AGENDA FOR

HEALTH SCRUTINY COMMITTEE

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To: All Members of Health Scrutiny Committee

Councillors : E FitzGerald (Chair), S Haroon, N Frith, C Boles, L Ryder, M Rubinstein, I Rizvi, L McBriar, R Brown, D Duncalfe and K Simpson

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Thursday, 27 November 2025
Place:	Council Chamber, Town Hall, Bury, BL9 0SW
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

3 MINUTES OF THE LAST MEETING *(Pages 5 - 14)*

The minutes from the meeting held on 25th September 2025 are attached for approval.

4 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

5 MEMBER QUESTION TIME

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee.

6 HOSPICE SERVICES: OVERVIEW OF PALLIATIVE AND END-OF-LIFE CARE *(Pages 15 - 28)*

Stuart Richardson CEO Bury Hospice in attendance to support this item

7 NEIGHBOURHOOD WORKING AND 'LIVE WELL' INITIATIVES *(Pages 29 - 52)*

Update from Will Blandamer Executive Director Executive Director (Health and Adult Care)

8 CHAIRS STANDING ITEM - UPDATE FROM GREATER MANCHESTER MEETINGS *(Pages 53 - 56)*

Update from the Chair Councillor E FitzGerald to report on Greater Manchester Meetings

a FEEDBACK FROM THE HEALTH SCRUTINY SUB-GROUP

Feedback from Sub Group Discussion from the 24th November which will cover the NHS Operating model, minutes will be circulated prior to the meeting for discussion

9 CARE QUALITY COMMISSION (CQC) UPDATE

Verbal Update regarding the recent CQC inspection

10 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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Agenda Item 3

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 25 September 2025

Present: Councillor E FitzGerald (in the Chair)
Councillors S Haroon, N Frith, C Boles, M Rubinstein, I Rizvi, L McBriar, R Brown, D Duncalfe, K Simpson and D Quinn

Also in attendance: Will Blandamer Executive Director of Health and Adult Care, Jon Hobday Director of Public Health, Adrian Crook Director of , Francesca Vale , David Latham, Kath Wynne-Jones Councillor T Tariq Cabinet Member for Adult Care, Health, and Public Service Reform

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Councillor L Ryder

HSC.75 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.76 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.77 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 15th July 2025 were agreed as an accurate record.

HSC.78 PUBLIC QUESTION TIME

There were no public questions.

HSC.79 MEMBER QUESTION TIME

Member questions were submitted in advance but these were addressed in urgent business at the end of the meeting.

HSC.80 UPDATE ON THE OPERATION OF THE URGENT CARE SYSTEM (WINTER PLANNING)

The Chair invited David Latham, Programme Manager for Urgent Care at NHS GM (Bury), and Kath Wynne-Jones, Chief Officer of the Bury Integrated Delivery Board, to provide an update on the operation of the urgent care system and winter planning preparations.

Kath Wynne-Jones began by offering a strategic overview of the Hospital at Home services and the Live Well programme. She emphasized the importance of integrating neighbourhood teams and refreshing the approach to multi-disciplinary working. The presentation slides outlined the integrated delivery programme, which aims to standardize health services and foster collaboration between neighbourhood and healthcare teams. Kath highlighted the

positive outcomes achieved in terms of admission avoidance and managing patient volumes. She confirmed that the refreshed neighbourhood model would be brought to the committee in the coming months to provide further context for winter planning over the next 18 months.

David Latham followed with a performance update, focusing on urgent care metrics. He reported improvements in the four-hour A&E target, with Bury achieving 74% in July and 72% in August, and Fairfield Hospital reaching between 73.3% and 75%, making it the second-best performer in Greater Manchester. He also noted a significant reduction in 12-hour waits, with figures dropping from 341 in July to 314 in August, well below the national ceiling of 577 patients. Ambulance handover times were another area of success, with Bury achieving an average of 16 minutes and 28 seconds, surpassing both the national target of 35 minutes and the GM stretch target of 25 minutes and 24 seconds.

David acknowledged a slight increase in patients staying in hospital for more than 21 days in August and mentioned ongoing efforts to understand and address this issue. He also discussed the Days Kept Away from Home (DKAH) metric, noting that while targets are not yet met, improvements are being made. Unplanned hospital admissions for patients over 65 were reported to be better than most areas in Greater Manchester, with some pockets of improvement still needed.

Regarding winter planning, David described a regional event held to discuss transfers and escalation procedures, with a Bury team scheduled to attend a major event on October 3rd. He confirmed that the Northern Care Alliance (NCA) had submitted its winter plan, incorporating local input. Daily escalation and planning meetings are now in place, and a Winter Planning Subgroup has been established to coordinate efforts across local partners. This subgroup is responsible for refreshing OPAL cards, setting escalation triggers, and providing training for on-call managers. Plans for respiratory hubs and vaccination targets were also outlined.

During the discussion, several councillors raised questions and comments. Councillor McBriar expressed concern about the impact of anti-vaccination sentiment. Jon Hobday from Public Health responded by explaining the multifaceted reasons behind low vaccination uptake, including misinformation and access issues. He emphasized ongoing work with primary care to address inequalities and the importance of councillors advocating for vaccinations.

Councillor Duncalfe inquired about COVID-specific planning. Jon Hobday assured that symptom awareness and self-care are being promoted, with clinical discretion guiding treatment approaches. Councillor Haroon questioned missed targets, to which Adrian Crook responded by highlighting Bury's strong performance relative to national benchmarks and the challenges posed by ambitious targets and data collection issues.

Councillor Tariq emphasized the broader system pressures, including mental health and workforce challenges, and stressed the importance of integrated working across NHS, social care, and the voluntary sector. Councillor Boles asked about financial implications, and Will Blandamer reassured that core schemes are funded and discharge capacity is protected.

Councillors FitzGerald and Frith discussed public perception and data visibility. Adrian Crook confirmed that performance data is shared with the Department of Health and Social Care and may prompt a ministerial visit. Councillor Quinn raised concerns about low vaccination uptake among vulnerable groups, and Jon Hobday confirmed ongoing monitoring and engagement efforts.

It was agreed:

- To bring back to the committee around vaccination programmes,

- Materials on vaccination hesitancy to be circulated to members.

HSC.81 ADULT SOCIAL CARE PERFORMANCE QUARTER ONE REPORT 2025/26

The Committee considered the Q1 Adult Social Care performance report, which had previously been presented to Cabinet. Members were reminded of their responsibility to scrutinise the performance of service providers and to ensure that the health needs of local residents are central to the commissioning, delivery, and development of services.

Councillor Tariq, Cabinet Member for Adult Care, Health and Public Service Reform, introduced the item and highlighted areas of progress and concern. He noted that performance improvements are ongoing, with digital transformation underway and developments in care home provision. Bury has achieved a strong national ranking 8th out of 154 and has secured its first veteran-friendly care home accreditation this quarter. Recruitment and retention remain key priorities, with 83 new carers identified and 5 carers supported under the current carers strategy.

Adrian Crook director of adult social care provided further detail, referencing the safeguarding audit which engaged 150 individuals, most of whom reported feeling safe. However, he acknowledged that further work is needed. The national Adult Social Care survey had a low response rate, and while some indicators have improved, others have declined. Locally, efforts are being made to make surveys more personal and conversational, including live verbal questioning. A supervision framework has been introduced to support social workers dealing with complex cases, and feedback on workforce engagement and internal systems has been positive.

Councillor Simpson welcomed the veteran-friendly accreditation and requested an update on the specific care home undergoing the accreditation process. This was noted as an action for follow-up. Councillor Quinn raised concerns about the limitations of national surveys, and Adrian Crook confirmed that while national formats cannot be changed, local surveys are being adapted to better reflect individual experiences.

Councillor Boles asked about support for carers managing increasingly complex cases. Adrian Crook explained that the new supervision framework allows staff to access support flexibly and efficiently.

Councillor Haroon expressed concern about the report's findings on social anxiety and mental health decline, particularly the data on page 56. Adrian Crook confirmed that this issue has been flagged in red and will be added to the work plan following further discovery work. He also noted that the number of people reporting adequate social contact has increased.

Councillor McBriar stressed the importance of learning from areas of decline, particularly in relation to people with learning disabilities. Adrian Crook responded that while the sample size was small, this remains a priority area. Improvements to the Council's website were also noted, with usability shifting from "really difficult" to "fairly difficult," which was seen as a positive development.

