

**Minutes of:** HEALTH and Wellbeing Board

**Date of Meeting:** 17 March 2026

**Present:** Councillor T Tariq (in the Chair)  
Councillors L Smith, T Pilkington, E FitzGerald and  
J Southworth

**Also in attendance:** Will Blandamer Executive Director (Health and Adult Care)  
Jon Hobday Director of Public Health  
Adrian Crook Director of Community Commissioning  
Dr Cathy Fines  
Helen Tomlinson VCFE  
Lee Buggie Public Health Specialist (Live Well/Health Places)  
Lucy Fitzsimon Neighbourhood Wellness Lead  
Ben Dunne Director, Education & Skills

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

**Apologies for Absence:** J Richards, Jones, Councillor S Walmsley, Councillor A Arif  
and Councillor S Arif,

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**HWB.145 APOLOGIES FOR ABSENCE**

Apologies for absence are noted above.

**HWB.146 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

**HWB.147 PUBLIC QUESTION TIME**

There were no public questions asked at the meeting.

**HWB.148 MINUTES OF PREVIOUS MEETING**

**It was agreed:**

That the minutes of the meeting held on 15<sup>th</sup> January 2026 be approved as a correct record.

**HWB.149 MATTERS ARISING**

There were no matters arising.

**HWB.150 WIDER DETERMINANTS OF POPULATION HEALTH**

**HWB.151 THE OPERATION OF THE HEALTH AND CARE SYSTEM**

**a BETTER CARE FUND UPDATE Q3 26-27**

Adrian Crook Director of Adult Social Services and Community Commissioning provided a short overview of the statutory Better Care Fund (BCF) return, emphasising its purpose in driving integrated working across health and social care and its requirement to report formally to the Health & Wellbeing Board. He outlined the current performance position, noting that while one metric in the statutory tables is below target, overall residential admissions are slightly below historic levels. National benchmarking shows Bury performing around the middle of the pack, though historically the borough has tended to sit above average. Assurance was given that Bury is on track in terms of BCF spend, and the report was presented for noting and agreement.

In discussion, members sought clarification on the purpose of the pooled budget, with Councillor FitzGerald highlighting the relationship between spending, outcomes, and reducing delayed discharges. Adrian explained that effective use of the fund underpins seamless intermediate care services including Killalea, which was rated Outstanding and that good use of the pool is recognised nationally, though challenges remain.

Councillor Tariq asked about areas where Bury may not be performing as strongly and whether these require formal reporting. Adrian confirmed that performance particularly around intermediate care and residential care is regularly evaluated. He noted that while more older people are being supported to remain independent, the number of care home beds has not increased, resulting in a higher proportion entering residential care; Bury remains in the top quartile nationally for its use. He also referenced stable outcomes, with around 82% of individuals reducing their level of need after intermediate care and addressed questions about future residential care capacity and funding streams. Assurance was provided that guidance is issued annually and that the BCF is being used appropriately.

**It was Agreed that:**

- The update be noted
- The health and wellbeing board are assured and agree the better care fund

**b HEALTHWATCH ANNUAL REPORT**

Andrew Griffiths, Chief Operating Officer of Healthwatch Bury, presented the Healthwatch annual report. He gave a brief overview highlighting major projects and positive outcomes delivered across the borough, including the Women's Health Project, participation in the Greater Manchester Women's Health Steering Group and extensive engagement with residents. Work has begun on planning for the 2025/26 report. The report demonstrated strong impact, and members noted that recent Government announcements had helped raise the profile of the service.

Members praised Healthwatch Bury for the quality of its work, describing it as an invaluable independent service. Its role as an independent voice for residents was highlighted, alongside linked work with Public Health, Children's Watch and veterans. Members welcomed the ambition to ensure Healthwatch continues to grow and strengthen its impact over the year.

Cllr Pilkington raised concerns regarding financial pressures, including anxiety around expenses, historic under and overspends, and the sustainability of funding. He asked what other options were being explored. Andrew Griffiths responded that much of the funding supports community engagement and gathering intelligence to inform services. He explained that funding levels have not changed for 13 years and are broadly in line with other Greater Manchester Healthwatch organisations. Work is ongoing with the VCFE sector to help sustain the service.

Cllr Pilkington asked how elected members could help. Andrew Griffiths encouraged councillors to support by promoting Healthwatch Bury and raising awareness of who they are and what they do. He noted that the office is open to the public three days a week and that many people approach Healthwatch as a last resort. Strong relationships have been developed to signpost residents appropriately, even where issues fall outside the statutory remit.

