Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 24 June 2026

Present: Councillor E FitzGerald (in the Chair)
Councillors C Boles, L Ryder, M Rubinstein, D Duncalfe, K Simpson, D Green, G Martin, S Zaman and A Chaudhry

Also in attendance: Councillor Tariq Cabinet Member for Health Adult Care and Public Service Reform
Will Blandamer Executive Director for Health and Adult Care
Jon Hobday Director of Public Health
Dr Cathy Fines
Andrew Griffiths Chief Operating Officer Bury Healthwatch
David Latham Senior Programme Manager (Bury) NHS Greater Manchester

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

Apologies for Absence: Councillor S Haroon and Councillor J Southworth

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HSC.118 MICROSOFT TEAMS LINK TO ONLINE MEETING

a APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.119 DECLARATIONS OF INTEREST

Councillor Zaman declared an interest

Councillor Simpson

Councillor Martin

Councillor Rubinstein

HSC.120 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 3rd March 2026 were agreed as an accurate record.

HSC.121 PUBLIC QUESTION TIME

There were no public present to ask a question

HSC.122 MEMBER QUESTION TIME

The following questions were asked:

A member raised concerns regarding a resident who had experienced a prolonged stay in hospital and queried broader issues around information sharing between health and care organisations.

In response, officers acknowledged the concerns raised and advised that the specific case would be followed up outside the meeting.

Members were informed that work is ongoing across Greater Manchester to improve integration and information sharing between health and care services.

It was also noted that the issue of information sharing would be raised at the Greater Manchester Health Scrutiny Committee.

A member raised a question on behalf of a resident with a brain injury who was experiencing difficulties accessing appropriate support.

Officers agreed to follow up on the matter outside the meeting and report back as appropriate. It was also noted that a related paper would be considered at GMCA and shared with members in due course.

It was agreed that the matter be pursued outside the meeting through officer follow-up.

HSC.123 APPOINTMENT OF CORPORATE PARENTING CHAMPION

Councillor Ryder agreed to be the corporate parenting champion for the Health Scrutiny committee

HSC.124 OVERVIEW OF THE HEALTH SCRUTINY COMMITTEE

The paper was noted and members expressed it was useful to familiarise themselves of the role of the committee going forward

HSC.125 HEALTH AND CARE UPDATE

Members were reminded that they were expected to have viewed the presentation in advance of the meeting. The Chair invited Will Blandamer, Executive Director of Health and Adult Care, to present the report.

Will Blandamer highlighted strong performance across a number of key areas despite continuing demand pressures. He reported reductions in hospital attendances, positive progress through out-of-hospital ward schemes and Bury achieving the highest breast cancer screening rates. He also welcomed the outcomes from the Adults Intermediate Care Programme and advised that progress continued to be made in addressing SEND challenges. Whilst acknowledging that there was still work to do, he advised that Bury was performing well compared to many other areas and that the neighbourhood working model continued to develop positively.

Cllr Tariq welcomed the report and echoed the positive comments made by Mr Blandamer. He stated that there was much to be proud of across the wider health and care system and highlighted the progress made over the previous 18 months. He praised the commitment of

staff and partners, including the NHS, Northern Care Alliance, primary care providers and the voluntary sector. He also referred to the positive feedback received through the recent peer review process.

In response to a question from Members regarding Bury's performance compared to other towns and boroughs, Mr Blandamer advised that Bury was performing strongly in several areas, particularly cancer screening rates, reducing attendances and intermediate care outcomes. He noted, however, that significant demand remained across the system and that continued improvement was required.

Cllr Zaman welcomed the positive outcomes reported and asked what the key challenges and risks facing the leadership team were. In response, Cllr Tariq advised that financial pressures remained a significant concern across health and social care. He highlighted pressures within primary care and GP services, increasing demand for services, the need to support vulnerable residents and ongoing SEND challenges. He also referred to preparations for winter pressures and the importance of delivering the Let's Do It Strategy and Locality Plan.

Cllr Tariq noted that the Health and Care Department had delivered more than £30 million of savings while continuing to maintain good quality services. He acknowledged the significant pressures facing the sector but emphasised the department's commitment to ensuring residents receive the best possible care.

The Chair encouraged Members to continue asking questions whenever clarification was required to support effective scrutiny.

It was agreed:

- **Update be noted**

HSC.126 UPDATE ON NATIONAL POLICY FOR NEIGHBOURHOOD WORKING

Members of the Committee were reminded that they were expected to have read the report in advance of the meeting.

