

Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: 4 September 2025

Present: Councillor T Tariq (in the Chair)
Councillors A Arif, E FitzGerald, J Southworth and S Walmsley

Also in attendance: Will Blandamer Executive Director (Health and Adult Care)
Dr Cathy Fines
Jon Hobday Director of Public Health
Adrian Crook Director of Community Commissioning
Steven Senior Public Health Consultant
Chris Brown Head of Revenues and Benefits
Charles Steer Public Health Registrar
Lee Buggie Public Health Specialist (Live Well/Health Places)
Lizzie Howard Tobacco Control Officer
Barry McCann (MANCHESTER HEALTH AND CARE COMMISSIONING)
Deborah Glassbrook SEND Improvement Advisor

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

Apologies for Absence: Councillor J Lancaster and Councillor T Pilkington Sian Grant Director of Housing

HWB.111 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.112 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HWB.113 PUBLIC QUESTION TIME

There were no public questions asked at the meeting.

HWB.114 MINUTES OF PREVIOUS MEETING

It was agreed:

That the minutes of the meeting held on 12th June 2025 be approved as a correct record.

HWB.115 MATTERS ARISING

There were no matters arising.

HWB.116 WIDER DETERMINANTS OF POPULATION HEALTH

a ANTI-POVERTY UPDATE

Chris Brown provided an update on the Council's anti-poverty work, referencing the "Let's Tackle Poverty" programme, the Household Support Fund (HSF), and ongoing partnership working. He highlighted the redesign of services to move from passive to proactive support, including the creation of a collecting team and embedding vulnerability awareness into service delivery.

Face-to-face advice and support are being introduced, with welfare support hubs piloted at:

- Bury Town Hall Reception
- Prestwich Library
- Whitefield Library

These hubs assist residents with Personal Independence Payment (PIP) applications and ensure they receive the maximum entitlement. Early pilots in Prestwich and Bury have shown strong demand, with Ramsbottom and Radcliffe to follow. While not yet full-time, the service is responding to clear need, especially among vulnerable groups and those facing language barriers.

Chris also proposed the development of an overarching anti-poverty strategy, shaped by lived experience and resident input, and implemented with key public sector leads.

A member asked how the strategy could be extended to the wider health and care system, including care homes and other settings. Chris responded that improved communications and referral systems are key. He cited a pilot in Stockport where data sharing between GP practices and welfare teams enabled early identification of eligible individuals, helping prevent people from falling through the cracks.

A councillor raised concerns about language barriers and the stigma associated with claiming hardship. Chris agreed and emphasised the importance of prevention over intervention. He noted that meaningful joint working is essential and acknowledged that the term "poverty" may carry stigma he is open to suggestions for alternative terminology.

Cllr Arif asked whether support for disability-related benefits extended to children and how residents could monitor the outcomes of their applications.

Chris confirmed that while support for children is not explicitly advertised, the team works closely with Children's Services to ensure families are aware of available support. Most forms are now online, supported by back-office systems to speed up processing. Assisted help is available at the hubs, including floor walkers to guide residents through the process.

Cllr Fitzgerald raised concerns about housing and the lack of hub presence in Whitefield. Chris explained that energy efficiency schemes are often focused on private rented housing, and a pilot is underway within Bury Council's private sector housing scheme. He acknowledged the need for a presence in Whitefield and confirmed that discussions are ongoing with BGI to establish a hub there. He also noted the importance of linking with Will and the INT team to ensure coordinated support.

Adrian Crook commented on the long-standing value of social care initiatives and expressed optimism that Whitefield would benefit from developments in the coming months.

It Was Agreed:

- The update be noted

HWB.117 THE OPERATION OF THE HEALTH AND CARE SYSTEM

a PHARMACY NEEDS ASSESSMENT

Steven Senior opened the item by explaining the statutory requirement for a Pharmacy Needs Assessment (PNA), which must be undertaken every three years. This assessment is essential for determining whether new pharmacies are needed and for supporting applications to open them. Bury, Oldham, and Rochdale have jointly commissioned the current PNA to ensure consistency and efficiency across the boroughs.

