

Chair's Update September 2026

Since the last meeting there has been 2 GMCA Health Scrutiny meetings and there will be a Northern Care Alliance (NCA) meeting on the afternoon of our meeting. I will provide a verbal update for this meeting.

August GMCA Joint Health Scrutiny

The papers can be found here - <https://democracy.greatermanchester-ca.gov.uk/documents/g6194/Public%20reports%20pack%2011th-Aug-2026%2010.00%20Greater%20Manchester%20Joint%20Health%20Scrutiny%20Committee.pdf?T=10>

Maternity and Early Years

This was a much-welcomed item especially following a number of major incidents and the interest in this area from the new Secretary of State Yvette Cooper and Mayor of Manchester Bev Craig.

Some of the data was quite shocking – 65% of women giving birth need a high level of medical support, nearly 30% of children aged 0 – 5 experience disadvantage, maternal mortality is higher than at historic levels and GM is 4 percentage points behind national figures on school readiness.

We had members of the voluntary community there including a representative from Home Start.

At the end of the meeting, we decided to do a deep dive on this area and following an initial scoping meeting we will be looking at where we are now, having a visit to a family hub, looking at mental health issues, and hearing patient and community voice.

Health and Care Data and Intelligence in Greater Manchester

We had an overview of the Greater Manchester Care Record which is one of the most developed in the country. Its aim is that patients don't need to repeat their medical history, clinicians have access to the right information at the right time and in the right place, and clinicians will be better equipped to identify patterns and plan care more effectively to meet patient needs.

Usage is increasing across the NHS in GM.

We heard about a case study of Electronic Palliative Care Coordination System (EPaCCs) which has End of Life Planning information in one place and resulted in more people dying in the place of their choice.

Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector - Perspectives on Health Inequalities in Greater Manchester

The committee heard about the scale of the Voluntary Sector in GM. One interesting stat for me was that 71% are micro-organisations with turnover of less than £10,000 pa.

The key issues identified for contributing to Health Inequalities were poverty and the cost of living, mental health & wellbeing, access to services, prevention and early intervention, community innovation and good practice, and some groups were particularly effected.

They raised concerns about funding and sustainability of their sector.

Monthly Service Reconfiguration Report

The consultation for the specialised commissioning of cardiac and arterial vascular surgery is underway, and we had an update at the midpoint in the September committee meeting (see later).

We received an update about a review of 'Ambulance Handover and Corridor Care' with engagement work undertaken at Tameside Hospital. Key themes were long waiting times, waiting in corridors, communication and information, but also some positive feedback around staff attitude and effort, and positive experiences.

September GMCA Joint Health Scrutiny

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Care Quality Commission (CQC) Assessment Data

We were given the final position for all the boroughs with Wigan 'Outstanding'; Bury, Bolton, Manchester, Oldham, Rochdale and Stockport all 'Good'; Tameside and Trafford were 'Requires Improvement'; and Salford was 'Inadequate'.

We had more detail on ADASS (Directors of Adult Social Services) in GM and the NW. We heard that given our range of results, GM had approached Baroness Casey who is currently reviewing Adult Social Care about some input into her review.

Wigan came first in the country. We asked what they were doing to achieve this. This is on page 30 and is interesting reading. We asked questions about would parts of this be able to be replicated and were there funding or demographic barriers? The view was a neighbourhood, prevention and digital (time saving) approach was something all boroughs were trying to do.

We received some assurance on the Salford plan which includes a monthly assurance board.

In a future meeting we will look at some of the thematic issues (and positives) and how learning is being spread across GM.

NHS Greater Manchester Reform and Workforce Update

The committee were updated on the progress made in stage 1 which started in Nov 25 and is just ending now – the required change was a 39% reduction in running costs that resulted in over 300 staff leaving in one of the two rounds of voluntary redundancy.

There will now be the change around shifting from a large-scale organisation to a proportionate, modern service for a reshaped, more focused ICB. Working from a more proportionate resource base, the function will simplify and standardise processes, remove duplication, increase self-service, make greater use of digital tools and automation, and use workforce data and insight more consistently. There will be an all staff away day on 30th September.

Phase 2 will begin during the Autumn and completes implementation of the strategic commissioning model, ensuring that NHS GM is focused on the functions it needs to discharge as an effective strategic commissioner while functions better located closer to delivery, integration or Place move to the appropriate host or partner organisation. We heard about the move to the 'Place Model' and some moves into the ICB – Individual Funding Requests and Population Health Colleagues (an integrated team hosted by Manchester).

We were reminded that this is happening whilst the NHS is preparing for a busy upcoming winter.

Greater Manchester Paediatric Audiology Services

The committee received an update following last summer's report into systemic issues with Paediatric Audiology Services – across the country not just Manchester.

Stockport is now ready to start to reopen with NHS staff and the recall clinics at Withington, Salford and Wigan, Wrightington and Leigh, are nearly complete. The committee asked for stats about the result of these clinics and the number of children and families impacted.

We heard how there had been strong family involvement in the process around communications and better ways of working.

The committee will receive a final update in the future to include a GM Service Specification for Paediatric Audiology.

Monthly Service Reconfiguration Progress Report and Forward Look

The main item on this was the interim update on the consultation for specialist cardiac surgery. Because of the mayoral election, there was a soft launch with more activity in recent weeks. This data went to 10th August.

Because the consultation means Royal Oldham would not do surgery anymore, a lot of the focus and feedback will need to be in speaking to people in Bury, Rochdale and Oldham.

Concerns about travel (cost and time) to the proposed site in Wythenshawe and concerns about one site being able to have the capacity for all the patients have been the main issues raised so far.

The committee asked for an update when the consultation closes (likely November) which should include where patients go now and where they will have to go in the future – including volumes.

Work Programme

The GMCA Health Scrutiny Committee will be receiving monthly updates about the NCA issues. The committee noted the work at the NCA committee in the first instance and will review what needs to come to the GMCA committee at the next meeting.

NCA Meeting 24th September

The papers are here

<https://committees.oldham.gov.uk/documents/g9984/Public%20reports%20pack%2024th-Sep-2026%2014.00%20Joint%20Health%20Overview%20and%20Scrutiny%20Committee%20for%20Nort%20hern%20.pdf?T=10>

The agenda will include:

- NCA CQC and C4 response – update and action plan
- Clinical Leadership Update
- Cost Improvement Plans and Patient Impact
- Integrated Performance Report
- Work Programme