Minutes of the Meeting of the Greater Manchester Joint Health Scrutiny Committee held on 11 November 2025 at 10.00 am at Transport for Greater Manchester, 2 Piccadilly Place, Manchester, M1 3BG

Present:

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

Members in Attendance

Councillor Sean Fielding	Partner Member for Local Authorities, Integrated Care Board (ICB), NHS GM

Officers in Attendance:

Claire Connor	Director of Communications and Engagement, NHS Greater Manchester
Ed Flanagan	Senior Governance & Scrutiny Officer, GMCA
Jo Street	Programme Director, NHS Reform and Transition · NHS Greater Manchester
Nicola Ward	GMCA Statutory Scrutiny Officer & Deputy Head of Governance
Sandy Bering	Strategic Lead Clinical Commissioner, NHS Greater Manchester

Kathrine Sheerin	Chief Commissioning Officer, NHS Greater Manchester
Ewan Jones	Senior Programme Manager, NHS Greater Manchester
Manisha Kumar	Chief Medical Officer, NHS Greater Manchester
Clare Lake	Deputy Chief Medical Officer, NHS Greater Manchester

JHSC/50/25 Welcome & Apologies

The Chair opened the meeting and welcomed everyone present. Apologies for absence were received and noted from Councillor Irfan Syed.

JHSC/51/25 Declarations of Interest

No declarations of interest were received.

JHSC/52/25 To approve the minutes of the last meeting held on 14 October 2025

Resolved/-

That the minutes of the meeting held on 14 October 2025 be approved as a correct record with the addition of Councillor Curley's attendance.

JHSC/53/25 Monthly Service Reconfiguration Progress Report and Forward Look

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

It was reported that over 2,000 people took part in the consultation relating to IVF cycles, with half face-to face and half online. A decision on the matter was due to be taken by the NHS GM Board at its next meeting and an update report would be presented at the next Joint Health Scrutiny Committee meeting.

In response to a question raised, it was reported that when estimating how good or bad an influenza season may be it was helpful to look at the same influenza season in the southern hemisphere which arrived first. The 2025 influenza season in Australia was reported as a challenging one, however local vaccination rates were high with a continued push, which it was thought would help.

It was also reported that the feedback received relating current engagement activities on winter preparedness would be used for the 2025/26 winter and also future years. Each LA area would consider learning in their communities to best add value for the populations they served. Learnings from the 2025/26 winter would be collated for feedback in March.

Resolved/-

That the Joint Health Scrutiny Committee notes the update and issues raised.

JHSC/54/25 Update on ICB Programme for Improving Adult Attention deficit hyperactivity disorder (ADHD) services in Greater Manchester (including Consultation Outcomes on Options for Change and related changes to All-Age Neurodevelopmental Care Pathways

Sandy Bering, Strategic Lead Clinical Commissioner/Consultant (Mental Health & Disabilities) and Claire Connor, Director of Communications and Engagement, NHS Greater Manchester presented a report on the improvement work, public consultation and next steps in the plans to improve adults ADHD services in Greater Manchester (GM). This included related evidence-based changes to All-Age

Neurodevelopmental Care Pathways to reduce waiting times for those in most clinical need and to support ICB sustainability plans.

NHS Greater Manchester would be implementing redesigned pathways for the assessment and support of children, young people and adults with ADHD and autism. The implementation would follow a clinically prioritised approach, ensuring that resources were focused on individuals with the greatest level of need and that assessments and interventions were delivered in person. This approach supported timely, high-quality care, reduced variation in service delivery and ensured equitable access for those with the most complex or urgent needs.

It was noted that the consultation took place between April and June 2025 and presented two potential options for delivery and a preferred option. Many people engaged with the consultation including 1038 people completing the consultation survey, 2500 face to face sessions and 168 focus group sessions. The feedback from the consultation exercise showed that respondents wanted ADHD-friendly services with faster access to triage, diagnosis and more practical help along the way, with issues around shared care resolved.