Will Blandamer, Executive Director of Health and Adult Care, presented an update to the Committee. The presentation was delivered in two parts. The first focused on the national policy framework and the development of the NHS 10-Year Plan, including the three key shifts the NHS is expected to make over the coming years. These included moving care away from hospital settings and into communities, a greater emphasis on prevention and strengths-based support and making better use of technology and innovation. Members also received an update on progress relating to access to services, planned care, urgent care provision, GP support, reductions in outpatient activity and work to reduce elective care waiting times.

The second part of the presentation focused on neighbourhood working. Members were advised of the progress being made in reducing demand on adult social care services through more integrated approaches to support. The presentation outlined the key components of neighbourhood working and the positive outcomes being achieved through closer partnership arrangements across health, social care and community services.

In response to the presentation, Councillor Zaman asked which parts of the health and care system were not currently working effectively together. Will Blandamer advised that there had been varying levels of engagement between organisations at different times, but overall partnership working had developed positively. He highlighted strong support for primary care and noted that the Northern Care Alliance had recently undergone organisational restructuring. He stated that there was now a strong shared narrative across organisations and continued

engagement through locality-based arrangements to ensure partners worked effectively together.

Councillor Zaman also asked what measures were used to assess patient experience and performance. Will Blandamer explained that a variety of feedback mechanisms were used across different services and departments rather than a single centralised system. He advised that the overall approach was focused on listening and engagement, with feedback being collected in ways most appropriate to individual services.

Councillor FitzGerald welcomed the discussion and reiterated the importance of complaints and patient feedback as measures of service quality. She suggested that future reports coul seek to include patient experience information where possible to provide greater insight into service performance.

Councillor Ryder asked about the implementation of Virtual Wards in Bury and when the model would become fully operational. In response, Will Blandamer reported that Bury had achieved the highest uptake of Virtual Wards within the Northern Care Alliance footprint and was performing particularly well across Greater Manchester in relation to implementation. Dr Fines commented on the benefits of the rapid response team and Hospital at Home services from a GP perspective. She stated that these services had significantly changed the way patients were managed in the community and described the offer as an excellent example of how care had improved over recent years.

Councillor Rubinstein asked how organisations could work together to improve economic participation and employment opportunities for residents. Will Blandamer outlined a range of initiatives currently underway, including work led through Adult Social Care, the Bury Employment Service and voluntary sector partners. He highlighted programmes supporting young people with additional needs into work experience and paid employment opportunities, noting that approximately 26–27 individuals had benefited over the previous year. He also commented on the role of the Northern Care Alliance as a supportive employer and partner in this area.

Jon Hobday added that the Working Well programme provided support for people at risk of falling out of employment. He highlighted work relating to musculoskeletal conditions and other health issues, noting that programmes were delivered in partnership with professional services and the voluntary sector to support people to remain in or return to work. He emphasised the importance of recognising the long-term health benefits associated with good-quality employment.

Councillor Boles raised concerns regarding the financial pressures facing both local government and health services. He asked how priorities should be managed where ambitions and objectives came into conflict with financial realities and reduced resources.

Will Blandamer acknowledged the challenges and agreed that both local government and health services were operating within increasingly constrained financial environments. He highlighted examples where unnecessary expenditure had been identified and reduced, including within mental health services where costly out-of-area placements had been significantly reduced through improved discharge arrangements and investment in local provision. He explained that reducing unnecessary expenditure could help create opportunities for reinvestment in frontline services, including primary care, but noted that financial pressures remained significant.

Councillor FitzGerald referred to discussions around budget transfers and the importance of appropriate funding arrangements. She also noted that the Greater Manchester Combined

Authority now included representation from the voluntary sector and welcomed the increased focus on that sector's contribution.

Councillor Green highlighted concerns that women experiencing menopause and perimenopause symptoms could sometimes be incorrectly diagnosed as having mental health conditions. She stated that this could cause significant distress and have implications for women remaining in employment up to retirement age. She asked that the issue be examined further.

The Chair thanked Will Blandamer and colleagues for the presentation and responses to Members' questions.

It was agreed

- The update be noted
- A briefing paper on the implementation and performance of Virtual Wards in Bury to be circulated to Committee Members.
- A report on menopause and perimenopause, including the impact on health, wellbeing and employment, to be brought to a future meeting.
- Officers to explore opportunities to include patient feedback and patient experience information within future performance reports to the Committee.

