, which was highly specific to the environment. The design of public spaces and the integration of safety measures were identified as essential.

Key findings included:

- Women and girls reported feeling significantly less safe than men, with 54% avoiding public transport after 6.00 pm due to safety concerns.
- The perception of safety influenced travel decisions, if individuals did not feel safe accessing an area, they often chose not to make the journey.
- Societal norms placed the burden of safety on women, who adapted their behaviours to mitigate risk.
- The review concluded that systemic changes were required, rather than repeating existing approaches that had previously failed to address underlying problems.

- The absence of a clear definition of inappropriate behaviour contributed to under-reporting and low awareness. Women's safety concerns were frequently normalised, resulting in limited reporting and societal acceptance. Resulting in a lack of awareness of the true scale of the issue.
- The review considered both new and older transport interchanges, noting that older spaces were more likely to present barriers to safety and improvements in lighting and design should be considered.
- The need to embed the gender-based strategy was highlighted, with promotion in individual local authorities considered essential.
- The Committee noted that increased feelings of safety would encourage active travel, with associated health benefits and broader social and economic impacts.
- Fear and anxiety affected all women to varying degrees, influencing journey planning and travel decisions.

The Chair reflected on the Committee's involvement in supporting the Task and Finish Group's review. Given there were only two women serving on the Greater Manchester Joint Health Scrutiny Committee last year, her attendance was considered essential to ensure that and women's voices were heard and reflected in the review.

The Chair emphasised the importance of recommendations such as real-time information, noting that while some actions were straightforward, others were more challenging or required funding. Members were encouraged to apply the findings locally; for example, Bury Council was using the review to inform their interchange design. The Chair urged all Members to share the report with the most appropriate contacts in their authorities to ensure the recommendations were implemented.

Highlighted was the need to address unacceptable behaviour towards women, noting that the report provided a valuable platform for action. Councillor Hibbert agreed the work was long overdue. As a new Member of the GMCA Overview & Scrutiny Committee, she noticed previous travel plans lacked any reference to women and girls' safety or data on their needs. It was observed that, without considering the factors affecting over half the population, targets for sustainable travel by 2040 would not be met. Although the subject was challenging, the review

raised awareness and provided a starting point. All Members of the Committee as local decision-makers were encouraged to consider whether women's and girl's perspectives had been included in their projects and meetings.

A Member commented on personal experiences of using public transport, noting missed opportunities due to safety concerns and the impact on travel choices. The Member asked about the representation of disability in the review, citing concerns about accessible routes that might feel unsafe. It was explained that disability and accessibility were touched on, but the review focused specifically on safety rather than access issues. It was acknowledged that accessibility deserved separate consideration to ensure spaces were inclusive for all. However, the report highlighted practical impacts, such as women and girls choosing taxis or Ubers instead of waiting in poorly lit or unsafe areas, resulting in additional financial costs that were not captured in existing data. It was noted that these issues required ongoing attention and should be kept front of mind when designing public spaces.

A Member noted that safety concerns affected not only women and girls but also male family members including fathers, brothers, and husbands. The Member emphasised that safety was a shared issue and that men also had a role in ensuring the wellbeing of female family members. It was asked that thought be given to how organisations along with the voluntary, community, faith and social enterprise (VCFSE) sector and the community should come together to keep everybody safe. It was confirmed that the review sought as many perspectives as possible, including those of men and boys, particularly regarding cultural attitudes and the rise of misogynistic views. It was acknowledged that safety concerns affected entire families, and that decision-makers needed to consider these issues not only in their official role, but also as parents, siblings, and partners. It was highlighted that humanising the issue by asking how people of all genders would want systems to work for their own family members was essential for meaningful change.

Highlighted was the importance of active bystander training (see page 31, paragraph 22 of the report), noting its role in building a supportive culture and increasing confidence to challenge inappropriate behaviour. It was asked how Members and local authorities could access this training. It was confirmed that several councils and

community groups had already begun offering active bystander training. Members of the Task and Finish Group attended sessions provided by GMCA. Councillor Hibbert agreed to work with colleagues to compile and share guidance on where training was currently available.

A Member enquired how local authorities would implement and monitor the recommendations to ensure effective delivery and buy-in across all councils. It was explained that updates and reports would continue to be considered by GMCA Overview and Scrutiny Committee. However, it was emphasised that it remained the responsibility of all Members to hold their local areas to account by asking pertinent questions and keeping women and girls' needs front of mind in every meeting. It noted that progress would be difficult to measure without better data, which needed to be disaggregated by gender to support the monitoring of improvements over time.

