Minutes of the Annual Meeting of the Greater Manchester Joint Health Scrutiny Committee held on 15 September 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 Basil Curley	Manchester City Council
Councillor Pat Dale	Rochdale Council
Councillor Nathaniel Tetteh	Salford City Council
Councillor Sangita Patel	Tameside Council
Councillor Mark Tobin	Trafford Council

Officers in Attendance:

Charlotte Bailey	Chief Strategy, People and Partnerships Officer, NHS Greater Manchester (GM)
Aydin Djemal	VCSFE Representative
Jenny Hollamby	Governance and Scrutiny Officer, GMCA
Lindsay Kirby	Assistant Director, Communications and Engagement NHS GM
Kirit Patel	VCFSE Representative
Claire Smith	Associate Director Nursing and Quality Assurance, NHS GM
Rachel Tanner	Chair of ADASS and Director of Adult Social Services, Bolton Council
Jenny Wilkinson	Programme Manager for SEND, NHS GM

JHSC/35/26 Welcome & Apologies

The Chair opened the meeting and welcomed all those present.

Apologies for absence were received and noted from Councillor Rachel Bresnahan, Councillor David Harvey, Councillor Debbie Parkinson, and Councillor Julie Pattison.

Apologies were also received and noted from Claire Connor, Director of People. Communications and Engagement, NHS GM.

JHSC/36/26 Chair's Announcements and Urgent Business

The Chair advised that the NHS GM Reform and Workforce Update would be considered as the first substantive item on the agenda to accommodate Charlotte Bailey's prior commitment.

Members received an update on the Maternity and Early Years Task and Finish Group, which had commenced work following its scoping meeting on 9 September 2026. The GMCA Governance Officer would contact Members regarding future meetings and participation in the Group.

The Chair reported that Kirit Patel had stood down as the Committee's VCFSE Representative and thanked him for his contribution. Members welcomed Aydin Djemal, Chief Executive Officer of BHA for Equality, who would join the Committee as the new VCFSE Representative.

Members were also advised that monthly stakeholder briefings issued by the Northern Care Alliance (NCA) following meetings of the System Improvement Board would continue to be circulated by the GMCA Governance and Scrutiny Officer. A further discussion would take place at Item 9, Work Programme for the 2026/27 Municipal Year.

It was also agreed that Members would be polled on whether future meetings could start at 2.00 pm to avoid clashes with Councillor Basil Curley's Manchester City Council Audit Committee commitments.

Resolved/-

1. That the GMCA Governance & Scrutiny Officer poll Members to determine whether future meetings could commence at 2.00 pm to avoid clashes with Councillor Curley's Manchester City Council Audit Committee commitments.
2. That the GMCA Governance & Scrutiny Officer contact Members with dates/times for the Maternity and Early Years Task and Finish Group.

JHSC/37/26 Declarations of Interest

There were no declarations of interest received.

JHSC/38/26 To Approve the Minutes of the last meeting dated 11 August 2026

Resolved/-

That the minutes of the meeting held on 11 August 2026 be approved as a correct record.

JHSC/39/26 NHS GM Reform and Workforce Update

Charlotte Bailey, Chief Strategy, People and Partnerships Officer, NHS GM, introduced the item and outlined progress in NHS GM's reform and workforce programme, including Phase 1 delivery, development of the people and culture offer for the reshaped organisation, and priorities for Phase 2. Members' views were sought on the priorities and assurances set out in the report.

It was reported that:

- Phase 1 of the reform programme was nearing completion, with the new organisational structure now in operation and a small number of displaced colleagues continuing to be supported into suitable alternative employment.
- More than 300 colleagues had left NHS GM through voluntary redundancy schemes, which had reduced the need for compulsory redundancies.

- Equality monitoring had identified no evidence of disproportionate adverse impacts arising from the programme, although further assessment would be undertaken as implementation progressed.
- The programme had focused on culture, leadership development, staff experience and strengthening strategic commissioning capability alongside organisational restructuring.
- Phase 2 would focus on embedding the new arrangements, supporting staff in their roles and reviewing the effectiveness of the new structure.
- Implementation of the Place model, transfer of Individual Funding Requests (IFR) into NHS GM and development of an integrated GM Public Health Network would form part of Phase 2.
- The next phase of work would focus on embedding the changes, progressing organisational development activity and completing implementation of the strategic commissioning model.

In response to a question, it was reported that the changes had affected staff, including the loss of colleagues and the need to adapt to new roles, organisations and ways of working. Pulse survey feedback indicated that staff needed time to settle into the new arrangements. NHS GM continued to provide wellbeing support, monitor staff wellbeing and gather feedback through local pulse surveys and the national staff survey.