Councillor FitzGerald welcomed the low vacancy rates and improvements in apprenticeship uptake. She requested clarification on the data presented on page 8 regarding resolution at first contact, and whether differences in local authority service models might explain the outcomes. Officers will investigate and report back.

The Committee agreed to revisit the issue of social isolation in six months and to schedule a future agenda item focused on carers and the evolving nature of their support needs. It was

acknowledged that these improvements will take time and that further updates will be provided as annual measures are reviewed.

It Was Agreed

- The update be noted
- Look to revisit social isolation at a future meeting once this has been looked at further

HSC.82 FOOD AND HEALTH STRATEGY

Francesca Vale Public Health Practitioner (Food & Health) opened the agenda item on Bury's Food and Health Strategy - Eat, Live, Love Food with a presentation on Bury's food journey.

Bury Food Partnership launched in 2021 with 25+ cross sectors partners interested in healthier and sustainable food, this has now expanded to 85+ partners working collaboratively across the borough. Francesca explained how the food strategy is integrated within Bury's Lets Strategy and alignment with complementary strategies has opened the way for food related issues to be considered in many areas (anti-poverty, climate action, cultural and economic growth).

The Partnership used the Sustainable Food Places themes to map activity, impact, and collective achievements (encompassing food governance, healthy food for all, catering and procurement, good food movement, sustainable food economy, food for the planet). Bury was awarded the Sustainable Food Places Bronze Award in 2022 and quickly progressed to achieving the Silver Award in 2024, the first area in Greater Manchester to do so.

The Committee heard that Bury's food system transformation has gained national and internation attention, with the Partnership presenting at Westminster and being invited to participate in the EU Cascade Cities Peer Learning Programme and EU Clever Food Programme, embracing many learning insights, and applying these into our local policies.

Bury Schools Catering serves 10,000 meals per day. Francesca described how the service has set high standards and seasonal menus, shortened supply chains, brought SME's into procurement framework, increased organic procurement and made cost savings. Bury Catering have now achieved the prestigious Food for Life Served Here Gold certification from the Soil Association for serving healthy and sustainable meals across 56 sites in Sept 2025.

Francesca also highlighted the recent launch of the "Right to Grow" campaign in June. This growing initiative aims to bring residents together, nurture local environments, and boost health and wellbeing across the borough. Growing offers many benefits, from improved mental and physical wellbeing through activity in nature, increased access to fresh food, and the strengthening of community bonds. A lack of available land close to people's homes can be an obstacle to more people growing. To help address this issue, Incredible Edible Prestwich and District, Lancashire Wildlife Trust, Bury Council's Planning, Parks & Countryside, Grounds Maintenance, Public Health and the Bury Voluntary, Community and Faith Alliance have all come together to look at planning, licensing, and to create a single food map of established community growing sites and potential future growing spaces. Community growing advice and resources are available, and successful applicants will be issued with a Licence Agreement.

The Committee discussed the national challenges around Free School Meal auto-enrolment. The Partnership have supported the implementation of Free Schools Meals Auto Enrolment in Bury and has seen amazing first results from bringing in this new process. Bury Schools Catering Service reaches 52/69 primary schools and 4/14 secondary schools. Since auto-

enrolment meal uptake for Free School Meals increased by 18.4% in our Bury Catering managed schools. 6281 meals were ordered in the week before Easter (April) compared to 7439 meals in the week after auto-enrolment, giving an extra 1158 meals, this equates to an extra 232 children receiving FSMs. Rev's and Benefits will repeat the auto enrolment process at the Oct 2025 Census (for schools who participate with Bury's Council Tax Eligibility Function).

Attention then turned to the Fast-Food Matrix and its relationship with planning policy. Councillor Frith commended the breadth of work and asked how the matrix would be monitored and managed going forward. Jon Hobday responded that while existing fast food outlets cannot be closed, the Council is working to control the density and proliferation of new ones. He acknowledged the tension between commercial convenience and public health, noting that demand for fast food will persist unless healthy diets and habits are more widely adopted.

Councillor Boles raised concerns about the number of takeaways and suggested that a motion be brought to Council to prevent further increases. He also noted that St John's and St Mark's school is piloting a breakfast club initiative. Jon Hobday confirmed that a Supplementary Planning Document (SPD) is being developed specifically to address fast food planning applications. The SPD contains five or six recommendations aimed at managing the concentration of fast food outlets and mitigating their impact on health outcomes.

However, Adrian Crook cautioned that without a Local Plan, the SPD could be overlooked by the Planning Committee. Councillor FitzGerald echoed this concern, asking whether the Committee could formally support the SPD to strengthen its influence. Councillor Duncalfe referenced the Planning Policy Framework (PPF), noting that any plan must be aligned with national guidance. Councillor Simpson added that the government had published further detail on planning today, which may affect local approaches.

Councillor Boles reiterated the need to understand the full impact of takeaway proliferation, referencing a figure of 165.7 (context to be clarified). He proposed that the Committee ensure the SPD includes provisions that could be triangulated and used as substantial evidence at Planning Committee level. There was broad support for this approach, with members agreeing to back the SPD and bring it to Committee for review.

Councillor Rubinstein asked whether the Committee could support healthier catering awards, though monitoring remains a challenge. Councillor Brown raised the issue of land availability for community growing, noting that while there is support for initiatives like Incredible Edible, there is a lack of secure, usable land.

The Committee agreed to seek further information on both the Incredible Edible and the Right to Grow campaign. Members expressed interest in ensuring future planning documents include provisions for community gardens and growing spaces, with legal mechanisms to secure land use.
The meeting concluded with a shared commitment to support the SPD, promote sustainable food initiatives, and continue advocating for healthier environments across Bury.

It was agreed:

- The update be noted
- Francesca be thanked for her efforts and extend this to colleagues
- To bring back the SPD to the committee in the future

HSC.83 OFSTED JUDGEMENT AND DFE/NHSE STOCKTAKE ON SEND PARTNERSHIP

The Committee received a verbal update regarding the recent regulatory scrutiny of services for children and young people, particularly those with Special Educational Needs and Disabilities (SEND). A note from Will Blandamer was referenced, which will be read into the record.

It was acknowledged that services for children delivered by the Council had previously been judged inadequate by Ofsted. Furthermore, the joint inspection of SEND services by Ofsted and the Care Quality Commission (CQC) identified widespread and systemic failures across both the Council and NHS Greater Manchester (GM), acting as the Integrated Care Board (ICB).

The Children's Scrutiny Committee continues to be the primary forum for monitoring the improvement plan for children's services. However, it was noted that the Health Scrutiny Committee retains the authority to scrutinise NHS services, which is particularly relevant given the joint nature of the SEND inspection.

The improvement plan for Council Children's Services recognises the essential role of partnership working, involving Health partners, Greater Manchester Police (GMP), and other agencies. In relation to SEND, the inspection and subsequent improvement efforts are a shared responsibility between the Council and NHS GM.

Councillor Boles raised concerns regarding the level of assurance that NHS partners would provide in supporting the improvement plan. In response, Will Blandamer confirmed that he would continue to work closely with NHS colleagues to ensure robust support for looked-after children and broader SEND services.

The Committee heard updates on the involvement of community paediatrics and the Voluntary, Community and Faith Sector (VCFS) in supporting improvements, particularly around Education, Health and Care Plans (EHCPs) and the NHS's role within the Multi-Agency Safeguarding Hub (MASH).

Councillor Fitz queried the development of the Children's Neurodevelopment Hub and its potential impact on children in Bury. Will Blandamer responded that while Child and Adolescent Mental Health Services (CAMHS) face significant challenges in meeting demand—especially for children with autism and ADHD—there is a growing emphasis on providing support during waiting periods. He highlighted the pilot work underway in Bury to establish Neurodiversity Hubs, which aim to offer a focal point for support and interventions based on a social model of care.

Ten localities have commissioned a provider to define the service model for Bury's Neurodiversity Hub. The Parent Carer Forum, including the well-established FIRST POINT group, has been actively engaged, alongside the Change Makers group, to shape the service in collaboration with the neighbourhood team.

Councillor Fitzgerald asked whether all relevant roles within the service had been filled. It was confirmed that additional funding from the ICB has been allocated to CAMHS in Bury, including support for SENCOs. However, it was acknowledged that current demand continues to outpace capacity, and further development of CAMHS services is required.

The Council, through its Medium-Term Financial Strategy (MTFS), has established a specialist SEND Health Visitor team, which is now fully staffed. This initiative is subject to recognition through an NHS Health Service Award.