A case study was shared involving a resident needing a hip replacement, demonstrating how Healthwatch support helped the individual navigate the system and access the right services.

Cllr Southworth noted that awareness of Healthwatch varies across the borough, with some communities and older residents having little knowledge of the service. Andrew Griffiths confirmed that an action would be taken to ensure all methods of communication and engagement are explored.

Ben Dunne spoke about the importance of Healthwatch reaching everyone and maintaining its independent role across the ten boroughs, noting that there is strong support for continuing this independence.

Cllr FitzGerald highlighted Youthwatch work and referred to Healthwatch Bury's proactive engagement at the Live Well event, thanking staff for attending events and engaging with a wide range of community groups. She expressed her passion for driving this work forward for the benefit of residents.

Will Blandamer thanked Andrew Griffiths for the report and recognised the strong partnership working with Healthwatch Bury. He praised the work around veterans and neurodiversity and described Healthwatch as a valued and important partner in listening to residents and delivering its core statutory duties.

Cllr Tariq acknowledged the strength of Healthwatch Bury's annual report, its focus on equality and diversity, and engagement with women and young people. He noted the challenge of reaching as many demographics as possible and reiterated concerns that the service is significantly underfunded nationally, requiring changes in how delivery is managed.

Adrian Crook provided reassurance on funding, stating that Healthwatch Bury receives a central government Community Voices grant of £117,033, which has remained unchanged since inception. He highlighted the statutory duties attached to this funding and the significant risks associated with continued funding pressures going forward.

**It Was Agreed:**

- The update be noted

**HWB.152 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH**

**a PHYSICAL ACTIVITY UPDATE**

Lee Buggie (Public Health Specialist) and Lucy FitzSimons (Neighbourhood Wellness Lead) presented a 10-minute overview of Physical Activity work across Bury, supported by slides. The presentation focused on how different datasets are used to understand physical activity levels, including Active Lives, Bee Network surveys (children and young people), and triangulated local intelligence. The approach highlights system-wide working across housing, schools, voluntary and community sector partners, and alignment with the UK Chief Medical Officers' guidelines over the past 12 months.

Lee explained that the work applies universal proportionalism, targeting deprivation and protected characteristics, with partners working collaboratively across neighbourhoods. Data demonstrates challenges around self-reported bias but provides valuable insights into local variation across Bury. Headlines included the ambition to achieve 60% of people being active, reducing inactivity overall, and moving those who are least active into “fairly active” categories. Gender disparities were highlighted, with boys more likely to be active, while overall activity levels among children and young people are falling. Deeper data dives are available for targeted local action.

Lucy described place-based work, including collaboration with GMCA on active travel, streets, and walking, wheeling and cycling initiatives. Work includes disability cycling, community-based activity, murals and “Right to Grow” projects linking physical activity to place and environment. Specific local examples included Holcombe Brook and neighbourhood partnership working. Lucy also highlighted links between GM Moving, Sport England, and Bury’s commitment to improving population health, with data being shared across youth services and partners.

The VCFA partnership was noted as a key enabler, supporting pathways for children and young people and voluntary sports clubs, with two meetings held to date. Training grants and micro-grants were discussed, including a successful £10,000 Leadership Skills Foundation investment, which may support Jump Training delivery. Comparisons were made to Bradford’s long-term progress, and local initiatives such as Teach Active, Beat the Street, Play Streets, and school-based programmes were referenced. GM Population Health deep dives in Fern Hill, Pimhole and Radcliffe are exploring deprivation, place-based working, and social return on investment from physical activity.

Evidence-based approaches were discussed, including the significant benefits gained from small changes (e.g. 2,000–4,000 extra steps per day). Emphasis was placed on embedding physical activity into daily life rather than relying solely on structured sport.

Councillor Southworth asked how activity level data is collected. Lee explained that Sport England conducts anonymised surveys within the borough, which are largely self-reported. This was confirmed by Jon Hobday. Councillor Smith raised concerns about low activity levels among teenage girls and asked how many secondary schools are engaged. Lucy acknowledged this as a priority cohort, noting that engagement drops in Years 9–11, and outlined a planned 12-month focus to re-launch targeted initiatives. Councillor Smith also raised green flag parks, outdoor gyms, and Play Streets, highlighting challenges around highways and approvals. Lucy advised there has been supportive advocacy from highways around School Streets.

Councillor Tariq suggested using the Parks Strategic Forum to progress this agenda and noted the importance of councillors’ role in policymaking. Ben Dunne reinforced evidence that Teaches Active is effective, with funding invested in teacher training to embed change, similar to “My Happy Mind”. He highlighted KS3 programmes and the importance of sustained leadership engagement, noting change will not happen overnight.