A Member asked about the quality and delivery of service. NHS GM had anticipated an impact on staff capacity during the transition period and had put business continuity arrangements in place, with activity focused on key organisational priorities. Whilst the period remained busy, particularly with winter approaching, mitigations were in place to minimise impacts on service delivery.

Concerns were raised about the employee relations and legal challenge risks identified in the report. It was reported that the employee relations risk related to staff adapting to new teams and different ways of working, including matrix working and greater collaboration across organisational priorities, whilst the legal challenge risk related to ensuring the redesigned organisation continued to meet its statutory duties, with checkpoints in place throughout the process to provide assurance.

It was asked if professional bodies and trade unions been engaged throughout the reform programme. It was explained that a partnership forum had been established at the start of the reform programme and met regularly throughout the process. Trade unions and staff representatives had been actively involved in consultation, scrutiny and co-design of the changes.

A Member enquired if health inequalities had been considered as part of the redesign. It was advised that tackling health inequalities remained a core purpose of NHS GM and had been embedded throughout the redesign programme. Further work would be undertaken through Phase 2, including place-based working with LAs to better meet the needs of residents.

It was clarified that Phase 2 would allow any issues identified during Phase 1 to be addressed. Review and evaluation arrangements were being developed and would consider issues such as statutory duties, vacancies, capacity and service risks, both at a GM and place level.

A Member asked what would happen to displaced staff and when information on the impact of the changes on staff would be available. It was advised that displaced colleagues were being supported to secure suitable alternative employment wherever possible and would only be made redundant where no suitable alternative role could be identified. It was added that staff feedback and workforce intelligence would be reported back to the Committee once the results of the national staff survey became available in early 2027.

In response to a question about the increase in recruitment of under-represented groups, it was advised that the information was available and would be circulated to Members. A report on the equality impact and workforce profile would be presented to the Integrated Care Board (ICB).

A Member asked whether staff terms and conditions, including sickness arrangements, were changing as part of the reform programme. It was clarified that terms and conditions had remained unchanged, although some changes had been made to arrangements for certain senior management and clinical roles in line with national policy.

It was confirmed that NHS GM had not made any changes to its sickness absence policy and that any future policy changes would be developed in consultation with staff representatives.

Resolved/-

1. That the Committee considered the progress made through Phase 1 and provided views on the approach to completing the remaining workforce processes, including the continued priority given to securing suitable alternative employment for displaced colleagues wherever reasonably possible.
2. Members considered the workforce mitigation and equality assurance set out in the report and indicated any further reassurance Members required as Phase 1 concluded, including in relation to the final Phase 1 equality impact assessment.
3. Members provided comments on the priorities for strengthening culture, leadership, inclusive ways of working and commissioning capability in the reshaped NHS GM.
4. That Members identified aspects of Phase 2 implementation, including the place model and service transfers, on which they would welcome further information or assurance as implementation progresses.
5. That NHS GM Officers provide a future update on staff voice, including Pulse survey feedback and staff survey intelligence.
6. That NHS GM Officers circulate information on recruitment levels and workforce equality data as part of the final impact report.
7. That NHS GM Officers return to the Committee in February/March 2027 to report on workforce impacts and staff feedback.

JHSC/40/26 Care Quality Commission (CQC) Assessment Data

Presented to Members was a follow up report on the Care Quality Commission (CQC) assessments of Adult Social Care (ASC) provision across GM. The presentation responded to the questions raised by the Committee at its July 2026 meeting regarding assessment outcomes, variation in performance across GM and the role of GM Association of Directors of ASC (ADASS), and arrangements to support improvements.

The main points referred:

- All GM LAs had now received published CQC assessment reports and ratings.
- Partnership working, communities, learning, improvement and innovation remained areas of strength across GM.
- Assessing need remained the principal area for improvement both locally and nationally.
- ADASS supported LAs through benchmarking, peer support and sector-led improvement.
- Learning from Wigan's Outstanding assessment and Salford's improvement programme was being shared across GM.
- Wigan's success reflected long-term investment in prevention, communities, neighbourhood working and digital innovation.
- Salford had strengthened governance, oversight and improvement arrangements and was bringing adult social care services back into council management.

A Member requested further information on Wigan's neighbourhood approach and use of artificial intelligence. It was reported that investment in VCFSE organisations, prevention services and support to reduce social isolation had strengthened community-based support. Wigan was also using data analytics and artificial intelligence to identify trends and inequalities, support assessments and reduce administrative burdens on social workers, enabling more time to be spent supporting residents.

A Member welcomed the learning from the CQC inspections and queried why Wigan's staff turnover was significantly below the national average. It was reported that factors may include culture, staff engagement, stable leadership and staff feeling valued. Good practice and learning would continue to be shared across partner organisations.

