

**Minutes of the Meeting of the Greater Manchester
Joint Health Scrutiny Committee held on 14 October 2025 at 10.00 am
at Transport for Greater Manchester, 2 Piccadilly Place, Manchester, M1 3BG**

Present:

Councillor Elizabeth FitzGerald	Bury Council (Chair)
Councillor Colin McLaren	Oldham Council
Councillor Pat Dale	Rochdale Council
Councillor Wendy Wild	Stockport Council
Councillor Irfan Syed	Salford City 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
Councillor Joseph Turrell	Derbyshire County Council

Officers in Attendance:

Claire Connor	Director of Communications and Engagement, NHS Greater Manchester
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Paul Lynch	Director of Strategy, NHS Greater Manchester
Jo Street	Programme Director, NHS Reform and Transition · NHS Greater Manchester
Nicola Ward	GMCA Statutory Scrutiny Officer & Deputy Head of Governance

JHSC/41/25 Welcome & Apologies

The Chair opened the meeting and welcomed everyone present. Apologies for absence were received and noted from Councillor Ayyub Patel and Councillor Sangita Patel.

JHSC/42/25 Chair's Announcements and Urgent Business

It was noted that Warren Hepolette had been seconded to the GMCA to lead the delivery of the Prevention Demonstrator. On behalf of the Committee, the Chair expressed sincere thanks for his invaluable support to the Committee.

JHSC/43/25 Declarations of Interest

Councillor Liz FitzGerald declared a personal interest in Item 7 – Monthly Service Reconfiguration Report and Forward Look.

**JHSC/44/25 To approve the minutes of the last meeting held on
16 September 2025**

Resolved/-

That the minutes of the meeting held on 16 September 2025 be approved as a correct record.

**JHSC/45/25 10 Year Health Plan and Greater Manchester Strategy (GMS)
Next Steps for NHS Greater Manchester**

Paul Lynch, Director of Strategy, NHS Greater Manchester introduced the report to Members and explained that it updated the Committee on how NHS Greater Manchester was developing its plans to respond to the Government's 10 Year Health Plan and Greater Manchester Strategy (GMS).

The Director of Strategy updated the Committee on changes to the Integrated Care Board (ICB) and following the publication of the 10 Year Health Plan, outlining Greater Manchester's required response. The Committee acknowledged the last decade of work building on prevention and the importance of partnership with Local Authorities (LAs), GMCA, and the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector. Greater Manchester now had a unique opportunity to pursue a distinctive approach through the Prevention Demonstrator and Live Well programme, maintaining a focus on health inequalities.

Key areas from the report were summarised, , recommended three strategic shifts: hospital to home, treatment to prevention, and analogue to digital. Members recognised Greater Manchester's progress in these areas, supported by the new GMS. Highlighted was NHS Greater Manchester's role in regional success and the need for a collective approach to wider determinants of health.

The Live Well programme was cited as a means of empowering communities and promoting prevention, with all ten LA neighbourhoods developing implementation plans. NHS Greater Manchester and the GMCA worked closely to support the ten localities, with Stockport and Rochdale selected as pilot sites for the National NHS Neighbourhood Programme. The Committee noted the importance of a unified approach across all localities through shared learning and experience.

Greater Manchester had been confirmed as the UK's first Prevention Demonstrator and the Committee acknowledged the early stages of the programme and its ambition to demonstrate the effectiveness of prevention, supported by robust data.

Concerns had been raised regarding the announcement to abolish Healthwatch by both Members and the public. NHS Greater Manchester intended to write to the Secretary of State about this, sharing correspondence with the NHS Greater Manchester's Board for review.

The ICB and GMS response to the 10 Year Health Plan was a focus on strengthening the role of LAs. Delivery was to be improved at place level, as illustrated in diagram 5.5 (page 29 of the agenda pack), which showed how these

elements worked together to deliver neighbourhood health and Live Well objectives. The intention was to ensure place partnerships were equipped to deliver effectively within their local contexts.

In response to a question on prevention, Members noted the establishment of the Greater Manchester Prevention Demonstrator and agreed that further updates on progress and outcomes would be brought back to the Committee.

A Member asked about the neighbourhood programme's duration and sharing learning with other LAs. It was confirmed the programme had just begun and would run long enough to establish strong foundations. A group chaired by Wigan Council's Chief Executive had been set up to bring together all ten localities, share best practice, and disseminate learning.

Shifting from sickness to prevention was noted as essential. A Member raised concerns about maintaining focus and funding for existing services. The commitment to timely, accessible services was confirmed, referencing the new Five-Year Strategy and Sustainability Plan, and emphasising the need to design services to meet future demand from an ageing population and chronic conditions.

A query was expressed regarding limited funding and training for the voluntary sector, noting it was often seen as the poor relation. The Director acknowledged the sector's vital role and confirmed that NHS Greater Manchester and GMCA had invested £10m in Live Well, with 50% allocated to the voluntary sector as a first step. Emphasised was the need for sustainable, long-term support and greater collaboration, with efforts underway to raise awareness and improve engagement across all ten localities.