Barry McCann provided a summary of the work undertaken so far, noting that:

- The data collection and analysis have been completed.
- The approach has been standardised across local area teams, which has improved consistency and reduced complexity.
- There is an ambition to extend this standardisation across Greater Manchester (GM), including a GM-wide gap analysis to ensure robust coverage and identify any areas of unmet need.

Barry confirmed that no significant gaps have been identified in the current assessment. The team is now preparing to launch a 60-day consultation period, with surveys ready to be distributed to stakeholders and the public.

A Councillor raised a concern about the Whitefield area, noting that the only pharmacy listed is Asda Pilsworth, which may not provide adequate access for residents. She asked whether the NHS recognises this as a shortfall.

Barry acknowledged the concern and explained that while Asda Pilsworth is technically within the area, its accessibility may be limited depending on transport and location. He clarified that out-of-hours provision is considered within the PNA, and any pharmacy can apply to extend its hours to improve access. If such changes enhance service coverage, they would be supported and not declined. The reduction in 100-hour pharmacy contracts has impacted access in some areas, and this has been factored into the current PNA. These learnings will inform future cycles.

A member asked how the consultation would be conducted and how feedback would be incorporated into the final document. Barry confirmed that the consultation will run for 60 days, and stakeholders will be contacted directly via email. All comments and feedback received will be reviewed, and if any areas are identified as needing improved provision, these will be added to the final version of the PNA.

A member of the committee raised the issue of Besses ward, which is frequently described as a "pharmacy desert." He asked for clarification on how this area is represented in the mapping. Barry acknowledged the concern and confirmed that mapping has been done to identify provision across all wards. He agreed to review the mapping for Besses to ensure it accurately reflects the current situation and to assess whether the area is underserved.

A Councillor added that while there are two pharmacies in the Besses area, but there is no GP practice, which further limits access to healthcare services.

Will responded that while adding a GP practice is challenging due to infrastructure and commissioning constraints, there are ongoing efforts to enhance community provision in the area to help bridge the gap.

It Was Agreed:

- The update be noted

b CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT

Steven, Senior Public Health Consultant, presented the Child Death Overview Panel (CDOP) Annual Report, which provides a detailed review of child deaths across the borough with the aim of identifying modifiable factors and informing preventative action. The CDOP sits at the end of the child death review process and plays a crucial role in public health by examining the circumstances surrounding each death. The panel benefits from strong clinical representation and works across multiple organisations to ensure a comprehensive understanding of the contributing factors.

The report is structured into three main sections. The first covers publicly available data, including birth rates, child mortality rates, and the impact of wider social determinants such as children in care and homelessness. The second section explores intrinsic factors such as congenital disorders, as well as environmental influences including the home and social context. The final section focuses on modifiable factors—those that, if addressed, could potentially prevent future deaths. It was noted that it is rare to review deaths that occur within the same calendar year due to the time required for thorough investigation.

Key findings from the report show that birth rates are declining and there has been a reduction in child poverty. However, child mortality rates remain flat, with many deaths occurring in children under the age of one. These are often linked to congenital or genetic conditions. The report also highlights that higher rates of child deaths are found in the most deprived areas, and several cases involved one or more modifiable factors, particularly relating to pregnancy and household environments. Issues such as unsafe sleeping practices and alcohol use continue to be areas of concern.

Steven emphasised the importance of targeting advice and support to families, particularly around safe sleeping and access to genetic counselling. He invited the Health and Wellbeing Board to consider the recommendations and how they could be implemented locally.

A member of the committee raised the issue of deprivation and demographics, noting that unsafe sleeping conditions, premature delivery, and substance misuse are key contributing factors. They highlighted that stigma and cultural taboos can prevent individuals from seeking support, particularly among women from minority ethnic backgrounds, and raised concerns about how maternity services are experienced by these groups. They welcomed the opportunity to take forward the learnings from the report and explore how to change mindsets and improve outcomes.

Another member agreed with the points raised and emphasised the importance of building on existing strategies. They suggested that the recommendations in the report could act as an additional lever to strengthen current work and proposed exploring peer mentoring and community champion models as part of the Starting Well approach. They also recommended bringing the issue to relevant portfolios and reporting back to the Health and Wellbeing Board.

