

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 27 November 2025

Present: Councillor E FitzGerald (in the Chair)
Councillors S Haroon, N Frith, C Boles, L Ryder, M Rubinstein,
R Brown and K Simpson

Also in attendance: Will Blandamer Executive Director Health and Adult Care,
Stuart Richardson Chief Executive Bury Hospice, Dr Cathy
Fines, Cllr T Tariq Cabinet member for Health and Adult Care

Public Attendance: One Member of the Public attended the meeting

Apologies for Absence: Councillor I Rizvi, Councillor L McBriar and Councillor
D Duncalfe

HSC.87 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.88 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.89 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 25th September 2025 were agreed as an accurate record.

Matters arising: At the previous meeting, the Committee supported the inclusion of health outcomes within the Local Plan through the Supplementary Planning Document (SPD). Members may recall that similar references were made in the Licensing document considered by Full Council. The SPD will be circulated in (January) for review. Members are asked to confirm whether formal agreement is required at the next meeting or if endorsement can be provided via circulation.

HSC.90 PUBLIC QUESTION TIME

A member of the public attended to ask a question in which they raised concerns regarding the adequacy of care provided to her mother by Bury Council

Cllr Tariq expressed apologies that the matter had come to a public forum and assured that the issue will be addressed by Adult Social Care. He emphasised that all care should meet high standards and confirmed that safeguarding and quality assurance processes will be reviewed to ensure this does not happen again.

Following the meeting the issues were resolved the very next day.

HSC.91 MEMBER QUESTION TIME

There were no member questions.

HSC.92 HOSPICE SERVICES: OVERVIEW OF PALLIATIVE AND END-OF-LIFE CARE

The Chair invited Stuart Richardson, Chief Executive of Bury Hospice, to present his update. Stuart provided a detailed overview of the progress achieved over the past 18 months, noting significant improvements in service delivery, the development of a clearer long-term vision, and a continued commitment to timely and effective person-centred care. He noted that recent performance data demonstrates Bury has the second-lowest proportion of patients dying in hospital, indicating improved access to community-based and hospice care. Stuart also highlighted recent quarterly data showing that increasing numbers of people are receiving support in their preferred place of care, with Salford currently performing slightly ahead but Bury showing sustained progress.

Stuart described the refreshed end-of-life strategy, which aligns with NHS England guidance and the Northwest phase-of-care model. The strategy emphasises personalised care throughout the final years of life, improved use of digital information-sharing via EPACs, and closer integration with social care to create stronger pathways across the borough. He also outlined the substantial financial challenge faced by the Hospice, which must raise £4 million annually through community fundraising and charitable income. Operating all 12 inpatient beds would require an additional £2 million per year. Stuart noted ongoing pressures relating to seven-day specialist palliative provision and gaps in IT infrastructure, while emphasising the strong partnership relationships across Bury that support progress.

Members raised a range of questions. Cllr Frith sought clarity on funding required to bring all beds into use. Cllr Simpson queried the basis of the “second-lowest” ranking, with Stuart and Will Blandamer confirming this relates to the proportion of Bury patients who die in hospital compared to other localities. Will thanked Stuart for his leadership and highlighted Bury’s strong position within GM regarding hospital admissions and preferred place of death. Cllr Tariq also thanked the Hospice for its work and emphasised its value as a community institution, stressing the need for system-wide support, alignment with the NHS 10-year plan, and continued investment through fundraising, charity shops and estate maintenance.

In response to Cllr Rubinstein’s questions about bed capacity and supporting diverse communities, Stuart outlined the work of the bereavement team, which supports over 700 individuals despite only having two staff. He described the Sunflower Group for bereaved children and stressed that the Hospice offers person-centred counselling to people of all faiths and backgrounds. Cllr Boles raised issues around primary care capacity, and Stuart acknowledged the pressures on general practice but noted the opportunities created by supporting people to remain well at home.

Dr Cathy Fines added that end-of-life care requires integrated working between GPs, district nurses and specialist teams, and emphasised the importance of timely, efficient processes that respect patients’ preferred place of death.

Will Blandamer expanded on the system-wide pressures, explaining that growth in demand for palliative care will require “right-sizing” of services and a shift toward community provision in line with the NHS 10-year plan. Cllr FitzGerald asked whether resource planning would be reflected in forthcoming strategies. Stuart confirmed that further work is underway and will be reported back to the Committee once demand modelling and gap analysis are complete. Members agreed that a more detailed update will be brought back to a future meeting, alongside a forward-plan item on the impact of an ageing population.

Cllr Simpson, speaking as a veteran, asked whether the Hospice could further support local veterans. Details of veteran support networks have since been shared with him. Cllr FitzGerald also raised concerns about recent challenging end-of-life experiences in the community. Stuart

explained that such cases are reviewed by the strategy group, and learning is shared across services. Dr Fines noted the key role of the Medical Examiner in capturing feedback from families, ensuring concerns are identified and acted upon.