It was acknowledged that overarching voluntary sector organisations, also lacked funding. In response, it was clarified that as the prevention demonstrator progressed, new investment and support for both prevention and services would be considered in future budgeting.

As a way forward, to support by Members to better understand the VCFSE sector, their role and potential funding challenges, it was agreed that a presentation would be provided to the Committee at a future date. Subsequently, representatives from the VCFSE sector would be invited to future meetings to share their experiences.

A Member asked how local delivery would be funded and supported. It was explained that the neighbourhood plan was the best approach, aiming for continual improvement and strong partnerships across health, housing, and employment. It was noted all plans and strategies would be reviewed by the ICB Board and LAs to ensure the right balance of local and Greater Manchester level support.

Members noted concerns across Greater Manchester regarding the announcement to abolish Healthwatch and the importance of retaining the patient and resident voice. The Integrated Care Partnership Board (ICPB) discussed the issue with Healthwatch present, leading to further discussions and a forthcoming meeting with the Greater Manchester Mayor. A plan would be drafted for Government, with content reviewed by Members at the ICPB meeting on 7 November 2025. Locality boards would review changes to ensure LAs remained engaged and informed.

The challenges of reaching vulnerable groups as services shifted from analogue to digital were discussed, noting concerns about digital exclusion among those with limited access. Ongoing work at a Greater Manchester and local levels would ensure inclusivity, including quality impact assessments and targeted communications. The Director of Communications and Engagement added that her team used a range of engagement methods beyond digital to reduce the risk that anyone was excluded. Members found this approach reassuring.

The Chair requested that Officers ensure future report updates included health inequalities, prevention, timelines, outcomes of any changes, and budgets as ongoing threads of interest to Members.

Resolved/-

1. That Prevention Demonstrator updates be provided to the Committee in a

timely matter with the next update being provided in six months' time.

2. That the VCFSE sector, provide a presentation at a future meeting on their view of the greatest health issues in GM. Subsequently, representatives from the VCFSE sector be invited to future meetings.
3. That Officers ensure all future report updates include health inequalities, prevention, timelines, and budgets as ongoing threads of interest to Members.

JHSC/46/25 NHS Greater Manchester's Operating Model in Response To the National Integrated Care Board (ICB) Reforms

The item on NHS Greater Manchester's Operating Model in response to National ICB reforms was partly deferred to the 11 November 2025 meeting. However, members received a verbal update from Jo Street, Programme Director, NHS Reform and Transition, and Claire Connor, Director of Communications and Engagement, NHS Greater Manchester, outlining progress, priorities, and next steps.

The main points referred:

- The update explained how NHS reform enabled integration of health and care in Greater Manchester.
- Clarified were direction, priorities, and next steps for NHS Greater Manchester in response to national reforms, building on local ambitions and a history of integration.
- The NHS reform programme set out that some responsibilities would gradually shift to providers, regional, or national teams, with changes requiring time and, in some cases, legislative action.
- ICBs were now intended to have a maximum operating cost of £19 per head, which for NHS Greater Manchester would mean a 39% reduction in operating costs. ICBs were expected to reduce operating costs, but no national approval for a redundancy scheme had been received.
- NHS Greater Manchester remained aligned with the GMCA footprint, with no plans to merge with other ICBs.

- The vision and six missions for Greater Manchester ICB remained unchanged, with accountability for £9 billion of health spend.
- The new Operating Model aimed to strengthen place partnerships, challenge silo working, and had been supported by two years of organisational development.

The Director of Communications and Engagement added:

- From the end of October 2025 and throughout November 2025, an engagement exercise for staff and stakeholders was scheduled.
- The exercise aimed to provide a comprehensive update on the new Operating Model and its implications.
- Staff had experienced significant uncertainty, and the engagement was intended to clarify what was known and unknown, including redundancies, timelines, and consultations.
- Staff were invited to give feedback and discuss how they wished to be supported during the transition.
- Members across the system were asked to facilitate conversations within their networks.
- A slide pack and supporting materials were to be provided for Members to aid their discussions.

A Member asked whether the £19 per head for operating costs was fixed or subject to change and also asked when the slide pack would be available. It was clarified that the ambition to move to £19 per head remained, but the timeline to achieve this was uncertain and could now span a number of years. The £19 per head referred only to the ICB's operating costs, primarily staff, and did not affect healthcare delivery funding. The stakeholder slide pack was expected to be available at the beginning of November 2025, and Members were advised to review the presentation when it was provided at the next meeting 11 November before sharing locally.

The Committee expressed concern about the uncertainty surrounding the reforms, noting that potentially 600 staff members and their families could be affected. Members discussed how best to support staff and their families during this period.

