Minutes of the Meeting of the Greater Manchester Joint Health Scrutiny Committee held on 17 February 2026 at 10.00 am at Greater Manchester Combined Authority, Tootal Buildings, 56 Oxford Street, Manchester M1 6EU

Present:

Councillor Liz FitzGerald	Bury Council (Chair)
Councillor Ayyub Patel	Bolton Council
Councillor Colin McLaren	Oldham Council
Councillor Basil Curley	Manchester City Council
Councillor Pat Dale	Rochdale Council
Councillor Sanjita Patel	Tameside Council
Councillor Ifran Syed	Salford City Council
Councillor Ron Conway	Wigan Council

Officers in Attendance:

Dave Boulger	Associate Director, Population Health, NHS Greater Manchester
Claire Connor	Director of Communications and Engagement, NHS Greater Manchester
Bernie Enright	Executive Director Adult Social Services, Manchester City Council
Matt Hennessey	Chief Intelligence and Analytics Officer, NHS Greater Manchester
Jenny Hollamby	Senior Governance and Scrutiny Officer, GMCA

JHSC/70/26 Welcome & Apologies

Apologies for absence were received and noted from Councillors Emma Hirst, Joseph Turrell, and Wendy Wild.

An apology was also received from Councillor Sean Fielding, Local Authority (LA) Integrated Care Board Representative.

Apologies were received from NHS Greater Manchester (GM) Officers Jo Chilton, Paul Lynch and Debbie Ward.

The Chair formally recorded the Committee's thanks to Nicola Ward, who had recently left her role supporting the Committee. Nicola had provided several years of highly valued advice and guidance, and her contribution to the Committee's work was greatly appreciated.

JHSC/71/26 Chair's Announcements and Urgent Business

The following NHS GM Stakeholder Updates had been circulated to the Committee prior to the meeting; NHS GM Organisational Change, Partnership Update, Improving Neonatal Care Services in the North West, and the Decision on In Vitro Fertilisation (IVF) Provision for Member's information. The Director of Communications and Engagement, NHS GM would provide updates as part of Item 6 – Monthly Service Reconfiguration Progress Report and Forward Look.

A complete agenda pack was circulated to Members on 12 February 2026, which included Items 5 – Adult Social Care and 8 – The Health of the Population, which the Chair approved for circulation after the main agenda dispatch to allow NHS GM Officers additional time amid ongoing organisational changes.

JHSC/72/26 Declarations of Interest

No declarations of interest were received.

JHSC/73/26 To approve the minutes dated 9 December 2026

The Chair thanked Councillor Irfan Syed, Vice-Chair, for chairing the previous meeting in her absence.

Resolved/-

That the minutes of the meeting held on 9 December 2025 be approved as a correct record.

JHSC/74/26 Adult Social Care Deep Dive Presentation

Bernie Enright, Executive Director Adult Social Services, Manchester City Council provided Members with a presentation that summarised GM's Adult Social Care transformation work: its vision for helping people live well at home, key progress in prevention and independence, ongoing challenges such as rising demand and workforce pressures, and opportunities including digital innovation, stronger commissioning and the GM Social Care Academy.

The Executive Director for Adult Social Services introduced the item, outlining how adult social care operated across GM and highlighting both the challenges and opportunities for transformation. It was explained that the GM Adult Social Care Transformation Programme, established in 2017, continued to drive system-wide reform across all ten localities through a collaborative leadership model. Adult social care accounted for over one-third of local authority (LA) expenditure and supported around 50,000 residents, delivering high-quality, person-centred care while sustaining the workforce, supporting market stability and recognising the contribution of unpaid carers. However, rising demand, increasing complexity, demographic pressures and market fragility continued to place significant financial strain on councils.

Emphasised was placed on the programme's focus on prevention, early intervention and reablement, including efforts to prevent hospital admissions and support timely discharge, with around 500 people each week assisted home across GM. The Committee received an overview of the shared GM vision for living well at home and the programme's priority areas, including digital innovation, supported housing, workforce development and carers' support. Evidence from the Better Outcomes, Better Lives programme demonstrated positive outcomes and cost avoidance. The

Executive Director concluded by stressing the importance of continued collaboration, innovation and strategic commissioning to deliver sustainable improvements.

A Member asked what was being done to support care providers at risk and what impact the GM Social Care Academy was having. It was explained that work was taking place with providers to strengthen resilience through regular forums, support with recruitment and policies, and developing new approaches such as trusted assessor roles and enhanced reablement. It was added that the GM Social Care Academy was building a future workforce pipeline through partnerships with schools, higher education and adult education, with formal evaluation still underway and a report available for the Committee once completed.

