Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 14 July 2026

Present: Councillor E FitzGerald (in the Chair)
Councillors S Haroon, C Boles, M Rubinstein, D Duncalfe, K Simpson, D Green, G Martin, J Southworth and S Zaman

Also in attendance: Adrian Crook Director of Community Commissioning
Jeanette Richards Executive Director of Childrens Services
Ian Trafford Head of Programmes Bury Integrated Delivery Collaborative
Andrew Griffiths Chief Operating Officer Bury Healthwatch
Councillor T Tariq Cabinet Member Adult Care, Health and Public Service Reform
Councillor T Pilkington Deputy Cabinet member Children and Young People/Health and Adult Care

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

Apologies for Absence: Councillor L Ryder
Will Blandamer Executive Director Health and Adult Care

HSC.131 NOTICE FROM THE CHAIR

The chair gave the following rules for the meeting and would like to keep on record for following meetings

The following processes were put to the committee to follow going forward

- Please speak through the chair. Do not interject or ask extra questions and officers do not have to respond until I put it to them. If a question isn't relevant or relates to a later item I will hold the question. This is important to maintain the quality of the debate and identify actions rather than just having a general discussion.

- Scrutiny is not about making extended statements either from members or officers. This can hinder scrutiny because members hear officers say something and can think their questions has been answered when the issue may be better discussed rather than part of a 20 minute presentation. Our agendas are busy so keep to questions and answers and if you repeat what someone else has said I will ask you to come to your point.

- Please ensure your question is about the topic we are discussing. If it relates to a different issue, I will hold it and we can check in the work plan if this would be covered in a future meeting.

- You can ask one question at a time. It is hard to respond or follow the proceedings if you ask more than one question. This also allows more members to be involved rather than one person using up all the topics. Your supplementary must relate to the question. I will rule it out if you ask another questions.

- Accusations must be evidence based not opinions. They should also be relevant to the people here, i.e. so if something is happening at a higher level than the representative here we will perhaps write or contact them.

- Please try to avoid general questions about feelings you have or asking officers to provide an opinion.

- More positively, please ask for clarification where you don't know what something means (although in general we have the pre-meet for this) and there aren't any stupid questions. The best scrutiny comes from progressing a strategy that may involve deeper work and follow up rather than gotchas.

- Individual casework should not come up at this meeting. For local councillor questions we should be using this if they think there is a fundamental issue and then we as a committee can take this away and consider if there is something more general. As such going forward please can we pick up the answer and make this part of the minutes (noting GDPR) so the committee can decide if this is something to take forward.

HSC.132 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.133 DECLARATIONS OF INTEREST

There were no new declaration of interests brought to the committee, just what has already been raised at the previous meeting.

HSC.134 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 24th June 2026 were agreed as an accurate record, after discussion around agreed items was clarified but will be coming to a future meeting.

Matters arising: CQC at Fairfield general hospital will be brought to a future meeting

HSC.135 PUBLIC QUESTION TIME

There were no public in attendance at the meeting, there was one public question submitted in advance of the meeting, the response to this question was sent out via email response

HSC.136 MEMBER QUESTION TIME

There were no member questions.

HSC.137 HEALTHWATCH ANNUAL REPORT

The Committee considered the Healthwatch Bury Annual Report. Members were reminded that the report had been circulated in advance of the meeting and that Andrew Griffiths, Chief Operating Officer of Healthwatch Bury, was in attendance to provide an overview of the report's key findings.

Andrew Griffiths highlighted the work undertaken by Healthwatch Bury over the reporting period, including its role in gathering residents' experiences of health and care services, strengthening the patient voice, and influencing service improvement through partnership working. Particular reference was made to work relating to barriers within ADHD pathways,

cancer services across Greater Manchester, and Healthwatch Bury's ongoing casework and engagement activity.

Andrew also outlined the uncertainty surrounding the future national arrangements for Healthwatch and the work taking place across Greater Manchester to consider future delivery models.

Before inviting questions from members, the Chair reminded the Committee that:

- An update on Healthwatch and its future functions had been requested at the Greater Manchester Combined Authority (GMCA) Health Scrutiny Committee earlier that day.
- Healthwatch's role is to gather evidence, identify issues and represent the patient voice. It is not commissioned to directly resolve service issues or deliver improvements, which remain the responsibility of service providers and commissioners.
- Findings reported by Healthwatch may assist the Committee in identifying areas for future scrutiny and consideration within its work programme.