A Member queried whether Wigan's stronger outcomes reflected higher levels of funding or more effective use of resources. It was reported that comparisons were complex and influenced by a range of factors, including historic investment decisions, local demand, inequalities, the impact of Covid-19 and variations in funding and service models. Further work was underway to better understand these differences.

In response to questions around community capacity and neighbourhood working, GM authorities had strong VCFSE sectors and community networks. The Live Well approach aimed to strengthen community-led prevention and earlier intervention, moving beyond traditional social care responses and supporting a greater focus on upstream prevention. A future update was offered.

The Chair suggested a future update should focus on how learning from higher-performing authorities was being applied across GM, progress made against identified improvement areas and any changes emerging six months on. The Chair also requested an update on the Casey Review, national developments in adult social care and their implications for GM.

Resolved/-

1. That the presentation be received and noted.
2. That the Committee considered the responses to the questions raised at the July 2026 meeting.
3. Members noted the ongoing work being undertaken across GM to support continuous improvement in ASC.
4. That a broader ASC update be provided at a future meeting.
5. That a future update focus on how learning was being applied across GM, progress made against identified improvement areas and any changes emerging six months on.
6. The Chair also requested an update on the Casey Review, national developments in adult social care and their implications for GM.

JHSC/41/26 Update on Paediatric Audiology GM-wide Review

Claire Smith, Associate Director Nursing and Quality Assurance, and Jenny Wilkinson, Programme Management for Special Educational Needs and Disabilities (SEND) and Inclusion, NHS GM introduced a report that provided an update regarding the GM response to challenges with Paediatric Audiology services.

The main points referred:

- Site visits had been completed across all GM paediatric audiology services and four providers had undertaken recall clinics to review children's care.
- An independent provider had delivered services in Stockport, supporting more than 3,000 children and helping prepare for the phased reopening of the service.
- A GM-wide service specification was being developed to establish consistent standards and support a future model of care.
- Quality assurance visits identified areas for improvement relating to governance, audit processes, workforce and training.
- A GM Improvement Group had been established to oversee improvement plans and share learning across providers.
- Recall clinics had been undertaken in Stockport, Withington, Salford and Wrightington, Wigan and Leigh, with reviews undertaken by independent subject matter experts.
- Recall clinics were expected to conclude by the end of September 2026, with arrangements in place to follow up children who did not attend appointments.
- No significant harms had been identified to date through the recall process and the reviews had provided assurance regarding wider safeguarding and diagnostic arrangements.
- A regional review found that all providers had addressed identified improvement areas and were meeting national quality standards.
- The remaining areas for completion related to recall clinics and national UKAS accreditation requirements.
- Officers reported that quality standards had largely been evidenced across GM and that completion of the recall programme would provide a consistent assurance position across all services.
- Next steps included finalising the GM service specification and developing a business case to support equitable access to paediatric audiology services across GM.

The Chair requested additional data to support scrutiny of the recall programme, including the number of children reviewed and recalled. Officers confirmed that detailed assurance data, including recall numbers, risk categories and the regional action plan, could be

shared with Members. It was reported that Stockport had been the most significantly affected service, with around 250 children attending recall clinics, while the remaining recall cohorts were smaller and no significant harms had been identified to date.

A Member sought clarification on the causes of the systemic issues identified within paediatric audiology services. Officers advised that the issues were multifactorial and included variations in estates, equipment, training, workforce models, governance and audit arrangements. Strengthened training, peer review and audit processes had subsequently been introduced.

In response to a supplementary question regarding how misdiagnoses could occur at an individual practitioner level, Officers advised that paediatric hearing assessments were complex and relied on both technical testing and professional judgement. It was reported that stronger governance, external scrutiny, peer review and shared learning arrangements had been introduced to support consistency and reduce the risk of error.

A Member sought assurance regarding future arrangements for Stockport's paediatric audiology service when the independent sector contract ended. Officers advised that a phased reopening of the NHS service was underway, supported by a structured roadmap, with independent sector support continuing if required to maintain continuity of care. It was also noted that Stockport Foundation Trust had continued to provide hearing assessments through the ENT pathway.

A Member queried how consistency and quality could be assured where there was no single national standard for paediatric audiology services. Officers advised that a draft national service specification was in development, alongside a GM service specification, which would establish clear standards, quality measures and performance indicators across GM. It was reported that the GM specification was expected to progress through governance arrangements with implementation targeted for April 2027.

A Member sought clarification on how the Committee would be involved in the development of the new service specification and future proposals. It was confirmed that the Committee was able to provide views and ask questions as part of the process and would receive a further update on the final position.