A Member asked whether adult social care financial pressures at place level were affecting system sustainability and also raised concerns about support for carers, particularly hidden carers within diverse communities. In response, it was stressed that without a strong focus on prevention and early intervention the system would remain in crisis, noting local investment in prevention initiatives and the need to prioritise outcomes to use resources efficiently. It was confirmed that adult social care pressures were monitored across all ten localities amid significant national financial challenges. It was emphasised that carers were entitled to a Care Act assessment and that a wide range of support was available across GM, with ongoing work to identify and support hidden carers earlier to avoid crisis.

A Member welcomed the positive outcomes described but asked whether the cost-avoidance and reablement benefits outlined were being achieved consistently across all boroughs, particularly those with high levels of deprivation. In response, it was confirmed that while each locality operated its own transformation programme, best practice was shared across GM and nationally, with areas adopting effective approaches such as strong reablement services, technology-enabled care and extra-care housing. It was emphasised that although delivery models varied, all localities were focused on continuous improvement and achieving better outcomes for residents.

A Member asked how adult social care was working with public health and wider health partners to strengthen prevention, noting that people were living longer but not always ageing well, and emphasising the need to reduce future costs. It was explained that prevention required a whole-system approach, with adult social care collaborating closely with public health on programmes such as falls prevention, cardiovascular health, diabetes and locality initiatives like Making Manchester Fairer. It was added that while prevention may not immediately reduce budgets, it delivered significant cost avoidance evidenced by the Better Outcomes, Better Lives programme, by ensuring resources were used more efficiently and helping reduce reliance on more costly long-term care.

A Member asked for clarification on the three-year review being led by Baroness Casey. The review was examining the long-term sustainability and funding of adult social care, including pressures linked to demographic change, increasing complexity, market fragility and the impact of NHS financial challenges. Engagement was already underway. Recent discussions with Baroness Casey, had covered issues such as continuing healthcare, Section 117 of the Mental Health Act 1983 and provider stability, with the aim of securing a future model supported by stable long-term funding.

A Member asked about social housing providers and supported living, noting that many housing providers had reduced traditional warden-type services in recent years and queried what future models would look like. It was explained that supported accommodation remained a key priority and that LAs were working closely with strategic housing and development colleagues to ensure a wider range of options that enabled people to live independently for longer. It was reported that Manchester City Council had already begun redesigning its supported accommodation for people with learning disabilities, autism and mental health needs, and highlighted the continued value of extra-care housing in offering independence alongside on-site support. The preferred approach was to support people safely at home or in community settings rather than rely on 24-hour residential care, and emphasised was the importance of incorporating such provision into future housing plans across GM.

The Committee discussed how best to progress its emerging work on adult social care, noting that this was the start of a broader programme of understanding covering:

- Demographic demands and deprivation.
- Workforce challenges.
- Increased demand.
- Support to and for carers.
- Prevention and how people live well.
- Financial challenges and invest to save.
- Outcomes and Care Quality Commission (CQC) Inspections
- Lived experience of patients/involvement of people in the design of the service.
- Housing support.
- Working within the NHS.
- Resilience of the care market.
- Statistics.
- Case studies.

Members agreed that while key themes could be identified at a GM level, detailed consideration was needed within each LA to reflect local variation in demographics, need and service models, and that all ten districts should be invited to explore these themes through their own scrutiny processes. It was proposed and agreed that a summary of the Committee's discussion be shared with local democratic services and that a GM-wide overview be developed to enable benchmarking and ensure consistency, with lived-experience and case studies being incorporated.

The Executive Director Adult Social Services suggested that Jo Chilton, Director Adult Social Care Transformation, NHS GM and her Team could develop a consistent response framework across all ten localities to support the Committee's emerging work on adult social care, ensuring comparable and meaningful information was provided. It was agreed that incorporating lived-experience case

studies used routinely in scrutiny and board settings would help demonstrate the real-world impact of services.

Resolved/-

1. That the content of the presentation be noted.
2. That Member's help reduce health inequalities by sharing the key messages within their wards and support local prevention initiatives.
3. That the Committee be provided with the GM Social Care Academy's formal evaluation when complete by the Director Adult Social Care Transformation.
4. That all ten districts via their local democratic services be invited to explore the themes highlighted above through their own scrutiny processes.
5. That the Executive Director Adult Social Services and Jo Chilton, Director Adult Social Care Transformation, NHS GM and her Team develop a consistent response framework across all ten localities to support the Committee's emerging work on adult social care.
6. That Officers to return to the Committee to present their findings at a later date.