Further discussion focused on maternity service access, with a member asking how the Council could ensure that alternative maternity services are effective, given the absence of a direct maternity unit in Bury. They stressed the importance of early help and engagement with maternity services, including the Maternity Voices Partnership.

Dr Cathy Fines confirmed that Bury does have access to the Maternity Voices Partnership and agreed with the importance of maternal choice and experience. She highlighted the role of the Safeguarding Partnership in promoting safer sleeping practices and shared that since COVID, there have been five child deaths linked to unsafe sleeping. Each of these families faced

additional vulnerabilities. She explained that the Safer Sleeping Toolkit has been introduced to offer bespoke support to such families and that CDOP is working in partnership with the Safeguarding Partnership to implement changes across both boards.

The discussion concluded with support for integrating this work into the Starting Well Partnership and planning a coordinated approach to address the issues raised in the report.

It Was Agreed

- The update be noted

c

SEND AGENDA UPDATE

Deborah Glassbrook, SEND Improvement Advisor, attended the meeting to provide an update following the recent SEND inspection and stocktake. She explained that Bury was one of the 69 areas inspected under the new SEND and alternative provision framework, ranking 31st in the sequence. While 15 areas received mostly positive outcomes, Bury was identified as having widespread and significant failings, placing it among the authorities with substantial improvement work to undertake. Deborah acknowledged the challenge but highlighted the strong work of the SEND Improvement and Assurance Board in responding to the inspection findings.

She outlined the strategic overview of the improvement response, noting that Section 2 of the report details priority actions and areas where progress has already been made. The work is being tracked through a RAG-rated progress framework and a full risk register, providing a clear understanding of both achievements and areas still requiring attention. Deborah emphasised the strength of the partnership, particularly the involvement of young people and the role of Bury2Gether in holding the system to account. She noted the positive collaboration between the council and health partners and expressed hope that schools would soon become statutory partners under the improvement notice issued by the Department for Education.

The stocktake process assesses progress at six and twelve-month intervals, and Deborah reported that the recent review was very positive, with no new concerns raised beyond those already identified. She described it as a strong reflection of the partnership's efforts and commitment. Looking ahead, she acknowledged ongoing challenges, including an 18-month monitoring inspection and delays to the next formal visit. Key areas of focus include embedding the workforce strategy and improving understanding of data relating to children and young people across Bury. She expressed confidence in the direction of travel, especially considering upcoming changes linked to the ICB and national white paper.

A member of the committee thanked Deborah for her contribution and reiterated the importance of the local area SEND inspection as a shared responsibility across the council and its partners. Another member found the presentation useful and raised concerns about access to support, particularly long waiting times and the impact of NHS service pressures such as adult ADHD consultations and staffing shortages. Deborah acknowledged these challenges, noting that while health partners have been highly supportive, wait times remain a national issue. She stressed the importance of understanding the reasons behind delays and maintaining pressure to improve outcomes, recognising that while progress is being made, there are limits to what can be achieved locally.

Further comments from the committee recognised the efforts of NHS colleagues and the broader system in addressing inequalities and supporting children and young people. It was noted that Bury's waiting times are relatively favourable compared to other Greater Manchester authorities, and additional funding has been secured to support ADHD services. The work was described as well-respected and part of a wider regional effort. The Board was

asked to note the report and consider how colleagues can remain engaged with this agenda moving forward.

It Was Agreed

- The update be noted
- Deborah be thanked for attending to provide the update

d BCF UPDATE

Adrian Crook, Director of Community Commissioning, provided a brief update on the Better Care Fund (BCF), noting that quarterly updates are required and the latest metrics are included in the meeting pack. The benchmarking data on page 232 compares Bury's performance against other areas in the Northwest, with one set of metrics ranking Bury's outcomes. It was noted that hospital stays are performing well, remaining below expected thresholds.

The pooled budget for the BCF currently stands at £33 million, which is used to fund integrated care provisions across the system. Adrian highlighted that this investment is making a tangible difference in service delivery and outcomes.