During discussion, Members raised the following:

Councillor Green asked whether Healthwatch worked closely with the Patient Advice and Liaison Service (PALS). Andrew Griffiths explained that Healthwatch and PALS are separate organisations with distinct functions, although there may be value in considering how patient experiences gathered by both organisations could help inform understanding of service issues. Councillor Green commented that there appeared to be opportunities to avoid silo working and make better use of shared intelligence.

Councillor FitzGerald commented on the importance of strengthening the patient voice within reports and understanding the wider health and care landscape.

Councillor Rubinstein welcomed the report and the positive outcomes achieved by Healthwatch Bury. He sought reassurance regarding the future of the organisation and requested that any significant developments be reported to the Committee.

Councillor Tariq provided an update on discussions taking place across Greater Manchester regarding the future of Healthwatch. He explained that Greater Manchester had adopted a strong position in support of maintaining an independent patient voice function despite uncertainty arising from national policy changes. Whilst discussions were ongoing, he emphasised the importance of retaining an effective mechanism for representing residents' experiences within the health and care system.

Councillor FitzGerald noted that the Combined Authority had expressed concerns regarding the future arrangements and highlighted the role of GMCA scrutiny in holding decision-makers to account.

In response, Andrew Griffiths advised that Healthwatch organisations across Greater Manchester were actively working together to explore future delivery options. He reported that Healthwatch Bury was currently supporting Stockport in developing future arrangements and that emerging proposals would be considered by Greater Manchester partnership bodies in due course.

Councillor Southworth thanked Healthwatch for its work within local communities and asked about engagement with faith groups. Andrew Griffiths advised that Healthwatch regularly engaged with faith groups and acknowledged that further engagement in this area would be beneficial.

Councillor Southworth commented that the loss of Healthwatch would represent a significant reduction in community representation and patient advocacy.

Councillor Martin sought clarification regarding a statistic on page 48 of the report referring to a 79% waiting time measure. Andrew Griffiths undertook to provide clarification following the meeting.

Councillor Simpson asked whether Healthwatch had experienced any difficulty engaging with the veteran community. Andrew Griffiths advised that this had not been a significant challenge and suggested that Healthwatch's independence helped build trust and engagement.

Councillor Martin asked about Healthwatch Bury's support for Stockport and the associated funding arrangements. Andrew Griffiths confirmed that this work was funded separately by Stockport Council and did not impact upon Healthwatch Bury's core budget.

Councillor Tariq noted that local Healthwatch services are commissioned and funded by individual local authorities. He commended Healthwatch Bury for stepping in to support Stockport and helping to ensure continuity of service provision during a period of transition.

Councillor Zaman asked whether additional staff had been recruited to undertake the work in Stockport and whether this placed pressure on existing Bury resources. Andrew Griffiths confirmed that the arrangement had enabled additional capacity to be created and that the work was managed separately from Healthwatch Bury's core service.

It was agreed

- the Committee noted the report.

Actions

1. Healthwatch Bury to provide clarification on the waiting time statistic (79%) referred to on page 48 of the report.
2. Healthwatch Bury to provide further information, where available, regarding pharmacy-related matters raised during the discussion.
3. The Committee to receive further updates on the future of Healthwatch, including developments emerging from GMCA scrutiny discussions and national policy changes.

HSC.138 BURY'S LOCAL AREA SEND MONITORING INSPECTION

The Chair reminded members that they were expected to have read the report in advance of the meeting. Noting the attendance of several officers and two political representatives due to the report spanning two Cabinet portfolios, the Chair advised that questions would be taken following the presentation. To ensure efficiency, responses could be considered before being brought back to the Committee by the most appropriate Cabinet Member or officer rather than multiple officers responding to each question.

Cllr Tom Pilkington, Deputy Cabinet Member for Health and Care, introduced the report. He highlighted the collaborative approach that had been taken across services and political groups and thanked councillors, officers, parents and carers for their contributions throughout the improvement journey. He acknowledged that SEND services are a highly emotive area and can cause significant anxiety for children, young people and families. He stated that the positive inspection outcome represented an important milestone but should be regarded as a snapshot in time rather than the completion of the improvement journey. Significant work remained to ensure improved outcomes for children and young people with SEND.