Given the increasing demand for services, the Committee discussed the appropriate timing for receiving a formal report on the Neurodiversity Hubs. It was agreed that a future agenda item should be scheduled for either the Children's Scrutiny Committee or the Health Scrutiny Committee, depending on the scope of the report.

Councillor Tariq commended the work of the Educational Psychology Team, led by Wendy, noting its transformative impact on SENCOs and the wider system. The Committee recognised this as a significant success and expressed hope for its continued development.

HSC.84 CHAIRS STANDING ITEM UPDATE FROM GREATER MANCHESTER MEETINGS

Councillor E. FitzGerald gave a brief overview of the GMCA Health Scrutiny Committee, highlighting its role in overseeing health-related developments across Greater Manchester and ensuring accountability in decision-making. She introduced the first item on the agenda: the final report from the "In Her Shoes" Task and Finish Group, chaired by Councillor Helen Hibbert. This review focused on the safety of women and girls on public transport and included 15 sessions with contributions from senior figures such as Vernon Everitt and Kate Green. The report, which had previously gone to full Council but was not discussed due to time constraints, contains 26 recommendations ranging from strategic design improvements to practical interventions like increased staffing and better digital tools. The committee discussed issues including misogyny, the experiences of disabled women, and how the findings could be applied locally—particularly in Bury, where a new bus station is planned. Members also raised the importance of bystander training and the broader health impacts of transport insecurity, especially for women who avoid public transport or outdoor exercise due to safety concerns. It was agreed that the report should be raised locally and shared with the Bee Network Committee if not already done.

The second item was an update from NHS Greater Manchester on workforce challenges following national reforms. The committee expressed concern over the closure of NHS England, a 39% budget cut to the ICB, and the pressures on local Trusts. The report presented was found to be outdated, missing key data such as the 600 job losses resulting from the budget cut. Members questioned how staff were being supported and how survey participation could be improved, noting that the consultation process had not yet begun. It was confirmed that changes to SEND and Safeguarding responsibilities would be delayed by 12 months. Due to the lack of detail, the committee did not endorse the reform approach but acknowledged the work being undertaken.
Further updates included the monthly service reconfiguration report, which tracks progress on various changes. Notably, Adult ADHD and IVF services will undergo clinical decision-making before implementation, while Children's ADHD and Diabetes Education services are already being rolled out.

The committee also reviewed NHS GM's revised engagement plan for procedures of limited clinical value. Instead of reviewing 50 procedures at once, the new approach will assess them in batches over a five-year cycle. Current procedures under review include split/torn earlobes, shoulder impingement, and assisted conception, with a new commissioning statement being developed for shockwave therapy for tendinopathies. Finally, the committee updated its work plan to include elective waiting times and NHS league tables for future scrutiny.

The Chair provided a verbal update from the Northern Care Alliance this included an overview of the designated clinical offer, noting limitations in implementing outcomes. Key concerns were raised around staff sickness absence, stress, and target achievement, particularly in Bury where performance is below expectations. Post-Christmas fracture rates have improved due to elective waiting list reductions, though around 80% of patients on the list may need committee attention. The importance of patient experience was highlighted, with reference to the Darzi review and the government's 10-year plan. Innovative participation models, such as Oldham's pilot involving student-led patient engagement, were discussed.

It was agreed:

- The update be noted.

HSC.85 SUB GROUP DISCUSSION UPDATE

A meeting was to discuss the anticipated scope of the upcoming review. The discussion focused on two key areas:

1. **National Reforms** – including changes within NHS England (NHSE), the reduction in Integrated Care Boards (ICBs), developments in Healthwatch, and the introduction of NHS league tables.
2. **NHS Greater Manchester Sustainability Plan** – including ongoing service reconfigurations already underway across the region.

The group agreed that the central concern of the review should be to ensure that residents of Bury are not adversely affected by these changes, and that the reforms and reconfigurations lead to improved health services locally.
Timelines were considered during the meeting. It was noted that many of the NHS GM plans are already being implemented, and the group will need to monitor these changes closely. The national reforms are expected to be largely in place by April 2026, providing a clear timeframe for scrutiny and engagement.

The next step identified was to engage with Will Blandamer and to circulate relevant documents to ensure that all group members are fully informed of the changes and their implications.

Given that the work of this group is likely to continue into the next council year, it was agreed that additional members would be welcome. Expanding the group would help ensure its resilience and continuity over time.

HSC.86 URGENT BUSINESS

Questions submitted in advance of the meeting by Councillor D Quinn as these were unable to be asked at member question time these were addressed at urgent business.

- Please could I have an update regarding dementia screening for people with learning disabilities now that the learning disability team does not undertake this process.

Adrian Crook Director of Community Commissioning explained that Guidance is contradictory and we are doing the discovery of what we should be doing

- Have GP's been made aware of this change and provided the appropriate screening tool.

The elements within the health check and should be delivered in primary care not done by pennine Will update Councillor Quinn and will get back to Cllr Quinn from Adrian Crook

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 9.30 pm)

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NHS Greater Manchester

Bury Palliative End of Life Care Update

Health Scrutiny Committee – November 2025

Part of Greater Manchester Integrated Care Partnership

Introduction

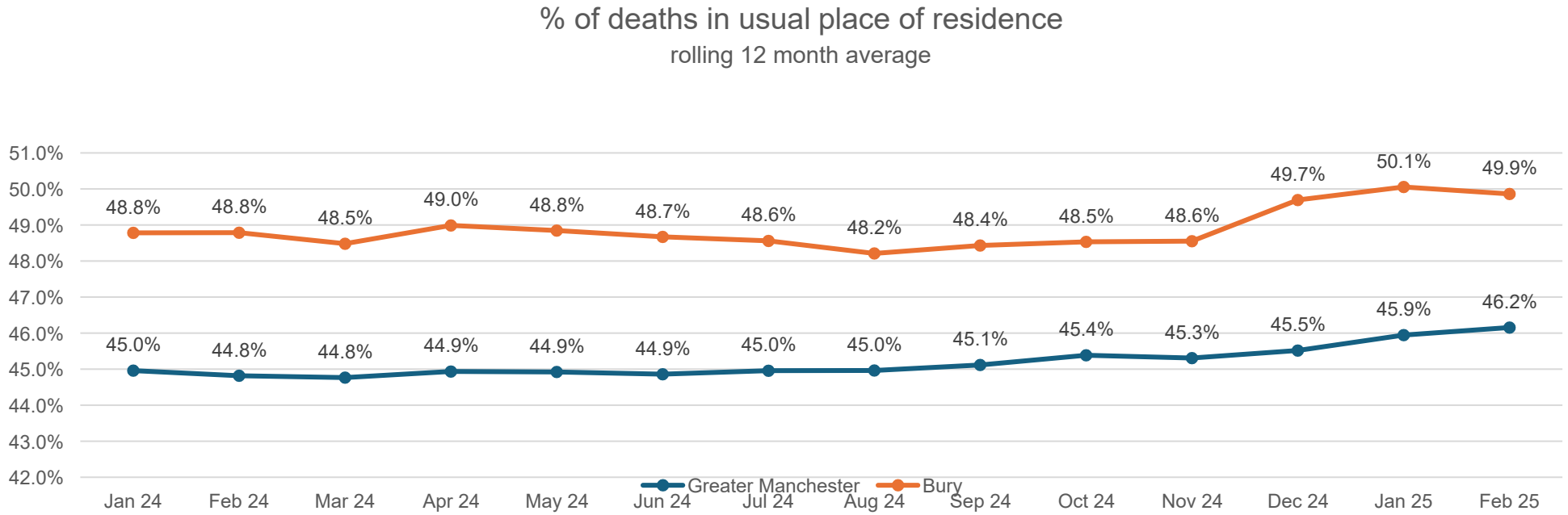
NHS Greater Manchester

- Two new SRO's/Chairs – Stuart Richardson (CEO Bury Hospice) and Richard Bulman (NCA Director of Nursing). Deputy Karen Richardson (Assistant Director Transformation /Delivery)
- Palliative and End of Life (PEoLC) 2024-28 Strategy & Delivery Plan is in place.
- PEoLC Programme Board has been revised, new ToR, membership & meeting schedule.
- A multi – organisational Clinical and Professional PEoLC Working Group (Feb 2025) – chaired Dr Caradoc Morris (Bury Consultant in Palliative Medicine)
- The Hospice multi agency Bury PEoLC Education and Training Working Group defined priorities