It Was Agreed

- The update be noted

HWB.118 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

a SMOKING UPDATE

Lee Buggie, Public Health Specialist, and Lizzie Howard, Tobacco Control Officer, presented an update on tobacco control work in Bury, supported by a slide deck outlining both national and local developments. The presentation began with an overview of the national footprint, including the upcoming Tobacco and Vapes Bill, which aims to create a smoke-free generation. The bill is expected to come into effect by January 2026 and will have a significant impact on population health. Locally, there has been an increase in fixed penalty notices and targeted enforcement, particularly around youth vaping and disposable vapes, with work ongoing in tactical licensing and partnership enforcement.

Lizzie Howard introduced the newly launched Bury Tobacco Control Alliance, which brings together partners to support the borough's ambition to reduce smoking prevalence, currently at 10.5%. While smoking among mothers is at its lowest recorded level, inequalities in smoking rates are widening. The government has introduced a five-year ring-fenced grant to support tobacco control, which has enabled the recruitment of a dedicated officer and the development of co-produced materials with local children. The programme also includes workplace wellness initiatives and targeted advice through regeneration and partnership work.

Year two of the grant will support the expansion of youth campaigns in collaboration with Early Break, with a focus on engaging parents and guardians. Plans are underway to create smoke-free spaces in and around schools to help de-normalise smoking and vaping. The Stoptober campaign has launched across all five neighbourhoods, and pilot Alan Carr seminars are being delivered in partnership with Bury FC to target areas with the highest smoking rates. The "Stop to Swap" initiative continues to offer vape starter kits through regular drop-ins, supported by a train-the-trainer programme to build local capacity.

Lee Buggie highlighted the importance of effective enforcement, working with trading standards and police to tackle illegal vape sales. Data from fast food and alcohol licensing is being used to inform planning decisions, and community intelligence is playing a role in identifying problem areas. The team meets bi-monthly to monitor emerging issues such as the sale of snus and other products, and recommendations are being developed to strengthen tobacco enforcement.

Committee members raised several points during the discussion. One member highlighted concerns around licensing loopholes and the sale of counterfeit vapes below market value, which can lead to wider public health issues. They asked what more could be done from a public health perspective to take a firmer stance. Another member suggested implementing no-smoking zones outside school gates to promote a smoke-free environment and encourage schools and colleges to get involved. A further contribution emphasised the role of trading standards and the importance of clear communication and reporting mechanisms. It was noted that smoking remains a major driver of health inequalities, and the innovative approaches being trialled in Bury were welcomed.

The work of Lizzie Howard and the wider team was commended by several members, with particular praise for the establishment of the Tobacco Control Alliance and the comprehensive approach being taken. The Board was asked to note the report.

It Was Agreed

- The update be noted

b WINTER VACCINATION CAMPAIGN UPDATE

Steven, Senior Consultant in Public Health, provided a brief update on the annual vaccination campaign. The campaign began in September for children and October for adults, with a focus on prevention. Vaccinations are offered to all children aged 2–3 and from age 6 upwards, as well as to adults aged 16 and over. While COVID-19 is not considered a seasonal virus, the vaccine is offered twice yearly for operational convenience, aligning with the flu vaccination schedule. Steven noted that respiratory syncytial virus (RSV) tends to circulate earlier than flu, and highlighted the availability of a pneumonia vaccine for individuals upon turning 65.

Data presented in the slides showed Bury's uptake rates compared to national figures, with a recovery in uptake since the low point in 2021–2022. Credit was given to GP practices and community pharmacies for their efforts. The Board was shown examples of the communications materials used in this autumn's campaign and asked to note the report.

It Was Agreed:

- The update be noted

HWB.119 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

Jon Hobday and his team were thanked for his ongoing work in relation to reducing health inequalities, an update on which had been circulated via email.

a PREVENTION FRAMEWORK / NATIONAL HARMFUL PRODUCT TOOLKIT

HWB.120 GM POPULATION HEALTH BOARD FEEDBACK

Jon Hobday, Director of Public Health, provided an update from the Greater Manchester Population Health Board.

It was agreed:

That the update be noted.

HWB.121 URGENT BUSINESS

There was no urgent business.

COUNCILLOR T TARIQ
Chair

(Note: The meeting started at 4.30 pm and ended at 6.30 pm)