The Chair highlighted the importance of addressing uncertainty and questioned the lack of information regarding any potential redundancies. The Programme Director acknowledged the challenge, emphasised the leadership team's commitment to openness and transparency, and described efforts to provide as much information as known and wellbeing support. It was noted that the timeline for any potential redundancy scheme remained unclear and could extend into the next financial year. Messages of support from stakeholders had been received and shared with staff to help alleviate anxiety.

The Chair expressed that concern for staff was a key priority for the Committee and it was agreed that a letter would be written to them explaining the Committee supported them. A letter would also be written to government expressing the Committee's focus on the workforce and how staff needed clarity of timelines, delivery and potential funding. The Statutory Scrutiny Officer and Deputy Head of Governance and Scrutiny would draft the correspondence as soon as possible, which would be shared with Members.

Councillor Fielding added that the ICP Members expressed concern and disappointment about learning of Healthwatch and ICB changes through the press, describing it as inappropriate and frustrating. The uncertainty surrounding any redundancy scheme remained a worry, but ICP Members continued to lobby for clarity. It had been reported that staff members were reassured by the ICB's proactive communication and support, and it was noted that every effort had been made in Greater Manchester to comfort and reassure affected employees and their families.

The Committee discussed integrating funding into public health budgets across ten LAs from 2026/27 to strengthen LA approaches. It was confirmed that the shared footprint with the GMCA and the ten localities provided opportunities to improve efficiency in wider public spending. Within the reform programme, NHS Greater Manchester had reviewed 20 functions through appraisals to deliver differently and was exploring joined-up leadership and financial resources. It was advised that further details on operational arrangements and delivery for improved health outcomes would be provided at the next meeting. Members noted the timescale for

implementing the new Operating Model by the end of the 2026/27 financial year. It was reported that some elements might take longer, over two years, but a material impact was expected within the current year.

A Member asked about the impact of 600 potential redundancies and any evidence of staff leaving already and the impact on service provision. Officers responded that reducing 1,600 staff by 39% would potentially affect around 600 colleagues. It was confirmed actions were underway to minimise redundancies and create other employment opportunities. At the time, turnover, sickness, and absence remained static, which suggested staff commitment remained strong. Morale was acknowledged as low but monitored through leadership briefings.

Resolved:

1. That the update be received and noted.
2. That an agenda item on the Operating Model be considered at the next meeting.
3. That a slide deck and supporting materials be prepared for Members to aid their local and wider discussions.
4. That suitable letters be prepared by the Statutory Scrutiny Officer as soon as possible and shared with Members.

JHSC/47/25 Monthly Service Reconfiguration Report and Forward Look

This report was presented by Claire Connor, Director of Communications and Engagement, NHS Greater Manchester, which provided an overview of the Greater Manchester wide service redesign projects currently progressing through for engagement and/or consultation and wider engagement projects that were supporting strategy development or listening exercises.

The following projects had been added to the report:

- Ophthalmology – Over the summer, NHS Greater Manchester spoke to 300 people across the region to gather experiences of ophthalmology services, informing the new strategy developed by the Clinical Reference Group.
- Interpretation and Translation Service - In recent months, 418 people were engaged, including 117 British Sign Language (BSL) users. Insights from both exercises were used to shape service specifications and ensure they reflected service user needs.
- ME (Myalgic Encephalomyelitis), CFS (Chronic Fatigue Syndrome) and Long Covid – NHS Greater Manchester was creating a new service that was fit for purpose and ensured the patient voice was embedded throughout its design.

The Chair asked about monitoring the implementation of services and how results needed feeding back to the Committee. It was confirmed that once engagement had concluded implementation moved to separate teams but agreed future reports would include updates on progress and outcomes as a result of consultation and engagement.

A Member asked whether patient and public engagement, particularly with seldom-heard communities, had genuinely been reached and had influenced final decisions. It was confirmed that engagement had been meaningful and previous consultations as evidence were sited. It was agreed that future reports would include evidence of reaching hard to reach groups and how engagement influence decision s.

Resolved/-

1. That report authors would be encouraged to include updates on service progress and outcomes of consultations in future reports.
2. That the Director of Engagement and Communications would ensure that future reconfiguration reports included evidence of reaching hard to reach groups and how engagement had influenced decisions.

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. Major Trauma Review
3. NHS Greater Manchester's Operating Model
4. Adult ADHD Consultation Results
5. Diabetes and Cardio Vascular Disease Prevention (Deep Dive Presentation)

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

The Chair reminded report authors that they must ensure future report updates included health inequalities, prevention, timelines, outcomes of any changes, and budgets as ongoing threads of interest to Members.

Resolved/-

That the meeting on 11 November 2025 be extended by 30 minutes if required.

JHSC/49/25 Date and Time of Next Meeting

Tuesday 11 November 2025 at 10.00 am to 12.30 pm, Transport for Greater Manchester (TfGM), 2 Piccadilly Place, Manchester M1 2BG.