Bury's Palliative and End of Life Vision

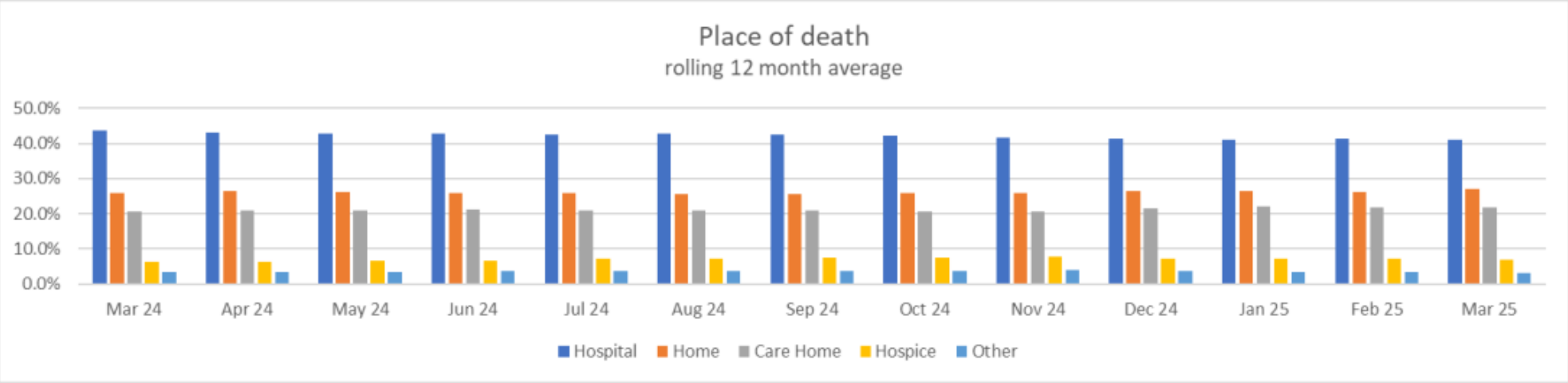
'Bury patients, their families and carers receive high quality, timely, effective services that meets needs and preferences as far as possible, ensuring that respect and dignity is preserved both during and after the patient's life.'

Performance Data

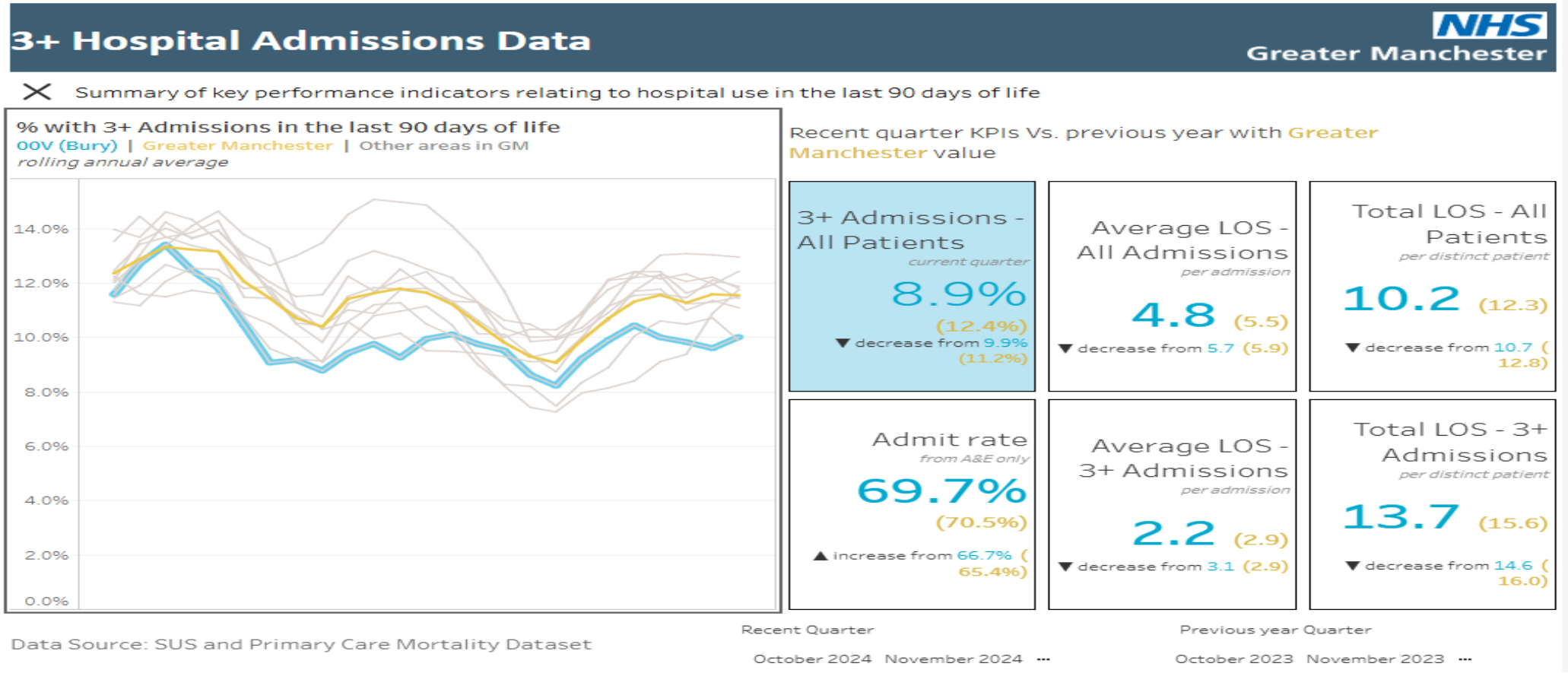


Bury continues to have the highest proportion of deaths in usual place of residence in GM and has done so for c18months.

Performance Data



- Place of death has remained fairly static
- Bury has the second lowest proportion of deaths in hospital after Rochdale.
- There is a static trend of deaths in hospital for Bury residents.



- Date range – 2019 Q1 – 2025 Q1
- In the last reporting quarter Bury had the 2nd lowest % of patients with 3+ admissions in the last 90 and 360 days of life in GM [Salford marginally lower on both metrics]

NHSE PEoLC Context

NHS Greater Manchester

Six ambitions to bring that vision about

01 Each person is seen as an individual

02 Each person gets fair access to care

03 Maximising comfort and wellbeing

04 Care is coordinated

05 All staff are prepared to care

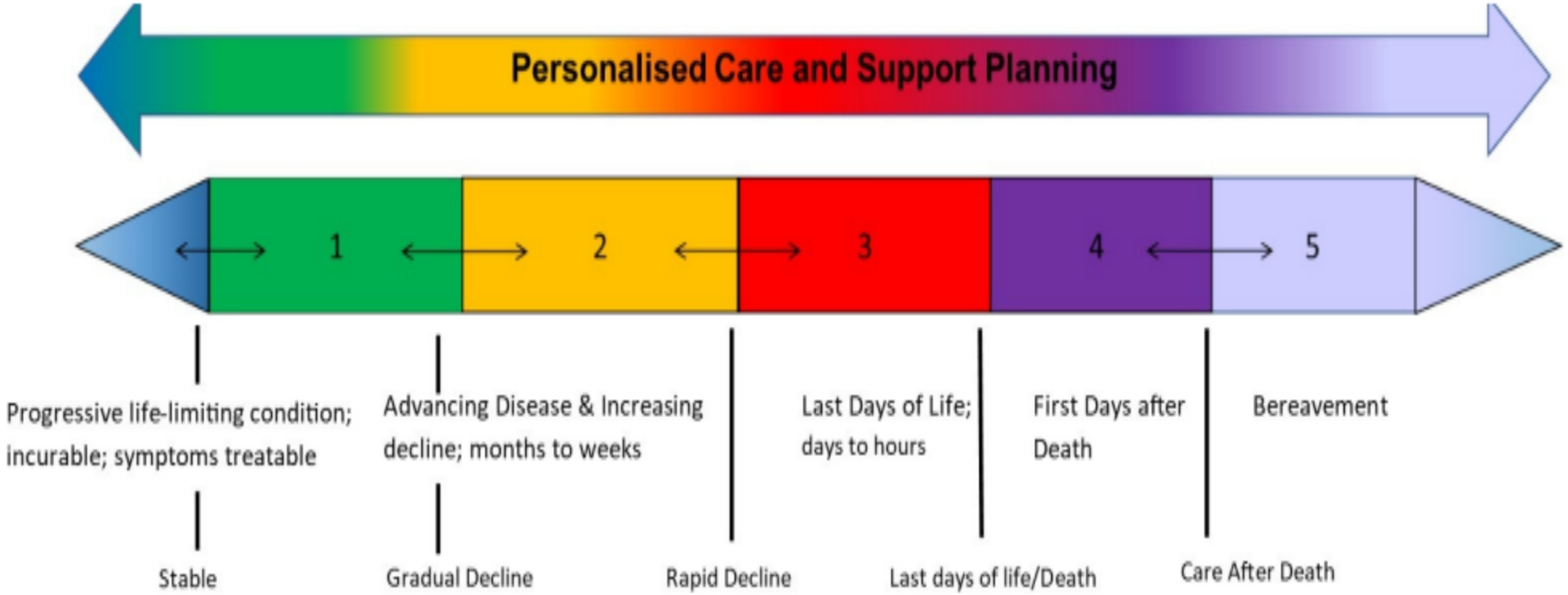
06 Each community is prepared to help

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

Northwest Model for Life Limiting Conditions

Supporting people to live well in the last years of their life before dying in the place of their choice with peace and dignity; supporting families and carers through bereavement.



