

**Minutes of the Annual Meeting of the Greater Manchester
Joint Health Scrutiny Committee held on 16 July 2024,
GMCA, Boardroom, 56 Oxford Street, Manchester M1 6EU**

Present:

Councillor David Sedgwick	Stockport Council (Chair)
Councillor Jackie Schofield	Bolton Council
Councillor Elizabeth FitzGerald	Bury Council
Councillor Eddie Moores	Oldham Council
Councillor Naila Sharif	Tameside Council
Councillor Ron Conway	Wigan Council

Officers in Attendance:

Sandy Bering	Strategic Lead Clinical Commissioner – Mental Health & Disabilities, NHS Greater Manchester
Claire Connor	Associate Director Communications & Engagement, NHS Greater Manchester
Warren Heppolette	<i>Chief Officer, Strategy & Innovation, NHS Greater Manchester</i>
<i>Jenny Hollamby</i>	<i>Senior Governance & Scrutiny Officer, GMCA</i>
<i>Harry Golby</i>	<i>Associate Director of Delivery & Transformation, NHS Greater Manchester</i>
Jane Pilkington Manchester	Director of Public Health, NHS Greater Manchester
Nicola Ward	Statutory Scrutiny Officer, GMCA

BOLTON
BURY

MANCHESTER
OLDHAM

ROCHDALE
SALFORD

STOCKPORT
TAMESIDE

TRAFFORD
WIGAN

JHSC/41/24 Welcome & Apologies

Introductions took place around the table.

Apologies were received and noted from City Mayor Paul Dennett, Councillor Linda Grooby, Councillor Zahid Hussain, Councillor Sophie Taylor, and Councillor Barry Winstanley.

JHS/42/24 Appointment of Chair

A nomination for Councillor David Sedgwick to be appointed as Chair was received and approved.

Councillor Sedgwick expressed gratitude to existing Members for their continued support and offered a warm welcome to new Members joining the Committee. The Chair acknowledged the outgoing Members and their valuable contributions throughout the previous year 2023/24.

RESOLVED/-

That Councillor David Sedgwick to appointed as Chair for the 2024/25 municipal year.

JHS/43/24 Appointment of Vice-Chair

Before seeking nominations, the Chair acknowledged the significant workload outlined in the Work Programme and the increased meeting frequency. Given his own full-time commitments, he emphasised the need for a Vice-Chair who could actively participate and cover some meetings.

Councillor Elizabeth FitzGerald nominated herself to be appointed as Vice-Chair, which was received and approved.

RESOLVED/-

That Councillor Elizabeth FitzGerlad be appointed as Vice-Chair for the 2024/25 municipal year.

JHS/44/24 Membership of the Committee 2024/25

RESOLVED/-

That the Membership for the 2024/25 municipal year be noted as below:

Authority	Member	Substitute Member
Bolton	Councillor Jackie Schofield (Labour)	Councillor Debbie Newall (Labour)
Bury	Councillor Elizabeth FitzGerald (Labour)	Councillor Joan Grimshaw (Labour)
Manchester	Councillor Zahid Hussain (Labour)	TBA
Oldham	Councillor Eddie Moores (Labour)	Councillor Peter Davies (Labour)
Rochdale	Councillor Peter Joinson (Labour)	Councillor Patricia Dale (Labour)
Salford	Councillor Irfan Syed (Labour)	Councillor Sammy Bellamy (Labour)
Stockport	Councillor David Sedgwick (Labour)	Councillor Wendy Wild (Labour)
Tameside	Councillor Naila Sharif (Labour)	Councillor Charlotte Martin (Labour)
Trafford	Councillor Sophie Taylor (Labour)	Councillor Barry Winstanley (Labour)
Wigan	Councillor Ron Conway (Labour)	Councillor Paul Molyneux (Labour)

**JHSC/45/24 Members Code of Conduct and Annual
Declaration Form**

RESOLVED/-

1. That the GMCA's Code of Conduct be noted.
2. That it be noted that all Members be requested to complete an annual Register of Interest Form.

JHSC/46/24 Terms of Reference for the 2024/25 Municipal Year

RESOLVED/-

That the Terms of Reference 2024/25 for the Committee be noted.

JHSC/47/24 Chair's Announcements and Urgent Business

The Chair informed the Committee that the workload this year would be considerably heavier due to the increased volume of work being undertaken. This included, notably, the scrutiny of NHS Greater Manchester's proposed service redesigns. Due to the anticipated significant meeting agendas and to guarantee representation for all Districts, the Chair emphasised the importance of substitutes attending meetings in the absence of a Member and that they were fully briefed beforehand.