It Was Agreed

- The Update be noted
- Stuart be thanked for attending the meeting to provide an update
- To bring back a report on future system risks
- Bring back an update on the impact of the ageing population

HSC.93 NEIGHBOURHOOD WORKING AND 'LIVE WELL' INITIATIVES

Will Blandamer Executive Director for Health and Adult Care provided an overview of the long-standing ambition to build integrated neighbourhood teams, bringing together staff from different services with a shared goal of improving the quality of care and outcomes. He emphasised the importance of prevention and early intervention to reduce reliance on reactive services and urgent care, supporting people to remain well and independent. Integrated neighbourhood teams have been in place since 2019 and include Northern Care Alliance staff and GPs at the core, with consultants working outside hospitals. He explained that the Public Service Leadership Team connects services beyond health, addressing wider issues such as school readiness, housing conditions and knife crime, and that this work is supported by strong practice and investment, including through the VCFA.

Will also outlined the development of Family Hubs and integration with children's services as part of a joined-up approach, alongside the introduction of the Live Well model launched by the GM Mayor. This model aims to create Live Well Centres in each of the five neighbourhoods by 2030, with the first centre planned for Whitefield. This development is supported by GM funding, part of which has been allocated to the VCFE, and will provide a base for integrated neighbourhood teams as well as family hub services. He noted that this work aligns with the "Let's Do It" strategy and requires a comprehensive estates framework to ensure neighbourhood assets are utilised effectively.

During discussion, Councillor Boles queried potential delays in the rollout of Family Hubs and whether any work had been undertaken on asset management and reconfiguration. Will Blandamer confirmed that work is progressing with children's services and that an estates framework is being developed to support delivery. Councillor Tariq highlighted the importance of public service reform and expressed optimism about the progress being made, noting that this approach is integral to the operation of health and care services in the borough.

Under the Radcliffe Communities of People Plan, it was noted that Gorsefield Primary School now hosts a Live Well area within the school, enabling engagement with the most vulnerable residents. Members expressed hope that this initiative will lead to improvements and make a real difference to the lives of residents, with advice given to maintain strong oversight of this agenda. Concerns were raised about national and local challenges, and members were encouraged to continue discussions on progress with the Live Well agenda, with a suggestion to invite Lynne Ridsdale to a future meeting.

An update was provided on Greater Manchester's Live Well programme, which was highlighted as an exemplar in Bury within the Team Bury report and at partnership level. There was optimism that Bury can progress ahead of schedule, with strong foundations already in place. The VCFA was noted as receiving £350,000 for future sustainability work in the Besses area, which was described as an important and exciting development within the Public Service Leadership agenda. Issues such as cuckooing in Whitefield were also referenced as part of wider community concerns.

Councillor FitzGerald asked when the committee would receive information on the asset review and how this would be addressed and monitored. It was agreed to add this to the forward plan, alongside an update on Live Well and integrated working linked to health inequalities. Councillor Tariq highlighted improvements in data and targets around school readiness and good living development, noting that more young people are meeting these standards, with Family Hubs playing a key role. Will Blandamer provided an update on Whitefield and confirmed that a wider asset plan is being developed to connect Live Well and Family Hubs, with a commitment to bring this forward in the new municipal year around September.

Councillor Rubinstein raised points about organisational culture, noting that building relationships in health and care takes time and requires a focus on integration. It was confirmed that the Whitefield ARC site would be available to all residents, not just those in Whitefield. Councillor Tariq added that organisational culture in Bury benefits from strong examples of partnership working, though there are risks in public service reform that need to be managed. Dr Cathy Fines agreed that integration takes time and emphasised the importance of getting estates planning right to support this work.

Councillor Simpson expressed support for the initiative but raised concerns about funding for expansion and long-term sustainability. It was noted that initial funding represents a down payment, with hopes for further investment and creative use of resources. Provision has been made in the Medium-Term Financial Strategy, with a focus on Whitefield, and the ambition is for the model to become self-sustaining over time. Councillor FitzGerald commented on NHS reforms and funding pressures, noting that the first wave of funding is a joint programme between NHS GM and GMCA, and that national efforts aim to create opportunities for investment despite significant demand pressures.

Councillor Boles raised the need for a supporting workforce strategy, including CPD and additional roles.

Will Blandamer agreed to take this suggestion to the Public Service Reform Steering Group. It was recommended that a workforce strategy be developed to support the Live Well initiative, and members were informed that a strategic lead is being recruited to oversee this work. Councillor Frith stressed the importance of maintaining community-based services and avoiding relocation to hospital settings, which was supported by Will Blandamer and Dr Cathy Fines, who confirmed that NCA clinicians are keen to return to community-based care.