GM All Age Proposed Key Deliverables for PEoLC

NHS Greater Manchester

1. Increase the identification of individuals in the last year of life and understand the prevalence of palliative care for babies' children and young people.
2. Increase the opportunity for personalised care conversations and future care planning.
3. Increase digital sharing of PEoLC information for all ages through the GM Care Record.
4. Improve data and intelligence to support effective commissioning of PEoLC across the system.
5. Address workforce planning to ensure an available workforce with the right skills to support the delivery of 24 hours 7-day services in PEoLC for all ages.
6. Grow compassionate communities.
7. Address unwarranted variation and inequalities in PEoLC provision
8. Professionals providing care for babies, children and adults with life-limiting illnesses should receive specific training and education in PEoLC care and in communication skills.
9. Every family shall have timely access to practical support, including clinical equipment, financial grants, and benefits.
10. To ensure commissioning arrangements to support PEoLC provision are in place to provide a seamless provision of care.

Bury Integrated Locality Plan – 2025/26
PEoLC Priorities

The main programmes of work for 2025/26 are aimed at increasing the capacity and capability of community based provision and improving care co-ordination.

Priorities include:

1. **The phased roll-out of an Electronic Palliative Care Co-ordination System [EPaCCS].**
2. **The delivery of a programme of workforce development and training.**
3. **A programme of work to improve integrated working and community pathways and for the provision of specialist palliative care.**

The work will be led through the Bury Palliative & EoLC Board supported by the Palliative & EoLC Clinical and Professional Delivery Group with key partners including Bury Hospice, the NCA Community and Hospital Palliative Care Teams as well as wider community health teams.

Education and Training deliverables for 2024/23

1. Roll out of GM Hospices Palliative Care Education Passport
2. Evening Teaching Sessions
3. Advance Care Planning sessions
4. Gold Standards Framework Meetings/GPs
5. Link Professionals Group
6. Registered Nurse Verification of Expected Adult Death

It is important to emphasise that even though there is frequently a lead organisation facilitating training and education, in reality, it takes a collaborative and co-ordinated approach that works towards progress in Bury.

Priorities for PEoLC Education in 2025/26

NHS Greater Manchester

1. Plan and deliver a modular based programme of PEoLC modules including key topics such as Advance Care Planning, symptom management, palliative care emergencies, Oral Care, nutrition and hydration, care in the last days of life, care after death and Hospice Awareness sessions.
2. Continue support for general practices to hold regular Gold Standards Framework Meetings and consider targeted support where there is variation in uptake.
3. Continue progress with roll out of Registered Nurse Verification of Death across the borough.
4. Focus on care homes, identifying and consider how to address needs around palliative & EOLC care in the first instance. The SPCT educator will contact all Residential and Nursing Care Homes in Bury and invite managers to discuss what learning is required.
5. Focus on improving uptake of the Individual Plan of Care and Support for the dying person across the borough.
6. Improve reporting of progress and outcomes for the priorities, quarterly or six monthly, to the Palliative & EOLC Clinical and Professional Delivery Group.
7. In the Acute hospital, prioritise education regarding nutrition and hydration assessments and management plans in the last days and hours of life, as noted in our Action Plan from the National Audit of Care at the End of Life (NACEL) 2024.

Challenges

- The resources needed to deliver the Bury PEoLC Strategy though a significant period of organisational change.
- We need a sustainable financial model for our Hospice.
- Community Specialist Palliative Care Team and limitations to provide a 7 day palliative care service
- Lack of IT system interoperability between organsiations (we are a prime area to pilot a new integrated IT model)

Opportunities

- Relationships across the system are strong and focussed on a single aim; we are in a great place to address the requirements of the NHS 10 year plan.
- Palliative Care and end-of Life support at the centre of the new Neighbourhood Health Service available to everyone.
- We have shown we can move together as a partnership at pace to ensure changes are clinically led and we actually make things happen – exciting times ahead.

Neighbourhood Working in Bury
A Context for the Implementation of Live Well

Paper for Health Scrutiny Meeting

Will Blandamer
27/11/25

1. Locality Plan Commitments

Locality Plan Priorities

We work together across the Bury Integrated Care Partnership to :-	
1	Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas
2	Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention
3	Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care
4	Optimise Care in institutional settings and prioritising the key characteristics of reform.

Neighbourhood Working

- The neighbourhood level is the **building block** for organisations to work together and the **foundational unit for delivery** recognised across public service organisations.
- There is a **look and feel of one public service workforce functioning together**, unrestricted by role titles or organisational boundaries – working for the place and people.
- **Aligning services** within and around neighbourhood areas allows us to **start with the person and begin in the home**.
- The benefits to our populations are both **better integrated delivery** and **targeted approaches to enable early intervention to prevent future problems**.
- This approach will **help to reduce pressure on acute and specialist services**, allowing them to focus their resources on those who need it most.
- It relies on a level of **integrated leadership, accountability, performance and governance structures**.

Our Neighbourhood Model Principles

- Reflective of the 5 main towns in the borough – Whitefield, Prestwich, Radcliffe, Bury and Ramsbottom – each of which has its town centre masterplan thus connecting reform to growth
- Creating opportunities for front line staff to know each other and problem solve and not just refer to each
- Integrated public service teams – covering the range of preventative support across health and care, community safety, employment support, housing and the VCFSE
- Shared appreciation of the strengths and assets of the community
- Co-location of teams and partner agencies. Shared resources, skills and strengths
- Daily huddles and MDTs – bringing partners together to get to the root cause of issues and support those in the community most at risk
- Combining models of risk stratification to identify cohorts of avoidable risk, harm and cost, with the knowledge and experience of people in the place
- A more strategic approach to investment– for example scaled up investment in housing with care. Investing in prevention and community resilience – including through VCFSE partners
- Improving economic activity and participation – for example, DWP trailblazer opportunity
- Better organised public services but with a shared approach to engaging communities and residents differently.

2. Neighbourhood Working in NHS plan

- The NHS plan emphasizes integrated care, prevention, and community-based support to improve health outcomes and reduce pressure on hospitals.
- Neighbourhood working is central to this vision, bringing together health, social care, and voluntary services at a local level. It fosters collaboration among professionals and residents to address specific community needs, tackle inequalities, and promote wellbeing.
- By aligning services around neighbourhoods, the NHS aims to deliver more personalized, proactive care, closer to home. This approach strengthens relationships, builds trust, and empowers communities to take an active role in shaping their health and care services.

3. programme Working in the borough.

Integrated Neighbourhood Working in Bury

Joined up services across 5 identified neighbourhoods; working with communities to relentlessly focus on prevention and earlier early intervention; maximising local assets and spaces in each neighbourhood to enable people to thrive.