RESOLVED/-

That it be noted that Member's would action the Chair's request for them to consult with their Substitutes so that they are prepared and briefed appropriately.

JHSC/48/24 Declarations of Interest

No declarations of interest were received in relation to any item on the agenda.

RESOLVED/-

That the minutes of the meeting held on 13 March 2024 be approved as a correct record.

Monthly Service Reconfiguration Progress Report and Forward Look

Claire Connor the Associate Director Communications & Engagement, NHS Greater Manchester presented a report and explained that this would be a standing agenda item to a monthly update on proposed service redesign projects and consultation/engagement exercises across Greater Manchester. It highlighted projects currently undergoing engagement or consultation activities. The scope of the projects varied and not all would require full consultation, but it was important that the Committee retained oversight.

A Member enquired whether the project list was final. It was clarified that the list was a living document and would be updated to reflect project lifecycles, including new initiatives, ongoing progress, and pauses or cancellations. It provided a high-level and overarching overview which would allow the Committee to stay informed about the latest developments and request further details on specific projects as needed. Work would take place to make sure the document was manageable to read.

The Chair concurred that the document was a valuable tool, particularly given the anticipated volume of business and commended its use as a tracking mechanism.

RESOLVED/-

It was noted that Committee welcomed and endorsed the report.

Members considered a report presented by Sandy Bering, Strategic Lead Clinical Commissioner – Mental Health & Disabilities and Claire Connor, Associate Director of Communications & Engagement, NHS Greater Manchester, to update Committee on NHS Greater Manchester’s review of adult ADHD services focusing on addressing unmet need, and for public involvement in support of this work.

The report outlined the challenges of increasing demand for adult ADHD diagnosis and treatment in Greater Manchester, exceeding NHS capacity. It proposed two options to address this issue. The first prioritised urgent cases with assessments, while still offering support to everyone. The second offered everyone initial resources, then prioritised those needing more help. Both options used a triage system to assess patients and public feedback on these proposals would inform the future of adult ADHD services.

It was reported that the demand for ADHD assessments and diagnoses had risen significantly in Greater Manchester and nationally. In Greater Manchester there were approximately 20k adults on the waiting list to seek a diagnosis. Increased public awareness, partly due to social media interactions during the pandemic, had likely contributed to this. However, it was important to ensure accurate diagnoses and avoid misinterpretations of ADHD symptoms.

The Committee was informed that there had been a rise ADHD diagnoses with some USA states now reporting the condition affecting 14.5% of boys and 8% girls. A concern was expressed about the potential impact of prescribed medication and the need for clearer communication regarding ADHD, including its definition and potential long-term effects of being medicated.

Members were informed that the rise in waiting times, had prompted an increase in patients seeking assessment and diagnosis from private providers through the Right to Choose arrangements. However, concerns were raised regarding the comprehensiveness of support offered. Additionally, the growing demand for adult ADHD services had led to a corresponding increase in overall costs.

Members heard that General Practitioners (GPs) reported feeling overwhelmed by the demand for ADHD services. In some parts of Greater Manchester, wait times for referrals could reach eight years under the current pathway if no changes were implemented.

Attention was drawn to the safety concerns around the current model. Many patients referred by GPs faced lengthy delays in assessment. The first-come, first-served approach prevented prioritising urgent cases.

In terms of public involvement, Claire Connor, Associate Director of Communications & Engagement, NHS Greater Manchester explained that to inform their review of adult ADHD services, a public engagement exercise had been conducted between February and March 2024. Over 500 people with ADHD or were on waiting lists participated in surveys and focus groups.

Long wait times and a lack of communication emerged as major concerns with the current system. Participants also highlighted the importance of a diagnosis for accessing support services and expressed frustration with private options. Building on this feedback, a Lived Experience Group recommended two options.

The first option would be to prioritise urgent cases through face-to-face triage while offering wider support. This ensured those needing the most help received it sooner, even if they did not receive an immediate diagnosis. Support services would also be offered to those who did not qualify for immediate diagnosis. The second option offered everyone on the waiting list an initial offer before triage. Whilst both approaches used triage for prioritising support, the preferred first option focused on earlier intervention. This ensured those in greatest need received support sooner and offered additional support to those who did not qualify for immediate diagnosis, rather than making it universally available. This targeted approach was felt to be able to maximise resource efficiency and most cost effective.

With the agreement of the Committee, the next steps would be the NHS England Service Reconfiguration Gateway process and notifying the Secretary of State for Health and Care. NHS Greater Manchester was keen to start consultation at the earliest opportunity to run for eight weeks. A Findings Report would be produced at

the end of the consultation which would be followed by a decision of the NHS GM Investment Assurance Group.