Additional learning from the consultation exercise included people's preferences for ADHD services to be provided by the NHS, whilst still valuing Right to Choose offers. People also really valued having an ADHD diagnosis as it helped them to understand themselves, provided them with validation and was also needed to get additional support, particularly in the workplace.

Of the two potential service delivery options presented, the consultation showed Option A as the preferred option.

It was reported that neurodiversity was much better understood and more visible across society than in previous years. This positive change had resulted in an increase in demand for ADHD assessments to unmanageable levels without significant reform. The waiting list for ADHD assessments currently stood at 25,000 in GM and the annual cost of ADHD assessments for the GM ICB had risen in two years from £5m to £31m.

The final decision on a service delivery model would be made by the GM ICB at its meeting on 19 November with mobilisation of the new triage service taking place after that. It was anticipated it would take two years to address waiting lists fully.

It was noted that Right to Choose was an issue to be addressed separately and did not form part of this consultation exercise.

A discussion ensued which included the following points: -

- Concern was raised that the proposals could be seen as focussed on cost savings rather than providing the best service. Limiting services to only those with the most severe symptoms may not be seen an acceptable solution.
- It was noted that neurodiversity was not an illness that could be cured but people could be supported.
- It was suggested that some people with ADHD would need the appropriate medication first to function and would not be able to access support services without it.
- Private ADHD assessment centres had opened in recent years in response to the demand. There were concerns that the quality of the assessments provided was not as well regulated as it should be. NHS GM only used CQC registered providers that provided face to face assessments.
- Many people with a neurodiverse condition benefited from early diagnosis and support, a childhood diagnosis enabled an education tailored to the individual's needs. It was noted that the Neurodiversity in Schools Programme had reduced school exclusions as children were receiving the support they needed.
- Peer support groups were cited an invaluable resource for people with ADHD.
- It was important that people from disadvantaged groups were not lost in any new model, and that a holistic model of interventions be offered.

The Chair requested an outcomes focussed report including data and narrative on how young people, parents and adults were feeling about the new service be presented at a future meeting.

Resolved/-

1. That the plans to proceed through NHS Greater Manchester's governance with recommended option for change and aligned work to direct the limited resources (workforce and finance) to changed all-age pathways of support be noted.
2. That an outcomes focussed report including data and narrative on how young people, parents and adults were feeling about the new service be presented at a future meeting.

JHSC/55/25 Cardiovascular Disease Prevention (CVD) and Diabetes - A Deep Dive into Greater Manchester Intelligence, Priorities, Performance & Improvement Work for CVD Prevention and Diabetes

Ewan Jones, Senior Programme Manager (Long Term Conditions), Manisha Kumar, Chief Medical Office and Claire Lake, Deputy Chief Medical Officer NHS Greater Manchester presented a report providing a comprehensive overview and deep dive into the current intelligence, priorities, performance, and improvement initiatives for CVD prevention and diabetes care in Greater Manchester. It aimed to inform stakeholders about national ambitions, local strategies, and the multi-year prevention plan, highlighting collaborative efforts across the healthcare system to address long-term conditions, reduce health inequalities and improve patient outcomes.

It was noted that a large volume of population health data was now available and could be presented at a granular level for local communities.

Prevention work was seen as a joint effort by all partners including the NHS, Local Authorities and the VCFSE sector. Deprivation, quality of housing, air quality and social networks all impacted health outcomes, and it was hoped that the Live Well and Prevention Demonstrator initiatives could bring about substantial improvements to the health of GM residents.

A discussion ensued which included the following points: -

- Members were interested to know more about the outcomes from the obesity trial that offered 12 months of support to patients following a 12-week soup and shakes programme.
- It was suggested that local data be presented at local scrutiny committees to fully identify the issues faced by individual communities and that council budgets could be aligned as appropriately.
- Opportunities through the VCFSE sector should be embraced as a place where people can be encouraged to make healthy choices, rather than rely on being 'told' by health professionals in order to enact the greatest change.