Bury's model of 'integrated support' with a neighbourhood focus by default:

North	East	West	Whitefield	Prestwich
Each neighbourhood has a Neighbourhood profile and analysis of need, identification of cohorts of risk to tailor and target integrated person-centred activity				
Co-located multidisciplinary teams in each neighbourhood, led by a Public Service Leadership Team, integrating 'integrated support' through a 'Team Around' approach. Includes housing engagement; health and care integrated leads; social prescribers; employment support; Live and Stay Well; police and fire neighbourhood leads; Family Help leads; public health; voluntary sector infrastructure representatives				
Joint delivery of strengthened Integrated Neighbourhood Team (INTs) (Adult Care and Health) model including social prescribing and increasing alignment of mental health early intervention and prevention.				
Rapidly developing model of family hubs described by neighbourhood and delivering the prevention and early intervention strategy for children and increasingly connected to schools				
Finalising the Live Well model and specifically within this the neighbourhood-based employment support model.				
Strengths based approach built on LETS Behaviours to further engagement, participation and reduce inequalities, e.g co-designing interventions with lived experience groups.				
Collective insight of community assets and networks, with which to work with communities and connect people at place as examples of Live Well spaces, coordinated by Bury Voluntary, Community and Faith Alliance				

Refreshing Neighbourhoods Working in Health and Care in Bury

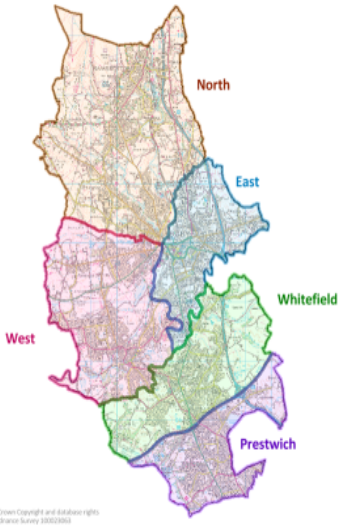
We will build on the existing Neighbourhood infrastructure of Integrated Neighbourhood Teams and Public Service Leadership Teams to work with our partners to deliver implement the NHSE Neighbourhood health guidelines and GM Neighbourhood model. The emphasis will be on:

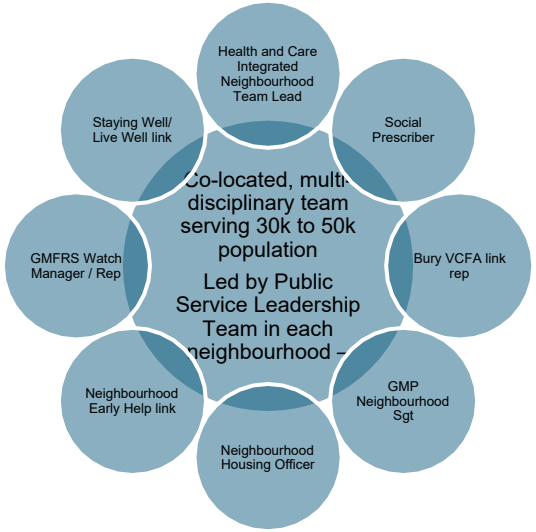
- Providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible.
- Promoting self-care, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health.
- Identifying opportunities for greater use of digital infrastructure and solutions to improve care.
- Supporting further service integration and joined up working between services including the VCSE.

Priorities:

1. Review the existing model of Active Case Management and MDTs and implement recommendations including the development of improved approach to impact evaluation.
2. Development and delivery of the Neighbourhood plans aligned to the local GP contract and agreed population health priorities with an emphasis on proactive personalised care and secondary prevention for CVD, respiratory and frailty, maintaining active input from health and care partners into the Public Service Leadership Teams and development and delivery of Neighbourhood People & Communities Plans.
3. Strengthen communication and integrated planning and delivery between key neighbourhood partners including GP Practices, PCNs leadership, community health services, adult social care, public health, care homes , community pharmacy and the voluntary sector.

Neighbourhood working in Bury, *LET's Do It*!
5 neighbourhoods against which public services corral, led by partnership place based teams who identify specific cohorts of risks against which to integrate on as a multi-agency response and proactively plan to prevent future need; building on and up the collective strengths within the neighbourhood to deliver improved outcomes for residents, communities and systems (reducing inequality and the impact of this)





Partnership identification of cohorts of risk

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Tailor integrated responses to address; with increased focus on prevention

↓

Collaborative whole-system, 'team around' delivery 'with' targeted communities

Improved 7 LETS Outcomes in each neighbourhood

Reduced inequality in outcome

Improved health, wealth and wellbeing

Reduced demand on acute and crisis-Based Services

Improved relationships

Faster than average economic growth		Reducing deprivation and inequality	
Whole-system; whole place approach to maximise opportunities & connectivity of local people to these		Co-ordinated; targeted activity to address root causes and drivers of inequality/ barriers to life chances	
Local	**Enterprising**	**Together**	**Strengths**
• Concentration around five agreed neighbourhoods – connecting local residents; local practitioners; local assets • Identification of localised cohorts of risk and vulnerability with local practitioners working differently on a multiagency basis • Identification, targeting and tackling of inequalities (health, social, economic) • Community led (communities intersecting of place, identity and experience) • Maximising connectivity and maturity of working in GM system whilst delivering distinctly by respective neighbourhoods	• Innovative approaches to targeted prevention and earlier early intervention (avoiding high cost interventions with poor outcomes) • Bringing population health and physical place shaping together (people and places) to create condition for 'good lives' • Positive risk taking to be creative, including maximising use of new technologies • Relentless focus to remove, reduce, delay acute and crisis demand • Shift in power as close to those affected by decisions [nothing about you without you] • Tailor approaches recognising spectrum of need/ support offer – not one size fits all in separate silos	• Partnership, integration; collaboration – but not necessarily in a single base – maximising opportunities for practitioners/ people to come together effectively • Person centred with 'Team Around' approach – more cohesive; less siloed. • Having a shared understanding of collective place (communities and their strengths) • Broader and more consistent neighbourhood framework – single 'neighbourhood' lens • Joined up dialogue with communities • Alignment of resources • Integrating 'integrated' support – health, housing, employment	• Empowered communities supporting their resilience and creating conditions to thrive • Strong VCFSE including infrastructure – local MOU building on VCFSE accord (ahead of national Civil Society covenant) • Asset based, considering the whole person/ family and their networks • Further develop relationships between professionals and communities; develop trust and place leadership • Further develops insight and dialogues to improve inclusion • Learning culture for further improvements • Focus on what people can do, and their abilities, rather than benefit types; sanctions; waiting lists

4. Live Well in GM

See GM Live Well Hallmarks - hallmarks-version-1.pdf

Our shared vision:

To ensure everyone can access great everyday support in every neighbourhood

We're tackling health, social and economic inequalities by changing how we work with people and communities, and in public services.

We're growing community action, power and wealth, so that everyone:

- **Has access to a wide variety of activities, support and information**
- **Is heard and enabled to contribute**
- **Has the resources to make change happen**

By developing a locally led approach, supported by public services, we can ensure great everyday support is available to everyone, in every neighbourhood.

Live Well principles guiding implementation

"Live Well isn't another plan. It's a movement for change that honours the agency that is already in communities to find solutions that work for them."

Community-led and system-enabled

Our practice is both community-led and system-enabled. This means we are led by Greater Manchester's communities who determine and take action on what matters most to them. And we work to transform our systems via new, better ways of working that can actively grow community action, power, and wealth. This principle is at the heart of the Live Well Learning Framework, with more detail available in the Appendix.

A radical shift in our public service model

We build on Greater Manchester's trailblazing history of public service reform to drive cultural and systemic change. We shift power and resources to communities, grow a shared social model of neighbourhood working, and build a wider movement for change.

Rooted in communities' everyday lives

We recognise that residents need both formal and informal routes to Live Well — building support around trusted people and places.

Connected, coordinated and collaborative

We support the development of a joined-up network of individuals, communities, and voluntary and statutory sectors, underpinned by equal partnerships, trust and shared learning.

Reducing inequalities across Greater Manchester

We focus on people and places most affected by structural discrimination and inequality, recognising how these intersect and compound across different communities. We name racial injustice as a key driver of health and economic inequality, actively resource and measure racial equity, and ensure diverse communities shape and lead this work.

Focused on prevention and root causes

We tackle the social, economic, and environmental conditions that shape people's lives, health and wellbeing — addressing structural inequalities such as racism and discrimination, and taking Public Service Reform further into prevention.


THE LIVE WELL LISTENING PROJECT
Live Well Neighbourhoods
Live Well Offers
Live Well Spaces
Live Well Centres
Live Well Offers
Live Well Offers are united by common principles and practice. Some take place within Centres and Spaces, while others are connected to them. The Live Well workforce, which includes community connectors, volunteers, social prescribers, peer supporters and public service staff helps people navigate these offers, ensuring support is holistic and joined-up.
Live Well Neighbourhoods
Live Well Centres, Spaces and Offers are part of a wider Live Well Neighbourhood — a connected local network of people, communities, VCFSE, public services and businesses working together to improve wellbeing and reduce inequalities.
Live Well Spaces
Live Well Spaces work alongside Live Well Centres and Offers as trusted places rooted in the community, offering low-barrier access to support and social connection.
Live Well Centres
Live Well Centres act as a front door — both physically and through their connected workforce — to a wide network of Live Well Spaces and Offers, providing a broader range of community-based and targeted support across the neighbourhood.
8

Live Well Centres

Live Well Centres are welcoming spaces where people can get everyday support without stigma, judgement or long waits.