A Member asked if Transport for Greater Manchester (TfGM) had acknowledged the report and agreed to any achievable actions, such as improvements to lighting in dark spaces. It was confirmed that TfGM had been integral to the review and had already begun implementing some of the recommendations, such as improving visibility at bus stops and reducing dark spaces. They would also be reporting back to GMCA Overview and Scrutiny Committee at a timely opportunity as to how they had embedded further recommendations.

A Member asked about the future of the report and opportunities for sharing its findings. The Member expressed strong support for the views already shared and asked for clarification on how updates would be provided to the GMCA Overview and Scrutiny Committee, and how progress would be tracked. Also emphasised was the importance of ensuring the report was shared widely and quickly across local authorities and other relevant committees, noting its value and usefulness. Councillor Hibbert responded that it was important to maintain ongoing interest and information sharing, and that it was essential for Members to take the recommendations back to their local authorities and through committee structures, to raise awareness, to continue asking questions at the right time, and ensure that safety of women and girls was addressed and built into decision-making from the onset.

The Chair and the Chair of the Task and Finish Group expressed their sincere thanks to the Statutory Scrutiny Officer and Deputy Head of Governance and Scrutiny, GMCA for the significant work undertaken in supporting the group throughout the process. She played a key role in creating structure from the many meetings held, identified the right people and organisations to engage with, and helped shape the overall approach. Her contribution was instrumental in bringing everything together effectively. Members echoed this appreciation and formally recognised her efforts and dedication.

Resolved/-

1. That the Committee endorsed the final review.
2. That Members actively promote key messages regarding the safety of women and girls on public transport and raise awareness at appropriate meetings and forums where relevant.
3. That Councillor Hibbert and the Statutory Scrutiny Officer and Deputy Head of Governance and Scrutiny, GMCA compile and share information on where active bystander training was available with members of the Committee.

JHSC/32/25 Supporting our Workforce: An update from NHS Greater Manchester

Members considered a report and presentation provided by Charlotte Bailey, Chief People Officer, NHS Greater Manchester. The Chief People Officer introduced the item and explained that since the last update in January 2025, there had been significant national developments impacting the NHS workforce. In March 2025, the Government announced major reforms, including the abolition of NHS England and a substantial reduction in the size and cost of Integrated Care Boards (ICBs). For NHS Greater Manchester, this equated to a 39% reduction in running and programme costs, necessitating a comprehensive review of the operating model and workforce structure.

In response, NHS Greater Manchester had developed a new strategic commissioning model, building on established place-based health and care

partnerships and aiming to further enhance the ‘Live Well’ agenda. Throughout this transition, transparency and engagement with staff, trade unions, and partners had been prioritised.

The Officer highlighted that the report covered three key areas:

1. **Workforce Reform Programme**
   NHS Greater Manchester was required to deliver major cost savings by reducing administrative and corporate functions, while protecting frontline services. Strategic workforce planning and education were moved to regional teams, and workforce development shifted to NHS England. All NHS providers had to cut corporate cost growth by 50% in the current quarter.
2. **Workforce Efficiency and Leadership**
   Over the past six months, NHS Trusts in Greater Manchester met national targets to reduce temporary staffing and agency costs, shifting more roles from agency to bank staff. Leadership development also progressed, with improvements in board development, partnerships, and governance.
3. **NHS Greater Manchester People and Culture Strategy**
   The ten-year NHS Health Plan launched in July 2025 focused on multidisciplinary teams, flexible careers, staff wellbeing, technology, and inclusion. Locally, priorities remained aligned with fair pay, skills development, and the Good Employment Charter. The Greater Manchester People and Culture Strategy was set to be refreshed by year-end to match the new national plan.

A Member asked if the reduction in agency and bank staff was due to more permanent recruitment or understaffing, and whether further increases in permanent clinical staff were expected. Officers clarified that the reduction reflected increased permanent recruitment, not understaffing, with overall headcount rising and safe staffing levels monitored. Further increases in clinical staff were planned, and efforts were underway to convert temporary staff to permanent roles and strengthen recruitment.

Officers clarified that the 39% reduction applied specifically to ICB staff, while the overall workforce figure included all NHS Greater Manchester and Trust staff.