Councillor FitzGerald asked about activity options for teenage girls in deprived areas, such as dance, and how activity can fit naturally into daily routines. Discussion emphasised making environments easier for people to be active and reducing sedentary behaviours. Adrian Crook reflected on mapping data, noting denser housing areas often show lower activity, influenced by transport access and built environment. Dr Cathy Fines highlighted that around 66.6% of activity relates to everyday movement, questioned alignment with other datasets, and stressed the importance of strength and balance for all adults, including older populations.

Jon Hobday summarised the wider health and healthy weight impacts, noting that inactivity affects around a quarter of adults and that targeting children is vital for long-term change. A system-wide approach involving structure, environment and culture was emphasised. EDI considerations were raised by Councillor Tariq, including deeper use of the EDI action plan, learning from BAME women engagement, and ensuring work is sustainable and collaborative.

Links with primary care and social prescribing were discussed. Dr Fines noted opportunities through over-40s health checks to signpost patients to physical activity. Councillor Smith asked whether community pharmacies could be involved. An action was agreed to work with Healthwatch to explore a pilot via community pharmacies in Councillor Smith's ward. There was recognition of challenges within social prescribing but agreement that walking and physical activity remain key opportunities. GM Population Health community champions were identified as a potential model to support behaviour change.

**It Was Agreed:**

- The Update be noted

**HWB.153 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING**

**a NEIGHBOURHOOD PLANS**

Kath Wynne-Jones had sent her apologies. Will Blandamer, Executive Director of Health and Adult Care and Deputy Place Lead (NHS Greater Manchester), attended to support the item.

Will provided a paper and slide deck giving an overview of current planning for neighbourhood working. This included the national policy context, the GM and NHS guidance on neighbourhood working, and how the neighbourhood model sits at the heart of locality planning. Members were reminded of the locality plan and the progress made to date.

The update highlighted two key elements. Firstly, the opportunity to strengthen partnership working at neighbourhood level by bringing together cohorts, assets and services already operating locally. This includes learning from existing partnership forums and recognising the benefits of integrated neighbourhood teams, particularly in reducing unplanned care. It was noted that Bury has one of the lowest rates of hospital admissions, attributed in part to strong neighbourhood working, community health services, social prescribing, and broader partnership approaches.

Secondly, the model of neighbourhood working across Prestwich, Whitefield, Radcliffe, Ramsbottom and the remaining neighbourhood was outlined. This model creates opportunities to connect additional cohorts and address risk earlier, including closer working with housing, Greater Manchester Fire and Rescue Service, and police colleagues. Integrated neighbourhood teams, supported by local councillor leadership (including Cllr Smith), were emphasised as a way of driving place-based activity and responding to local priorities rather than operating at overly specialist levels.

Reference was made to the NHS national 10-year plan and its focus on multidisciplinary working, including GPs, paediatricians, educational psychologists and others. The importance of focusing resource and energy where neighbourhood working makes the biggest difference was stressed. A further element highlighted was the Live Well GM programme and the Mayor's commitment to connecting neighbourhood working with broader prevention and wellbeing ambitions. The alignment between integrated neighbourhood teams and Live Well implementation was seen as particularly important.

Cllr Smith welcomed the update and emphasised the importance of schools being actively involved, noting that neighbourhood working should strengthen integration rather than represent a change to children's services. Questions were raised about Live Well Centres, including the risk that they could become single hubs rather than supporting all neighbourhoods, and concerns about avoiding a "tick-box" approach to defining what a centre is. Clarification was sought on timing for a Live Well Centre in Whitefield, particularly following a recent visit by the Secretary of State for Education to Bury.

Members expressed enthusiasm for strengthening links with schools and cautioned against duplication with family hubs. It was emphasised that Live Well should not simply be about buildings, but about networks, relationships and connecting people to services. Helen added that work is ongoing to understand local priorities and the services currently available. Members were reassured that a further update would be brought back in June.

Adrian Crook supported the need to bring the item back, including clarity on neighbourhood footprints and the developing model. It was noted that several key elements would need to be returned to in a future report.

**It Was Agreed:**

- The update be noted.
- Officers to bring back an update in the next cycle of health and wellbeing board meetings

**HWB.154 URGENT BUSINESS**

There was no urgent business.

**COUNCILLOR T TARIQ**  
**Chair**

**(Note: The meeting started at 4.30 pm and ended at 5.50 pm)**