Cllr Zaman referred to the six priority areas identified through previous inspection activity and asked how these related to the summary contained within the report, seeking clarification on whether the actions taken had been effective in delivering the required improvements.

In response, Jeanette Richards explained that the inspection was a Local Area SEND Monitoring Inspection and should be viewed as part of a longer-term improvement journey. She advised that monitoring inspections assess the progress made since previous inspections and whether appropriate action has been taken to address identified areas for improvement.

However, she stressed that this did not mean the work was complete and recognised that further improvements were still required to ensure that children, young people, parents and carers received the support they needed.

Cllr FitzGerald sought clarification that inspectors had determined that effective action had been demonstrated within the 18-month improvement period. Cllr Zaman reiterated the importance of understanding precisely what inspectors had meant when reaching that conclusion.

Cllr Boles welcomed the positive progress reported but questioned how the proposed write-off of the High Needs Block deficit would contribute to improving outcomes for children and young people.

Jeanette Richards advised that, despite the positive inspection findings, there remained significant national uncertainty around SEND funding arrangements and future demand. She explained that a three-year SEND Reform Strategic Plan had been developed and submitted. Increasing demand for SEND services continued to present substantial challenges and the authority recognised that financial pressures and overspends were likely to continue. A Strategic Delivery Plan had been submitted as part of the conditions associated with the High Needs Block deficit arrangements.
Cllr Rubinstein commended officers and partners for the progress achieved to date but expressed concern regarding the wider national SEND funding position and the significant High Needs deficit being experienced across the country.

Referring to information contained within the report regarding lengthy assessment waiting times, Cllr Martin asked what actions were being taken to address delays and mitigate the impact on children and families.
Ian Trafford explained that the position for adults and children differed significantly and should not be directly compared. He advised that more robust pathways had now been established for adults, including commissioned services and the operation of Right to Choose pathways. Improvements had also been made to transition arrangements between children's and adult services. He clarified that the report should not be interpreted as suggesting that waiting time pressures had been resolved but that important changes had been made to improve access to services.
Cllr Pilkington reflected upon his own lived experience and noted that waiting times can vary considerably depending on the pathway followed and the provider chosen.

Cllr Martin asked whether individuals and families required additional guidance to help them navigate the different assessment pathways available to them.

Cllr FitzGerald noted that many of the revised arrangements had only recently been introduced and asked when tangible improvements would begin to be seen.

Ian Trafford advised that Bury now had a fully commissioned adult assessment service, although patients continued to retain rights under Patient Choice regulations to access alternative providers. As waiting times varied considerably between providers, it was difficult to

provide a single definitive timescale. In relation to children's services, he advised that waiting times were broadly around two years but agreed that more accurate and up-to-date figures would be provided following the meeting. He explained that children under five are generally supported through NCA paediatric services, whilst children aged over five are supported through Pennine Care services.

Members were informed that £180,000 had been invested in a Neurodevelopmental Hub to provide support to families while they awaited formal assessment. Providers were also reviewing existing waiting lists in order to prioritise children according to need. This work was being supported through the Greater Manchester transformation programme, which aimed to ensure that children with the most significant needs were seen first. In addition, a multi-agency triage process was being developed in Bury, bringing relevant partners together to review referrals and determine levels of need and priority. Work was also taking place across Greater Manchester to understand and address existing assessment backlogs.
It was agreed that officers would provide members with accurate waiting time figures and circulate information outlining the assessment pathway and associated improvement programme.

Cllr Tariq welcomed the positive inspection outcome and acknowledged that it had not been guaranteed, particularly given the significant criticisms contained within previous inspections. He noted the achievement represented by demonstrating progress across all six priority areas but highlighted ongoing concerns regarding future national SEND reforms and wider system pressures. He suggested that further challenge was required nationally to ensure that forthcoming reforms were sufficiently robust to tackle existing issues. He emphasised the importance of maintaining strong partnerships across health, social care and education services to prevent children falling through gaps in provision. He also recognised the significant contribution made by officers and partners in reaching the current position and described the inspection outcome as a strong foundation upon which further improvements could be built.