HSC.127 URGENT CARE UPDATE

Members noted that the presentation had been circulated in advance of the meeting. The Chair invited David Latham, Senior Programme Manager (Bury), NHS Greater Manchester, to present the report.

David Latham provided an overview of performance across urgent care services, highlighting progress against key measures. He referred to the Board reports and outlined developments relating to hospital discharge, length of stay, and the Virtual Ward programme. Members heard that Bury continues to achieve one of the highest levels of Virtual Ward uptake, with a significant number of patients safely cared for at home. Against a target of 56 patients based on the local elderly population, performance had exceeded this figure on all days during the week commencing 15 June.

The Committee was updated on the Fairfield Improvement Plan. Four priority areas were being progressed, including improving GP access, increasing utilisation of the Virtual Ward model, reducing days of care lost within the system, and strengthening Same Day Emergency Care (SDEC) pathways to avoid unnecessary admissions. Members also noted the longer-term North Care Alliance (NCA) plans for Fairfield and wider service improvements across all sites, including efforts to reduce corridor care and improve ambulance flow and capacity.

Performance data showed continued improvement, with four-hour emergency department performance increasing from 72.9% in April to 74.1% in May. Members were also advised that ambulance handover performance at Fairfield Hospital remained strong, with average waits of 19 minutes and 51 seconds, exceeding Greater Manchester's ambition of 25 minutes.

In response to questions from Councillor Martin, David Latham explained that improvements in four-hour performance had been evident since July 2025 and had been sustained over several months rather than representing a one-off result. He acknowledged that winter pressures and additional arrangements had supported improvements but stated that the system was focused on maintaining performance. Will Blandamer added that all reported performance data was subject to validation.

Councillor Zaman welcomed the improvements and highlighted ongoing concerns from residents regarding access to NHS dentistry. In response, Will Blandamer acknowledged the issue and advised that while initiatives such as Pharmacy First were helping to reduce pressure elsewhere in primary care, a future update on dental access could be brought to the Committee. He noted that Bury compared relatively well against other areas, although challenges remained.

Responding to a question from Councillor Ryder regarding preparedness for extreme heat and summer pressures, David Latham advised that summer planning arrangements were in place. These included coordinated communications and public messaging to ensure advice and information were shared widely across partner organisations. He noted that public health messaging around issues such as open water swimming risks also formed part of summer preparedness activity.

Councillor FitzGerald sought clarification regarding the NCA reorganisation and whether performance reporting would be assessed collectively across hospital sites. David Latham explained that work was underway to align infrastructure and performance metrics. Future reporting would enable performance to be considered not only at individual hospital level but also across the wider NCA footprint, including reporting on outcomes for Bury residents treated at hospitals elsewhere.

The Committee discussed winter planning arrangements and reflected on lessons learned following pressures experienced after the Christmas period. Members requested that urgent care performance and winter planning updates be scheduled earlier in the Committee's work programme to allow for more timely scrutiny.

It Was Agreed:

- Update be noted
- Bring back a further update to the committee
- Bring an update on access to dentistry to a future committee

HSC.128 CHAIRS UPDATE STANDING ITEM

The Chair reported on the recent meeting of the GMCA Health Scrutiny Committee.

A key item on the agenda was a substantial report on cardiovascular services across Greater Manchester. Discussion focused on the consultation and engagement process, with concerns raised about the timing of engagement activity. Members noted that some stakeholders had become aware of the consultation late and had requested an extension to allow sufficient time to respond. It was reported that engagement activity had been delayed by approximately one month. Officers agreed to provide a further update on the issue and how feedback could continue to be incorporated into the process.
The Committee also received an update on NHS Greater Manchester improvement programmes, including outcomes achieved and lessons learned. Members were advised that some areas remain behind target and have been identified as risks within the programme.

An update was provided on wider developments within the Greater Manchester health system, including forthcoming legislative and devolution changes. Members were informed of proposals for a new Greater Manchester Health Commissioner role. It was noted that current leadership is approaching the end of their tenure as Chair of the Greater Manchester Integrated Care Board, marking a significant change in leadership arrangements. Recruitment to the new role has been delayed and is expected to progress following the recent by-election. The role is intended to work across the Greater Manchester system, alongside the Mayor and local authority leaders, with a strong link to democratic accountability.

Members were advised that further information, including relevant links and supporting documents, is available via the NHS Greater Manchester website.

HSC.129 FORWARD PLANNER

HSC.130 URGENT BUSINESS

There was no urgent business

COUNCILLOR E FITZGERALD
Chair

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