Whether it's help with housing, health, mental health and wellbeing, debt, employment, food, or feeling connected, Live Well Centres are there for the things that matter most. They are places where people can speak to someone who listens, understands and helps. Centres bring together VCFSE-led and public sector support under one roof, with trusted people on hand to be alongside residents and connect them to what they need.

Live Well Centres will also be supported and enabled by digital solutions — with offers available in the Centres themselves and connected to them — ensuring residents can access support in person and online.

Each centre is rooted in its local community and connected to a wider network of Live Well Spaces and Offers. By March 2026, every borough in Greater Manchester will have at least one Live Well Centre. The ambition is to grow this network so that, by 2030, every neighbourhood of 30,000 - 50,000 people has one. Over time, Live Well Centres may also work together as part of a pan-GM "no wrong door" approach — ensuring a strong, collective response across the region to the specific needs of dispersed communities.

Key features

An open door to trusted connected support

Live Well Centres are trusted places where anyone can get help with everyday essentials. They bring together the full strength of the VCFSE and public sectors, working side by side. Inside, you'll find the Live Well workforce, including community connectors, volunteers, social prescribers, peer supporters and public service staff— all in one place.

Support is joined-up, flexible and personal. People aren't simply signposted or passed on — they're met by trusted and skilled people who listen, understand the full picture, and stay alongside them. Support is tailored to each person's needs and strengths and reflects the reality of connected lives. Access is simple: just come inside or get in touch. There are no confusing forms or long waits. Outreach is part of the offer too — through pop-ups and drop-ins in places people already trust.

Welcoming, inclusive accessible support

Live Well Centres feel more like a living room than a waiting room. They are friendly spaces that offer a warm welcome — a brew, a smile, a hello. Help is offered in quiet, safe and relaxed environments, where staff know your name and trust is built through everyday interactions and familiar faces.

The people matter as much as the space. Staff reflect the communities they support, with a commitment to cultural humility, equity and care. Peer supporters and people with lived experience help build trust, connection and hope, working in partnership with public servants.

Support is culturally- and trauma-responsible, anti-racist and flexible to individual needs and strengths. Adjustments are made so no one is left out. People can access online resources, local information and activities in ways that suit them, making sure everyone feels connected and included.

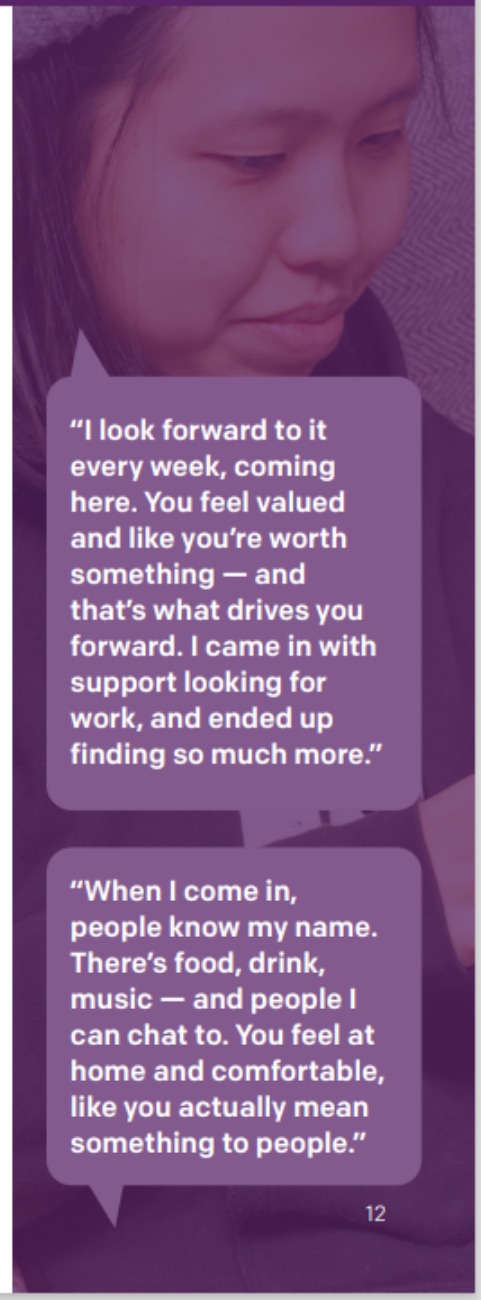
Led by people, rooted in community power

Live Well support starts with the person — their story, strengths, goals and what matters most. It's truly person-centred: delivered in partnership, with people leading the way and making decisions that work for them. But it doesn't stop with individuals. Live Well Centres are deeply rooted in community power. They build on what is already strong in neighbourhoods, amplifying the change that communities are already leading, and they work in close partnership with the wider network of Live Well Spaces and Offers.

Communities are able to shape what happens on an ongoing basis through co-design, participatory budgeting and lived experience-led decision-making. This ensures that Live Well Centres are dynamic and responsive: shaped by everyday experience, community-led partnerships, as well as the existing energy, assets and strengths already alive in every neighbourhood.

Key Hallmarks

- **Delivered from recognised locations** that are easy to get to and well known by local people, building on existing venues like Family, Work and Skills, Youth and Health and Care Hubs.
- **Providing proactive outreach** from local venues, Live Well Spaces and out-and-about on the streets in communities so that no one is left out.
- **Intergenerational and universal** — inclusive of all ages and backgrounds, providing a full range of support, from crisis to everyday advice and connection.
- **Easy to access and disability friendly** — people can drop in, call, or reach out by email, without appointments or thresholds, with reliable and consistent opening times. Centres proactively remove physical, environmental and communication barriers, making sure support is genuinely accessible to all.
- **Welcoming, safe and inclusive space** — think kettles, sofas, calm décor and a friendly, human atmosphere — with environment, communications and services designed to be accessible and responsive to the needs and strengths of disabled people.
- **Joined-up public services**, working alongside VCFSE support, delivered by a consistent and trusted core team — the Live Well workforce, which brings together connectors, peer supporters, social prescribers, community organisations, and public sector staff.
- **Seamless connection to wider Live Well Offers** and wraparound support for housing, health and wellbeing, debt, welfare, food, employment, training, social connection and safety.
- **Clear and immediate crisis support**, longer-term help for those facing multiple challenges, and safety and protection when needed.
- **A diverse team that reflects the community** — a recruitment strategy that focuses on equity, diversity and lived experience representation.
- **Anti-racist and culturally responsive practice** – all staff are supported with training and reflection to understand how racism shapes mental health, access to care and trust in services.
- **Staff trained in Live Well values and practice** — using person-centred, strength-based, trauma-responsive approaches that foster prevention, equity, and work in partnership with people. Training is shared and delivered between Live Well Centres and Spaces.
- **Community engagement**, where Live Well Centres convene and support Live Well Spaces and Offers to come together, share learning, build strong relationships and foster collaborative working.
- **Digitally enabled and community-connected** — offering free WiFi, devices and support to access online resources and services.
- **Live Well Centres actively shape support** through participation in the wider Live Well network, alliances and place-based governance, ensuring decisions reflect diverse voices and lived experience.



5. Live Well Implementation in the Borough

GM Live Well in Bury

- To support the implementation of this approach NHS GM and GMCA have identified and created a £10m fund. This will sit alongside the £10m regional investment from DWP Economic Inactivity Trailblazer work.
- Bury's implementation allocation for Live Well, based on demographic percentage of the regional population, will be £676k of which at least 50% (£338k) is to be allocated to the local VCFSE sector. In return for the reginal investment there is a need for the locality to sharpen the local vision for Live Well in the context of Neighbourhood working, which locally is through our LET's do it! approach, and specifically identify the location and delivery model of an exemplar/ 'flagship' Live Well centre in the locality with this to be in operation by the end of 2025/26.
- Bury needs to have plan for Live Well Centre in each neighbourhood by 2030.