Cllr FitzGerald acknowledged that SEND remained a significant issue across Greater Manchester and advised that a further joint meeting would be arranged to consider future developments in more detail. It was also agreed that a briefing paper would be circulated setting out the anticipated timetable for SEND reforms, the key proposed changes and the likely implications for local services.

In closing remarks, Cllr Pilkington reiterated the importance of hearing directly from parents and carers, whose experiences provided valuable insight into how local services were performing. He thanked all partners involved in the improvement journey and emphasised the continued commitment to working together to improve outcomes for children and young people in Bury.
The Committee thanked Cllr Pilkington and officers for the update, recognised the progress outlined within the report and noted the information provided.

It Was Agreed:

- The report be noted

Actions:

- Officers to provide members with accurate and up-to-date neurodevelopmental assessment waiting time figures.
- Officers to circulate information setting out the neurodevelopmental assessment pathway and associated improvement programme timeline.

- Officers to circulate a briefing paper outlining the timetable for forthcoming SEND reforms, the key proposed changes and the potential implications for local services.
- Written responses to be provided in accordance with the Council's non-attendance process where required.

HSC.139 OUTCOME OF CQC LOCAL AUTHORITY ASSESSMENT OF ADULT SOCIAL CARE

The Chair invited Councillor Tariq, Cabinet Member for Adult Care, Health and Public Service Reform, to present the report.

Councillor Tariq advised that it was not often that an item followed two such positive inspection outcomes. He reported that Falcon and Griffin services had received a rating of Good from the Care Quality Commission (CQC), whilst Killalea had been rated Outstanding. Introducing the report, he explained that it outlined the outcome of Bury's Local Authority Adult Social Care CQC Assessment, which had resulted in an overall judgement of Good.

Members were advised that the assessment recognised a number of strengths across the partnership, including strong integration with NHS partners, effective co-production with residents and stakeholders, Bury's positive organisational culture, strengths-based approaches to practice, timely support for carers and a clear understanding of workforce challenges through existing workforce planning arrangements.

Councillor Tariq took the opportunity to thank staff, partners and colleagues for their contribution to the assessment outcome. He recognised the efforts of all those involved in driving improvement over recent years and paid particular tribute to Adrian Crook and Sue Massel for their leadership. He stated that significant improvements had been made across adult social care services and that Bury had successfully recruited and retained high-quality staff, which continued to be a major strength for the Council.

Councillor FitzGerald commented that Adrian Crook had consistently been open and transparent with members regarding areas for improvement and acknowledged the work that had been undertaken.

Councillor Martin thanked officers for the report and referred to the section relating to support during periods of crisis, particularly outside normal working hours. He asked how awareness of these services could be improved to ensure that residents and carers were aware of the support available.
In response, Councillor Tariq emphasised the importance of partnership working, particularly with Pennine Care and Integrated Neighbourhood Teams. He explained that services benefit from local knowledge and a detailed understanding of individual circumstances, which helps ensure appropriate support is provided. He described this joined-up approach as one of the strengths identified through the assessment process.
Adrian Crook added that feedback received during the assessment process included comments regarding the responsive and personalised support provided by teams, including the availability of in-house overnight sitting services where required.

Councillor Southworth congratulated officers on the assessment outcome. Drawing on experience of working with older people and intermediate care services, he commented that a great deal of good work was taking place that residents were often unaware of. He suggested that more should be done to communicate the positive support available. He also asked how residents could access information about digital services and support.
Councillor Tariq acknowledged the point and agreed that further work was required to improve awareness of adult social care services and support available to residents and carers. He noted the importance of communication, particularly for individuals who may feel isolated or

disconnected from services. He advised that this issue would be considered further through ongoing work around the Carers Strategy and wider equality and diversity considerations.

Adrian Crook added that, in relation to intermediate care services, residents not being aware of a service often reflected the fact that they had not required it. He assured members that residents would receive support when needed. He also highlighted work with Bury Blind Society and acknowledged that there remained opportunities to improve information, advice and guidance services through the implementation of the Sensory Improvement Strategy.
Councillor Southworth commented positively on the quality of the presentations and information provided during the assessment process.
Councillor Green congratulated officers on the outcome and shared a personal experience of support received from social workers, praising their professionalism and commitment. He asked about support available for unpaid carers and whether there was a need for greater engagement and communication with carers.