Officers agreed to provide a detailed breakdown and progress against the 39% ICB target in future reports.

A Member enquired how many staff would be affected by the 39% ICB reduction, and how were they being supported and engaged during the process. The reduction would potentially affect about 600 staff, who would continue to be supported through regular briefings, design groups, staff events, and ongoing communication. Over 1000 staff have participated in engagement sessions, ensuring transparency and opportunities to contribute to the new operating model.

When asked if NHS Greater Manchester was currently in a formal consultation stage with staff, Officers clarified the process was still in the engagement phase, not formal consultation. Affected staff were already supported with personalised HR sessions, career and training support, wellbeing resources, and regular feedback opportunities, with support adapted based on staff feedback.

A Member asked how patient care would be protected during staff reductions, whether reliance on agency staff was sustainable, and how reforms would affect staff wellbeing. Officers advised that patient care was safeguarded through quality assessments, efforts were underway to reduce agency use, and fair pay and flexible policies were ensured through the Good Employment Charter, with regular staff engagement to monitor morale.

A Member asked why only a small fraction of interested candidates were able to start NHS roles promptly, highlighting that the recruitment process took too long and deterred applicants. Officers acknowledged the delays and advised that Trusts had begun streamlining every stage of recruitment, using local innovations to speed up onboarding and make it easier for people to join the NHS.

A member asked about staff survey uptake and staff confidence. Officers reported uptake was about 46%, up 17% from last year but slightly below the national average, with ongoing efforts to build trust and encourage participation.

A Member asked if the 39% reduction for NHS GM would be focused on back office

or frontline staff, whether there was a productivity or efficiency drive, and if overtime had increased to cover gaps. Officers explained the 39% reduction mainly affected corporate and leadership roles, while frontline, patient-facing services were protected. Efficiencies and new ways of working were being explored, but the commitment was to maintain delivery in key clinical areas.

A Member asked how the impact of staffing reductions would be evaluated, broken down and how unintended effects would be identified and mitigated. It was advised that a programme office and robust governance arrangements had been established to oversee reforms, assess interdependencies, and sequence changes. Quality impact assessments would be used, and staff feedback monitored to identify and address any unintended consequences.

In terms of the recommendations the Committee agreed it had scrutinised workforce efficiency and leadership development and supported alignment with the Good Employment Charter but could not endorse NHS reform implementation due to limited detail. Instead, the Committee acknowledged the approach, noting endorsement would require clearer information in future reports.

Resolved:

1. That the Committee acknowledged the approach being taken to implement NHS Reform in Greater Manchester.
2. That Members scrutinised and supported the delivery of workforce efficiency improvements and leadership development, ensuring risks (such as sickness absence and reliance on temporary staffing) were actively addressed.
3. That Members champion and promote the alignment of workforce priorities with the wider Greater Manchester Strategy, particularly around the Good Employment Charter, fair pay, and opportunities for skills and career development.
4. That the Chief People Officer would provide a detailed breakdown and progress against the 39% ICB target when next reporting to the Committee.

JHSC/33/25 Monthly Service Reconfiguration Report and Forward Look

This report was presented by Claire Connor, Director of Communications and Engagement, NHS Greater Manchester, which set out the service reconfigurations currently planned or undertaking engagement and/or consultation. It also included additional information on any engagement that is ongoing.

The Chair commented that the improved charts within the report made it easier to track progress, and that the new colour coding helped clarify the progress and type of engagement required for each project.

The following update was noted:

- Adult Attention Deficit Hyperactivity Disorder (ADHD) - The adult ADHD programme had undergone a full consultation in spring 2025, engaging around 2.5k people, and was scheduled to return to the ICB board in November 2025.
- Children's ADHD – Implementation was ongoing across all ten localities.
- In Vitro Fertilisation (IVF) Cycles – Over 2000 people took part in the engagement/consultation, and the report, which was being drafted, would be presented to a future meeting of the Committee.

The Director of Communications and Engagement advised that she would include the total picture of engagement activity not just service changes to the next meeting as part of her report.

A Member asked how the public were engaged on NHS reforms, especially with harder-to-reach groups, and if their feedback was able to influence decisions. Officers explained the nine-month "Fit for the Future" campaign reached over 6k people across all localities using local partners, and public feedback directly shaped decisions, with detailed reports to be shared at the next meeting.