JHSC/75/26 Monthly Service Reconfiguration Progress Report and Forward Look

Members considered a report presented by Claire Connor, Director of Communications and Engagement, NHS GM, 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.

The main points referred:

- IVF Cycles – it was noted that the Integrated Care Board (ICB) made a decision to standardise the number of NHS-funded IVF cycles to a one plus cycle offered across GM. From 1 April 2026 a single policy would apply; one full IVF cycle for eligible women aged 39 and under. A second attempt would be offered only if the first cycle was abandoned or cancelled.

- Members discussed in detail the ICB decision on IVF cycles. A Member sought clarification on who would decide when a cycle should be abandoned or cancelled under the new policy. The Director of Communications and Engagement agreed to confirm whether this rested with the clinician or the patient. Members also raised concerns that the final decision did not reflect the strength of public feedback or the Committees discussions and requested clearer communication on the rationale, including clinical and financial considerations. It was confirmed the Board had carefully considered all consultation findings, and the Director of Communications and Engagement agreed to provide a fuller explanation at the next meeting. It was also agreed that the Board paper setting out the decision-making process would be shared, ongoing updates be provided on implementation as part of the Reconfiguration report and clearer communications be provided to the public to avoid confusion.

- Specialised commissioning: Cardiac and Arterial Vascular Surgery – this item would be considered at the next meeting on 17 March 2026.

- The North West Women & Children's Transformation Programme (aimed to develop an operational plan to implement national standards for Neonatal Critical Care, Paediatric Critical Care, Surgery in Children, and care for Children and Young People with Cancer across the region) – staff engagement had taken place and work across GM would provide a consultation plan that would be shared at the relevant time.

- Procedures of Limited Clinical Value – an annual programme of engagement had been agreed. The five-week evaluation on tendinopathies had been completed and the programme was now moving into a five-week engagement on shoulder pain and impingement. Given the small scale of the service, engagement activity would be proportionate.

- Fit for Winter – work that focussed on the theme of winter health to help inform approaches was complete. The Director of Engagement and Communications, agreed to share the findings report as a Briefing for Members.

Resolved/-

1. That the report be received and noted.
2. That Specialised commissioning: Cardiac and Arterial Vascular Surgery be considered at the next meeting on 17 March 2026.
3. That the Director of Engagement and Communications share the Fit for Winter findings report as a Briefing for Members.
4. That the Director of Engagement and Communications clarify who would decide when an IVF cycle should be abandoned or cancelled under the new policy.
5. That the Director of Engagement and Communications provide a fuller IVF cycle decision explanation at the next meeting.
6. That the Board paper setting out the decision-making process around the IVF cycle decision be shared, that ongoing updates be provided on implementation as part of the Reconfiguration report and clearer communications be provided to the public to avoid confusion were requested.

JHSC/76/26 Work Programme for the 2025/26 Municipal Year

Consideration was given to a report that provided Members with the Committee Work Programme for the 2025/26 municipal year.

The Chair thanked the Governance and Scrutiny Officer for her support over the past month, particularly during a period of illness earlier in 2026. It was noted that the January 2026 meeting had been cancelled and the February 2026 meeting had also been at risk, partly due to key items being deferred, resulting in substantial business now needing to be considered in March 2026. The Chair expressed her disappointment that, because of the volume of consultations and service-change

updates requiring the Committee's attention, several areas Members had hoped to progress during the 2025/26 municipal year had not been possible.

The Chair suggested and Members agreed that the following items to be considered at the 17 March 2026 meeting:

1. Elective Care including Waiting Lists (to be brought forward from June 2026 to March 2026)
2. Reconfiguration Progress Report
3. Care Quality Commission (CQC) Inspections
4. Child and Adolescent Mental Health Services (CAMHS)
5. Special Educational Needs and Disabilities (SEND)
6. Specialised Commissioning: Cardiac and Arterial Vascular Surgery
7. Individual Funding Requests (to be deferred)

Resolved/-

That the report be received and updated following the meeting.

JHSC/77/26 The Health of the Population

Consideration was given to a report and presentation provided by Dave Boulger, Associate Director, Population Health, and Matt Hennessey, Chief Information and Analytics Officer at NHS GM that focussed on the health of the population in GM, highlighted inequalities trends and underlying drivers.

The Associate Director, Population Health introduced the item and explained that he would focus on three areas: the current health profile of GM, the wider determinants shaping these outcomes with an emphasis on poverty and deprivation and a number of proposed offers for the Committee to consider.