Councillor Rubinstein reflected on the wider benefits of Live Well, noting that healthier communities contribute to economic growth and improved quality of life, aligning with Greater Manchester policy. Councillor Tariq acknowledged the challenge of connecting economic growth with health outcomes and referenced the “Work Well” initiative as part of this approach. It was agreed that the Public Health Annual Report should be included as a future agenda item to provide challenge and accountability on inclusive growth and health inequalities. Members also discussed the need for a strategy to deliver five Live Well Centres across the borough, learning from the Whitefield pilot and considering funding requirements as part of future planning.

It Was Agreed:

- The update be noted

The Chair provided an update following the recent Scrutiny Sub-Group meeting, which examined the structural review and service changes at NHS Greater Manchester. It was noted that there is overlap with the current report, and updates from the subgroup will be provided at relevant points once the minutes are available.

The 10-Year Health Plan and Strategy was discussed, reiterating priorities around hospital-to-community care, analogue-to-digital transformation, and shifting from sickness to prevention. Members noted that a briefing on the Live Well programme had been provided earlier in the meeting. It was also reported that Andy Burnham has written to government regarding the closure of Healthwatch, stressing the importance of maintaining an independent patient voice.

The Committee considered NHS GM's Operating Model in response to national ICB reforms. Previous meetings highlighted uncertainty for staff, and letters were sent to staff and government about the impact of delays. A model framework has since been shared, and government announcements confirmed a requirement to reduce the workforce by 39% by 2026/27, with voluntary redundancy schemes already underway in Bury. Will Blandamer confirmed that the first wave of VR will conclude before Christmas, after which compulsory redundancies may be considered. The Committee agreed to monitor the impact of these changes on Bury residents and receive an update at the March meeting when the position is clearer.

Service reconfigurations were also reviewed. Members discussed the proposed changes to ADHD services following public consultation, which supported a triage-based system to prioritise clinical care for those most in need. Clinicians will return in June/July to report on the impact of the new pathway. It was agreed that this topic will come to Health Scrutiny for a joint meeting with Children's Scrutiny in January, which will also cover maternity services. Additional engagement exercises were noted, including Ophthalmology, Interpretation and Translation, and ME/Chronic Fatigue Syndrome/Long Covid.

Finally, the Committee received a deep dive report on cardiovascular disease prevention and diabetes, highlighting ongoing trials and the relationship between deprivation and health outcomes, including the contrasting trends for diabetes and hypertension.

It Was Agreed:

- The update be noted

a FEEDBACK FROM THE HEALTH SCRUTINY SUB-GROUP

This item's minutes were covered in the chair's standing item.

HSC.95 CARE QUALITY COMMISSION (CQC) UPDATE

The Committee was informed that there have been three recent visits from the Care Quality Commission (CQC) to adult services. Falcon and Griffin services in Bury were inspected and received a rating of "Good" in all domains, and congratulations were extended to the teams involved. A CQC visit to Killalea base for intermediate care provision has taken place, and the judgement is awaited, with an outcome expected around Christmas. A full CQC inspection of adult services was also carried out by a team of seven inspectors, and the outcome is not yet known, with results anticipated in late January at the earliest.

Councillor Tariq took the opportunity to thank all staff for their hard work and reflected on the progress made since the LGA peer review in spring. He explained that the CQC process involves early engagement followed by an on-site presence several months later, which in Bury included extra care schemes and intermediate care provision. This inspection was seen

as a valuable opportunity to showcase partnership working and the quality of services. The Committee noted that the formal assessment is expected in early 2026 and expressed hope that this will provide further recognition of staff efforts to support vulnerable residents. At a Greater Manchester level, a benchmarking event is planned for March or April.

It was Agreed:

- Update be noted

HSC.96 URGENT BUSINESS

The Chair raised the recent planning application for Fairfield Hospital and asked whether Will Blandamer could provide a short update or advise if this should be covered in a separate meeting or circulated to councillors. It was agreed that information on the Fairfield General expansion will be circulated to all councillors via the newsletter. Will Blandamer provided a brief overview of the planned additions to Fairfield as part of the expansion.

The Chair reminded members that the next meeting in January will be a partially joint meeting with Children's Scrutiny. This will include two reports before moving to the rest of the agenda: Adults and Children's ADHD pathways and Maternity Services. The latter will also allow questions regarding the recent coroner's inquest into the deaths of Jennifer Cahill and Agnes Lily in Prestwich.

Actions

- Circulate details of the Fairfield Hospital planning application and expansion to all councillors via the newsletter.
- Invite all Children's Scrutiny members to the January Health Scrutiny meeting for joint discussion on ADHD pathways and Maternity Services.

COUNCILLOR E FITZGERALD

Chair

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)