A Member asked why feedback on the major trauma was delayed and why a full consultation was required for Adult ADHD but not for Children's ADHD. Officers

explained the trauma centre review was delayed due to complexity and extra benchmarking, required with an update due for consideration by the Committee on 14 November 2025. For children's ADHD, only targeted engagement was needed as changes were not substantial, while Adult ADHD required full consultation because the service changes were more significant.

Resolved/-

1. That the Committee reviewed the report and identified specific projects for which further information was required.
2. That the Director of Communications and Engagement agreed that she would include the total picture of projects not just service changes to the next meeting as part of her report.
3. That the Director of Communications and Engagement would present at the next meeting as part of her report, the overall findings report from Fit for the Future work, including examples.

JHSC/34/25 Procedures of Limited Clinical Value

Consideration was given to a report presented by Sara Roscoe, Associate Director of Strategic Commissioning and Claire Connor, Director of Communications and Engagement, NHS Greater Manchester, which set out the updated Engagement Plan to support the work of the commissioner to bring increase scrutiny on procedures of limited clinical value in Greater Manchester.

It was explained that procedures of limited clinical value (PLCV) were treatments where evidence of effectiveness was limited, meaning they benefited only some patients. Officers clarified that clear criteria were set for clinicians to determine when such procedures should be offered, based on available evidence. Originally, there was a proposal to pause some PLCV procedures due to rising activity, but the ICB decided instead to ensure providers complied with existing policies and criteria, prioritising patient safety and productivity.

The approach was aimed to avoid unnecessary procedures, reduce waiting lists, and free up capacity in acute services. Officers described a robust review process involving public health consultants, clinicians, and public engagement. Policies were reviewed on a five-year cycle, with engagement focused on those due for update, to ensure timely and relevant feedback. The rolling programme allowed for a variety of engagement methods, including face-to-face and online, to reach a broad range of communities.

The updated approach reduced the number of policies under review each year, avoiding duplication and ensuring feedback was meaningful and acted upon. Officers committed to keeping the Committee updated on engagement outcomes and how feedback influenced policy updates.

The Chair suggested that the report could be presented differently when next considered by the Committee to show where the changes were and explain engagement in a way for non-clinicians whether that be patents or the wider community. Officers agreed to give it further consideration.

A Member asked how the new approach to engaging on PLCV differed from the previous model. Previously, engagement relied on technical documents and formal responses, resulting in low uptake. The new approach was more proactive and accessible, using clearer language and varied engagement methods to involve communities and encourage meaningful feedback.

A Member commented that commissioners were often unaware of community activity and mainly engaged with established organisations, making them hard to approach. It was suggested that commissioners should be more visible and active locally to better understand needs and recognise impactful groups, rather than relying on office-based processes. The Chair proposed, and Officers agreed, that an update on the VCFSE sector's role be provided in due course.

A Member asked when was the full equalities impact assessment expected to be published, and would it be shared with the Committee. It was confirmed that the full equalities impact assessment was in development and expected to be completed

within the next month, and the committee would be able to review it in full once published.

When considering the recommendations, the Chair highlighted the main point of feedback was about the importance of using clear, accessible terminology when discussing potential changes in engagement, so that patients and the wider community not just clinicians could understand.

Resolved/-

1. That the JHS Committee reviewed the Engagement Plan and provided feedback.
2. That the Associate Director of Strategic Commissioning return to the Committee to provide engagement outcomes and how they influenced policy at a future meeting.
3. That an update on the role of the VCFSE sector be provided in the next iteration of the report.
4. That Officers share the full equalities impact assessment with the committee once published.

JHSC/35/25 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,

The Committee reviewed the streamlined 2025/26 Work Programme, noting the need for regular updates on elective care waiting lists, ICB reforms, and sustainability plans. Members emphasised including patient and public voices and suggested benchmarking Greater Manchester's health gap progress against other UK regions using league tables and surveys. The Chair recommended covering league tables at the October 2025 meeting during the ICB reforms report.

Resolved/-

1. That Elective Care Waiting Lists update be added to the Work Programme.
2. That league tables be covered at the meeting on 14 October 2025 in the ICB Reforms report.

JHSC/40/25 Date and Time of Next Meeting

Tuesday 14 October 2025 at 10.00 am, TfGM, 2 Piccadilly Place, Manchester M1 3BG.