Members were advised that the issue with ADHD services was a national and international concern. NHS Greater Manchester was supporting a National Task Force focussed on addressing the issues.

A Member enquired about adult ADHD treatments. While The National Institute for Health and Care Excellence (NICE) guidance acknowledged ADHD often began in childhood, it could persist into adulthood. Recommended treatments included educational skills, psychological counselling, talking therapies, peer support groups, Cognitive Behaviour Therapy (CBT), healthy sleep habits, and regular exercise. Medication was typically reserved for severe cases. However, there was an ongoing and concerning medication shortage threatened those who needed it most as a result of over prescribing. Scaffolding, a form of non-medication support, which stretched capabilities and developed new skills was suggested as the primary approach for most patients.

A Member raised a question about whether staff had the right training as it was key for improving ADHD services. It was reported that a significant investment of £1.24b over 15 years would be needed to develop the number of staff needed, recognising the need to address current staff shortages.

A Member asked about the GPs who were feeling overwhelmed. It was suggested that GPs were under pressure in a number of areas but, likely to be further inflated due to surging ADHD referral numbers. Consideration was being given to broader support within primary care to empower GPs in managing these referrals. The high cost of initial appointments (£1.5k) and concerns about unnecessary referrals and appointments pointed to a need for a more efficient system to ensure appropriate referrals.

A Member asked how the Voluntary, Community and Social Enterprise (VCSE) sector would be involved in addressing the issue. Members heard that the proposed service redesign was looking to expand its reach by involving the VCSE sector. The sector would ideally lead the broader service offering with support from NHS Greater Manchester. This collaboration would ideally involve investing resources and capacity

building for local self-help support, creating a more comprehensive approach to ADHD services.

The NHS Greater Manchester ADHD proposed service redesign received positive feedback, with a Member commending the risk assessment included in the criteria. While they favoured the first option, the Member stressed the need for a swift risk assessment. This suggested a thoughtful approach to the redesign, balancing innovation with a focus on mitigating potential risks.

In terms of the next steps, a Member requested details and examples of the work taking place, particularly regarding vulnerable groups in the criminal justice system, facing substance abuse, and families as a whole. This emphasised the importance of offering triage, a wide range of services, and tailored support. Member's heard that NHS Greater Manchester's decision to be the first to consult highlighted the urgency. Previous challenges in other ADHD service areas, requiring intervention from the Secretary of State, underscored the need for a well-designed and effective redesign.

Questions about wait times and support for non-priority cases were addressed. The redesign proposed a Band 6 above level assessment within 30–40-minute appointments, with a target of 1,250 appointments offered initially. This aimed to significantly increase capacity from the current system, where triage was slow and appointments limited. NHS Greater Manchester was aiming for faster assessments under the first option, potentially within three months. A backlog and the need for risk assessments were acknowledged. Importantly, the redesign went beyond medication. It offered a wider offer including peer support groups and online therapies to address the needs of those who might not be prioritised for immediate assessment. This multi-pronged approach aimed to tackle wait times, provide alternative support structures, and ensured more efficient use of resources. Officers emphasised that not everyone needed medication, highlighting the need for a more nuanced approach.

A Member further asked about community involvement. It was advised that plans included peer-led support groups, where individuals could share experiences, as a valuable resource for adults with ADHD. Additionally, a large-scale public campaign aimed to educate the broader community about ADHD and alternative management options beyond medication. This multi-pronged approach aimed to foster both community support and individual empowerment.

Representation in the consultation process was a key concern raised by a Member and questioned the respondents were not representative of the community. The Member asked how NHS Greater Manchester was going to make sure the next version of the consultation encompassed a broad range of representation. It was highlighted that there would be regular checkpoints through the eight-week consultation process. Officers were working with the VCSE sector to help them reach the right people in the right places and to address the digital divide to reach people who did not have a voice. The importance of community outreach was highlighted when Members were asked to assist in reaching out to various groups.

Member's requested that they have sight of the consultation style with a contact plan when appropriate.

RESOLVED/-

1. That it be noted that the contents of the report were noted.
2. That it be noted that the Committee supported proceeding to consult on the identified options, on the basis that the proposals constituted a substantial variation.
3. That it be noted that NHS Greater Manchester asked Members to assist in reaching out to various groups.
4. That it be noted that Member's requested sight of the consultation style with a contact plan when appropriate.