A Member asked about support provided to families affected by the review. Officers advised that the National Deaf Children's Society had been involved at national and regional level, helping to represent the family voice and develop support materials for families. It was also reported that patient representatives were involved in the regional quality review process.

A Member asked what provision was available to support young people who used British Sign Language and whether there were any associated financial implications. Officers advised that British Sign Language support was provided through educational settings, supported by teachers of the deaf, and that funding formed part of existing education commissioning arrangements.

Resolved/-

1. That NHS GM Officers circulate detailed assurance data, including recall clinic numbers, risk categories and outcomes.
2. That NHS GM Officers circulate the regional consolidation report/action plan.
3. That the Committee endorsed the next steps outlined in the report (finalising the GM Paediatric Audiology Service specification, developing and submitting a business case for future service delivery, supporting providers to move to high assurance status, and continuing work to support the safe reopening of Stockport services).

JHSC/42/26 NHS GM Monthly Service Reconfiguration Progress Report and Forward Look along with Interim Updates on Specialist Cardiac Surgery and Specialist Vascular Surgery

Lindsay Kirby, Assistant Director of Communication and Engagement, NHS Greater Manchester, presented a report outlining service reconfigurations currently subject to engagement and/or consultation, together with updates on ongoing engagement activity. Interim updates on the Specialist Cardiac Surgery and Specialist Vascular Surgery consultations had been circulated with the agenda papers.

The Committee received an update on the specialist cardiac and vascular surgery consultations, which remained open until 22 September 2026.

- Responses had increased to 360 for the cardiac surgery consultation and 397 for the vascular surgery consultation.
- More than 300 people had been engaged through each consultation via face-to-face events and online focus groups.
- Targeted engagement had been undertaken with groups identified through the Equality Impact Assessment, including hospital patients, support groups, older people, faith groups, veterans and communities most affected by the proposals.
- Feedback on the cardiac surgery proposals remained broadly supportive.
- Feedback on the vascular surgery proposals continued to highlight concerns regarding the potential loss of services from Oldham, travel and public transport implications, capacity at Manchester Royal Infirmary and the impact on staff at the Royal Oldham.
- Both consultations were due to close on 22 September 2026, after which all feedback would be analysed and incorporated into final consultation reports.
- It was reported that no decisions had yet been made and that all feedback, including alternative proposals, would be considered before a decision was taken in early 2027.

A Member queried the lower level of consultation responses from Heywood, Middleton and Rochdale compared with Oldham. Officers advised that the figures reflected an earlier stage of the consultation process and anticipated that the final results would show a more balanced spread of responses across all affected areas.

Concerns were raised regarding travel and public transport implications arising from the proposals. Officers confirmed that travel and transport issues would form part of the overall consultation analysis and decision-making process.

A Member queried the level of engagement taking place in Salford. Officers advised that engagement activity had been targeted towards the areas most affected by the proposals, particularly Oldham and Rochdale. It was reported that additional engagement had taken

place since the publication of the interim report and a fuller update, including activity in Salford, would be provided in due course.

A Member requested further information on the reach and impact of the consultation's social media activity. Officers advised that the consultation had initially been subject to a limited launch due to the mayoral pre-election period, with paid social media activity only commencing shortly before the report was produced. A full breakdown of social media reach and engagement would be included in the final report.
The Chair commented that the final report should include information on current patient pathways and where would patients be treated following the changes.

A Member noted the relatively low level of responses from Tameside given the prevalence of cardiovascular disease. Officers advised that the figures reflected the midpoint of the consultation and that the final report would provide assurance on the full extent of engagement activity undertaken

Resolved/-

1. That the update be received and noted.
2. That NHS GM Officers provide a final report, including a breakdown of engagement by locality, social media reach and engagement metrics, and information showing where patients currently access services and how proposals would change this.

JHSC/43/26 Work Programme for the 2026/27 Municipal Year

The Chair presented a report that provided the Committee with its Work Programme 2026/27.

Items for the next meeting on 13 October 2026 were confirmed as:

1. Strategic Commissioning Plan
2. Integrated Care Board Update
3. Development of the North West Individual Funding Requests
4. Potential - Cardiovascular Disease Prevention (CVD) and Diabetes

The wider ASC Update would be considered on 10 November 2026 when NHS GM Officers were available.

It was noted that Members would consider any further scrutiny requirements following the NCA meeting on 24 September 2026.

Resolved/-

1. That the above items be considered at the next meeting on 13 October 2026.
2. That a wider ASC Update be considered on 10 November 2026.
3. That Members consider any further scrutiny requirements following the NCA meeting on 24 September 2026.

JHSC/44/26 Date and Time of Next Meeting

13 October 2026 at 10.00 am, Boardroom, GMCA (to be confirmed).