Approach

As part of Public Service Reform Programme, Bury has a strong track record in developing the model of neighbourhood working in each of 5 places in the

Our public service reform programme also recognised the importance of a strengths-based approach to individuals and communities in places – something core to the Lets Do It strategy and we have:

- A high performing VCFA creating the conditions for a movement of voluntary and community capacity and energy
- The establishment of the Bury Fund
- Organisations with a range of approaches to strengths based training and working
- Exemplar work on Ageing in Place, GM Moving funded programmes, VRU Alliance approaches and exemplar health inequalities programmes commissioned via community capacity
- New ways of listening to and engaging with community and working with VCSE leadership in areas less well developed.
- Note the MOU signed

Our approach to live well implementation is to build on these strengths and the strategic coherence created, and to particularly drive the neighbourhood estates strategy for the borough, to create the network of live well centres and live well places in the borough by 2030.

Phase 1 implementation is the regeneration of a currently disused former PRU in Whitefield as a focal point for community led working and public service delivery, to be delivered by March 2026. This is an ambitious programme, recognising there is not a legacy of community hubs to be ‘rebranded’, and essentially building the proposition in Whitefield from scratch.

Key to our approach is a comprehensive programme of community engagement and insight generation already led by VCFA, building on a programme of VCSE development in Whitefield over the past 18 months.

While Whitefield is our focus, in phase 1 of Live Well implementation we will continue with our neighbourhood team development and voluntary sector capacity building across all 5 neighbourhoods.

Exemplar Site - Whitefield

We will continue to develop and strengthen all aspects of our public service reform programme and in the context of live well. We will use the Live well funding specifically to focus on work in Whitefield.

The Bury Public Service Reform Group considered the potential location for the exemplar live well implementation. Whitefield was chosen for the following reasons.

1) Whitefield relatively under resourced in terms of VCSE capacity – VCFA have focused for 18 months or so in this space and there is movement and a comprehensive understanding of capacity
2) Parts of Whitefield (Besses) has limited public service presence –
3) Evidence of challenges in relation to pockets of neglect
4) Community Safety challenges – see this link for evidence of partnership already in action Whitefield: Police crack down following 'number of violent incidents' | Bury Times
5) Operation Vardar uncovered cuckooing as particular problem
6) Public Service leadership working increasingly well and maturely – see attached overview of the work.
7) Coterminous Primary Care Network
8) Support from Bury Housing colleagues that Whitefield is a priority area
9) In its social economic make up – areas of poverty close to areas of affluence – it is a microcosm of the borough as a whole
10) Noting the opportunity to connect reform to economic ambition through the Whitefield masterplan.

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The Potential Functions - prioritised

- A welcoming place in accordance with GM hallmark felt to be part of the community
- 2 Priorities:
  - Adults and Families in Poverty - housing, employment, DWP, substance misuse, DA etc
  - Family Hub implementation – a two site delivery (using the childrens centre close by) to the family hub model specification
  - Focal point for family hub with complex lives - Live Well –
- A based for the Integrated Neighbourhood Team – health and adult care including social prescribing, living well (mental ill health prevention)
- Focal point for public service leadership team
- Childrens Young people – youth provision, particularly utilising the sports hall.

Recommendations

Locality Board to:

1) Note the refresh of neighbourhood working in health and care in accordance with locality plan priorities and NHS plan objectives
2) Note the opportunity of alignment of our approach to neighbourhood working, and the Lets philosophy,
3) Note the GM live well programme and the proposed exemplar centre in Whitefield
4) All partners to consider further opportunity of alignment to the neighbourhood model. This is not additional. This is the default setting to how we work together.

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Chair's Report – November 26th

Since the September meeting there have been two GMCA Joint Health Scrutiny meetings.

Oct GMCA Meeting

The papers for the October meeting are here - https://democracy.greatermanchester-ca.gov.uk/documents/g5923/Public%20reports%20pack%2014th-Oct-2025%2010.00%20Greater%20Manchester%20Joint%20Health%20Scrutiny%20Committee.pdf?T=10

The agenda covered:

1. The 10 Year Health Plan and GM Strategy
    a. This document is very high level. Once again outlining the plans for hospital to community, analogue to digital and sickness to prevention.
    b. We had a discussion about the importance of communities and as a follow up agreed to have a committee briefing on the Live Well scheme.
    c. A new project called the 'Prevention Demonstrator' was announced and GM will be the first to do this in the country because, "*Where devolution and a focus on population health outcomes are most advanced, we will work with strategic authorities as prevention demonstrators, starting with the Mayor of Greater Manchester, whose thinking in this area is most advanced. These will be a partnership between the NHS, single or upper tier authorities and strategic authorities to trial new innovative approaches to prevention – supported by mayoral 'total place' powers, and advances in genomics and data. We will support these areas with increased autonomy, including supporting areas through exploring opportunities to pool budgets and reprofile public service spending towards prevention.*". Again, the committee has had an additional briefing on this project as it goes wider than just Health Budgets to focus on prevention.

2. NHS Greater Manchester's Operating Model in response to the National ICB Reforms
    a. The discussion here covered the fact that there had been a delay to the process so there was continued uncertainty to the existence of Voluntary Redundancy (VR) and timelines for any ultimate model for the ICBs leaving staff with little support. The committee heard how NHS GM had the same concerns and the committee agreed to write to the Government to ask for an update and separately to staff to express our understanding and concern about their situation and our support.
    b. In the meeting we also heard that Andy Burnham was intending to write a letter to the Government raising concerns about the closure of Healthwatch and the role they provide.
    c. This discussion was covered in the MEN https://www.manchestereveningnews.co.uk/news/greater-manchester-news/1600-greater-manchester-nhs-staff-32675062

3. Monthly Service Reconfiguration – the update covered the new items added to the report that have all gone through engagement and are currently in the outcomes review process. They included:
    a. ME, Chronic Fatigue Syndrome and Long Covid
    b. Interpretation and Translation services

c. Ophthalmology – cataracts, emergency eye treatment, glaucoma and macular degeneration.

November GMCA Meeting

The papers for the meeting are here - https://democracy.greatermanchester-ca.gov.uk/documents/g5924/Public%20reports%20pack%2011th-Nov-2025%2010.00%20Greater%20Manchester%20Joint%20Health%20Scrutiny%20Committee.pdf?T=10

The agenda covered:

1. Monthly Service Reconfiguration
    a. No significant change given two later items (ADHD and Major Trauma) had their own papers.

2. Update on Integrated Care Board (ICB) Programme for Improving Adult Attention Deficit Hyperactivity Disorder (ADHD) services in Greater Manchester (including Consultation Outcomes on Options for Change and related changes to All-Age Neurodevelopmental Care Pathways)
    a. There was an in-depth discussion on this topic. We were made aware of different parties listening to the discussion and this was to note the clinical pathway preferred following the public engagement against a backdrop of the current system not working. The new system may be able to begin in the New Year.
    b. Members asked questions about how the most vulnerable would access the new process, how would we know it was working, how long would it take to catch up the current back log (two years) and resources. One area of concern discussed was the growth of the private sector. A number of providers had failed and one took the staff from an entire ICB leaving the NHS with no way to assess. The new pathway may involve private practice but it would be managed and via contracts. All assessments would be face-to-face going forwards.
    c. We also asked about the suspension of 'right to choose'. This was not linked to this new pathway but a result of a lack of financial resources (due to increasing demand) to continue this for all but the most in need.
    d. The committee raised their concerns about the new process based on 'noise' we are hearing locally. We have asked for an update in 6 months for early notice of how those who need it most are getting care quickly and that they are accessing the system.

3. Cardiovascular Disease Prevention (CVD) and Diabetes - A Deep Dive into Greater Manchester Intelligence, Priorities, Performance & Improvement Work for CVD Prevention and Diabetes.
    a. The presentation covered a variety of projects and trials looking at how NHS GM is trying to reduce the prevalence and improve health in these areas.

4. NHS Greater Manchester - Major Trauma Patient Engagement
    a. The report covered the outcome of patient engagement with those who have accessed the system. It did not recommend moving to one centre in this paper.
    b. A number of concerns were raised (mainly after the initial treatment) and these will be part of the new pathway development.

5. NHS Greater Manchester Operating Model - Final Draft for Engagement:
    a. This Model was based on the intended ICB plan whilst accepting there were no timelines due to the lack of information and VR support from the Government. We were told in

the meeting of an announcement that was due to happen later that day. This did happen and it was confirmed that changes needed to be made by the 25/26 year and any VR would have to be repaid from future NHS Budgets.

b. The model reflects the new approach for NHS GM. Section 3 (page 199) breaks down the new activities into 5 portfolios and the local 'places' and there were some interesting case studies in section 5 (page 211) where they outlined the Health and wider public sector involvement and budgets in the areas of eliminating 'corridor care', addressing waiting times for children's mental health services and preventing homelessness.

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