JHSC/52/24 NHS Greater Manchester In Vitro Fertilisation (IVF) Service Redesign

Consideration was given to a report presented by Harry Golby, Associate Director of Delivery & Transformation and Claire Connor, Associate Director of Communications & Engagement, NHS Greater Manchester that updated the Committee on the plans for standardising access to IVF services across Greater Manchester and public involvement in this work.

Members were advised that NHS Greater Manchester was working to make IVF fairer. Currently, the number of funded cycles varied by location (1-3) and the plan was to standardise this number across the region. To obtain stakeholder input, NHS Greater Manchester had reviewed past public feedback and held new sessions. A Patient Advisory Group had also been created to consider guidance and policy. Next steps involved developing options for standardisation and evaluating them based on public feedback. There would then be a public consultation on the shortlisted options. The goal was a fair system where everyone in Greater Manchester had the same access to NHS-funded IVF cycles. It was recognised that changing the number of cycles for people who might be finding it difficult to get pregnant was a matter of great sensitivity as it was an often difficult and emotional pathway.

In terms of engagement and consultation, Claire Connor, Associate Director of Communications & Engagement, NHS Greater Manchester NHS Greater reported that work had built on past engagement efforts whilst acknowledging the need for updates and targeted outreach. Focused engagement activities from May to June 2024 addressed service gaps and explored public support for standardisation across the region.

A Member enquired about the discrepancy in the number of NHS and private IVF cycles, and questioned whether this disparity posed a further significant issue. It was reported that NHS Greater Manchester commissioned IVF services from two NHS and two private sector providers. While policy dictated that the private sector did not offer more IVF cycles than NHS Greater Manchester, a comparative analysis of cycle utilisation between the two sectors was recommended. A regulatory body oversaw both NHS and private IVF provision, and data collection between these sectors was underway.

A Member drew attention to the increased number of people traveling abroad for IVF treatment. Questions were raised about the availability of data on patient return, the level of NHS Greater Manchester support provided upon their return, the messaging around the potential risks of overseas treatment, and the financial implications of supporting patients who underwent IVF treatment abroad. It was explained that NHS Greater Manchester offered a specified amount of IVF treatment to patients. After exhausting these NHS-funded cycles, individuals had the option to pursue further treatment privately. Whilst the system allowed for this approach, there was no detailed

data available within NHS Greater Manchester on patient pathways post-NHS treatment. Although a national regulator held some relevant information, specific clinical data on this matter was not available.

The level of counselling and support for individuals undergoing IVF treatment was raised. It was reported that whilst the current focus of the redesign was on the number of IVF cycles, it was acknowledged that this formed part of a broader effort to enhance the entire fertility journey. Given that IVF was often a final step in this process, it could be particularly emotionally demanding. There was a growing recognition of the need to standardise the fertility pathway across Greater Manchester to improve overall patient experiences.

A Member asked about potential sex discrimination within the IVF process and enquired about measures to prevent it. It was acknowledged that distinct treatment pathways for same-sex couples were currently necessary, however, updates to NICE guidelines and a comprehensive policy review would take place at the right time. Members were reminded that the current focus of this piece of work was on the number of IVF cycles, rather than broader policy changes.

The Chair asked that the Committee be provided with regular IVF updates and further evidence to support the decision-making process for any standardisation.

RESOLVED/-

1. That it be noted that the Committee acknowledged the contents of the report.
2. That it be noted that the Committee confirmed that the review and proposals to standardise IVF cycles across Greater Manchester constituted substantial variation.
3. That it be noted that Members requested the comparable data of IFV cycles between NHS Greater Manchester and the private sector in a future IVF update.

JHSC/53/24

**Committee Work Programme for the 2024/25
Municipal Year**

The Statutory Scrutiny Officer, GMCA presented to Members documents to aid work programming at the meeting.

- Annex 1 Draft Committee Work Programme for the 2024/25 Municipal Year
- Annex 2 Items to be Scheduled into the Work Programme
- Annex 3 Items Previously Considered by the Committee in 2023/24 and 2022/23
- Annex 4 Items to be considered by GM Districts in 2024/25

Members were reminded that this was a working document which would be updated throughout the year.

The Statutory Scrutiny Officer, GMCA informed Members that a dedicated Work Programme activity would be scheduled in the near future.

RESOLVED/-

1. That it be noted that the Work Programme be updated following the meeting.
2. That it be noted that a dedicated Work Programme activity would be scheduled in the near future.

JHSC/54/24

Dates and Times of Future Meetings

All meetings would be held in the Boardroom, GMCA on the following Tuesdays at 10.00 am:

- 13 August 2024
- 10 September 2024
- 15 October 2024
- 12 November 2024
- 10 December 2024
- 21 January 2025
- 18 February 2025
- 18 March 2025