Resolved/-

1. That the Committee supports the work to prioritise and advocate for prevention and early intervention in cardiovascular disease and diabetes across Greater Manchester.
2. That an update on the progress and impact of the cardiovascular disease and diabetes prevention initiatives be presented at a future meeting, including data from the obesity trial.

JHSC/56/25 NHS Greater Manchester – Major Trauma Patient Engagement

Claire Connor, Director of Communications and Engagement and Katherine Sheerin, Chief Commissioning Officer, NHS Greater Manchester presented an update on the

public involvement carried out as part of Greater Manchester's Major Trauma Centre site selection process.

It was noted that there were two Major Trauma Centres within GM, the Greater Manchester Major Trauma Hub within the NCA and Manchester Royal Infirmary on the Oxford Road Campus of Manchester Foundation NHS Foundation Trust. Neither site currently delivered a compliant Major Trauma provision in accordance with the national specification.

NHS GM had made a commitment to ensuring compliance against the national specification. In moving to deliver a compliant model there was a need to ensure that system efficiencies were delivered, removing duplicate costs (where any existed) to develop and implement a model of care that not only improved quality and outcomes, but would also ensure a financially viable and sustainable Major Trauma service across the GM conurbation. To support this a consultation exercise had been completed, the details of which were appended to the report.

A discussion ensued which included the following points: -

- It was recognised that the trauma services at Salford and Manchester were excellent although providing different specialisms.
- The consultation had been limited to patients and their families and should have included future service users as the intention of the consultation was to include patient voice.
- A decision would be made by the GM ICB whether a further consultation exercise should be undertaken before any final decisions were made.
- It was recognised that NHS GM's non-compliant status regarding its trauma services were not unusual and common in areas with more than one district centre.

The Chair asked that the final proposals come back to this committee for consideration before any final decisions were made.

Resolved/-

1. That the contents of the report be noted.
2. That the final proposals on GM trauma services come back to this committee for consideration before any final decisions are made.

JHSC/57/25 NHS Greater Manchester Operating Model - Final Draft for Engagement

Jo Street, Programme Director – Transition, NHS Greater Manchester presented a report to formally engage with the Committee in the review of the final draft of the NHS GM operating model. The operating model outlined how integrated working between Place Partnerships and GM-wide teams would deliver a vision for longer healthier lives and reduced health inequalities. It also detailed guiding principles, governance and portfolio structures to underpin strategic commissioning with an emphasis on prevention, equitable access and community co-design.

The model also set out how NHS GM would work with its partners including NHS trusts, public health, primary care, social care, local authorities. It detailed how the ICB would work with those partners across the city region to deliver the three major shifts in the NHS 10 Year Plan.

In response to questions raised, it was noted that the proposals were at a high level so did not include every service area or team. Further updates would be provided that would include every team and every staff member included in the new structure.

In the discussion that followed it was also reported that the move to the left shift would include a change in how resources were managed with some funds managed centrally and more autonomy given to localities to manage their own budgets within certain outcomes-based parameters.

Resolved/-

1. That the contents of the report be noted.
2. That the level of engagement with stakeholders and staff to develop the Operating Model to date was noted.
3. That the current situation regarding the NHS GM workforce and the comprehensive support offer in place be noted.

JHSC/58/25 Work Programme for the 2025/2 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.

Items for the next meeting were noted as:

1. Reconfiguration Progress Report and Forward Look
2. Fit for the Future
3. IVF Consultation
4. Child and Adolescent Mental Health Services
5. Dentistry and GP Access Including Pharmacy Now

Given the extensive agenda for the next meeting, the Committee agreed to extend the meeting by 30 minutes if required.

The chair proposed that elected care services be considered at a future meeting as it was a significant issue for residents.

Resolved/-

That the meeting on 9 December 2025 be extended by 30 minutes if required.
That an update on elected care services be added to the work programme.

JHSC/59/25 Date and Time of Next Meeting

Tuesday 9 December 2025 at 10.00 am to 12.00 pm, Transport for Greater Manchester (TfGM), 2 Piccadilly Place, Manchester M1 2BG.