Members were advised that although life expectancy across GM had begun to recover following the pandemic, residents continued to live shorter lives and spend more years in poor health than the national average, with significant variation both

between and within localities. Healthy life expectancy remained a particular concern, with people in GM moving into poor health earlier in life and experiencing a greater burden of long-term conditions.

The Committee heard that these outcomes were driven largely by income, housing, employment, education, transport and community connection, rather than healthcare alone. Poverty and deprivation were highlighted as the strongest predictors of poor health, and GM was noted to have higher levels of deprivation than many comparable regions. Also identified were several priority groups where focused action could have the greatest impact, including children and young people, people experiencing severe disadvantage, residents whose health affected their ability to work, and those at risk of preventable communicable diseases.

In conclusion, the Associate Director, Population Health proposed the following offers to the Committee**:**

1. Ongoing Population Health Reporting
   The Associate Director, Population Health offered to continue providing regular population health information to the Committee, enabling Members to monitor emerging trends and identify areas requiring action.

2. Future Interactive Data Session
   The Associate Director offered to arrange a future, more detailed and interactive session for Members, giving the Committee the opportunity to explore the wider dataset behind the slide deck in greater depth.

3. Using Insight to Shape Scrutiny Agendas
   Members were invited to use the insight presented to prompt local discussions and to help shape both the Joint Health Scrutiny Work Programme and scrutiny agendas within their own localities.

4. Applying a Population Health Lens to Future Work
   The Committee was encouraged to apply a population health lens to future

agenda items, specifically considering the likely impacts on life expectancy, healthy life expectancy, poverty and deprivation.

A Member praised the evidence-based presentation and asked whether it had addressed differences in rural and urban life expectancy. It was reported that assumptions about rural areas being healthier were misleading, noting that some of the poorest outcomes occurred in rural and coastal communities, and emphasised that deprivation, housing, isolation and employment not geography were the key drivers of health.

A Member noted the significant healthy life expectancy gap between Rochdale and Trafford and welcomed the Associate Director's offer of further detailed analysis, confirming they wished to take this up. Officers acknowledged the request and stated that the gap would be even greater when comparing the most and least deprived areas. The Chair proposed and Members agreed to hold a dedicated work-programme planning session before the first meeting of the next municipal year to explore the data more fully and shape future scrutiny work.

A Member asked what practical action could be taken in response to the health inequalities highlighted in the presentation, noting long-standing deprivation, loss of services and poor employment conditions in many communities. It was reported that while the challenge was substantial, progress was possible by focusing on four areas: tackling core determinants such as poverty, housing and employment; sustaining action on key risk factors; improving early intervention in primary and community care; and strengthening health services, though these alone could not offset poor living conditions.

The Chair noted that Live Well activity was increasingly visible across programmes and stressed the need for the Committee to receive regular feedback on how effectively the policy was being implemented. The Chair also emphasised the importance of being open about why resources were targeted differently across boroughs, as the data justified this approach and clear communication would support public understanding.

A Member asked how GM could realistically shift from treatment to prevention at scale, given resources and the need for consistency. It was noted that the forthcoming strategic commissioning plan would outline this shift, emphasising that prevention was essential for sustainability and required prioritisation, evidence-based investment and coordinated action across the wider public sector.

A Member commented that the presentation had taken the Committee on a clear and helpful journey, reaffirming issues they were already aware of but offering some optimism. They added that the topic required more time than was available at the meeting and supported a dedicated session or away day to give it appropriate focus.

A Member confirmed that Oldham wished to take up the Director's offer of further analysis.

A Member highlighted local links between low birth weights and childhood obesity and asked whether children and young people particularly the first 1,000 days of life could receive greater focus. The Director agreed that early-years health was a key area for meaningful progress.

Member asked about work with LAs, data sharing with public health teams, and whether poor population health would drive adult social care demand to a level that created unsustainable financial pressure for councils. It was confirmed close partnership working with all ten Directors of Public Health and Teams were moving toward full integration within the GM Public Health Network. Improving population health was essential to reducing adult social care demand and maintaining long-term financial sustainability.

Resolved/-

1. That the report and presentation be received and noted.
2. GMCA Officers to arrange a dedicated pre-year work-programme planning session focused on population health data and inequalities before the next municipal year.

JHSC/78/26 Date and Time of Next Meeting

10.00 am on Tuesday 17 March 2026, Boardroom, Greater Manchester Combined Authority, Tootal Buildings, 56 Oxford Street, Manchester M1 6EU.

Resolved/-

That the meeting on 17 March 2026 be extended by 30 minutes to enable full consideration of all agenda items.