Councillor Tariq advised that the assessment and previous peer review activity had both emphasised the importance of co-production. He explained that the current carers support contract was delivered through Compass and that a decision regarding future arrangements would shortly be finalised. The intention was to ensure future commissioning arrangements would support delivery of key priorities and align with the Council's strategic objectives. He stated that further consideration would be given to ensuring support was accessible to carers from different communities and demographic groups through an Equality Impact Assessment approach.

He also welcomed the positive comments regarding social workers, describing them as often being the "silent workforce" behind the delivery of care packages and support. He noted that maintaining effective recruitment and retention remained an important priority.

Councillor Green welcomed the response and highlighted the risk of carers becoming isolated, particularly where they may be waiting extended periods for support or carrying significant caring responsibilities. He stressed the importance of keeping carers' needs at the forefront of future planning.
Councillor FitzGerald agreed that carers required additional focus and asked whether further information could be provided in relation to future commissioning arrangements and ongoing support for carers.

It was agreed that members would receive further information on the commissioning arrangements and future service developments, together with details of actions being taken to strengthen support for carers.
Councillor Zaman asked what measures and performance indicators were used to assess respite provision and identify unmet need amongst carers.
In response, officers advised that a specific piece of work was underway to review respite provision. Members were informed that existing block contract arrangements for respite care were currently under-utilised and that the commissioning team had been asked to undertake a broader review of respite services. Further information would be circulated to members once the review timetable had been established.

Councillor Boles asked whether feedback had been received from staff during the assessment process, particularly in relation to workload and stress levels.
Councillor Tariq explained that engagement with staff had been a key part of the preparation and assessment process. Staff had been involved through peer reviews, workforce events and social work conferences, helping them to understand the purpose and requirements of the assessment. During the CQC assessment itself, inspectors met directly with staff across a range of teams. He noted that the process had ultimately become a positive and collaborative experience, with teams working together and developing a strong sense of shared purpose.

Councillor Boles referred to discussions within the Local Government Association regarding the use of single-word judgements and asked whether these could have implications for staff wellbeing.

Councillor Tariq acknowledged the point and noted that this was the first formal adult social care assessment process undertaken for many years. He expressed the view that long gaps between inspections were not helpful, as they reduced opportunities for challenge and improvement. Referring to the wider debate regarding single-word judgements, he explained that the CQC was currently undertaking work to review aspects of its assessment approach and engage with stakeholders. He acknowledged concerns that negative judgements could have significant consequences, including challenges around recruitment and retention, given the importance attached to regulatory outcomes.

Adrian Crook commented that while the one-word judgement served as a simple measure for members of the public, achieving a Good or Outstanding rating was beneficial for workforce morale and helped staff feel recognised for their efforts.

Councillor Simpson advised that he had participated in interviews as part of the assessment process and paid tribute to Adrian Crook's support and leadership throughout the process.

The Chair congratulated officers on achieving the positive outcome and acknowledged the significant amount of work undertaken across the service.
The Chair advised members that a comparison table of known CQC assessment outcomes across Greater Manchester authorities would be circulated. It was noted that Wigan had achieved the highest score nationally, whilst Salford had received the lowest score within Greater Manchester. Members were also informed that a minor error had been identified within Bury's reported score relating to the "Supporting People to Lead Healthier Lives" assessment area.

The Committee was advised that a deeper review of Adult Social Care assessment outcomes across Greater Manchester would be undertaken through the Greater Manchester Combined Authority Health Scrutiny arrangements. This work would seek to identify opportunities for improvement and shared learning across authorities.

Councillor Tariq welcomed the proposed review and cautioned that direct comparisons between authorities should be treated carefully, as differing levels of funding, demand and local circumstances could have a significant impact on performance outcomes. Whilst there would be opportunities to learn from high-performing authorities such as Wigan, he noted that the challenges facing Bury were not always directly comparable.

It Was Agreed:

- The update and report be noted
- To express thanks to officers

Actions

- Officers to circulate further information regarding future carers' commissioning arrangements and service developments.
- Officers to provide members with information regarding the review of respite provision, including timescales and scope of the work.
- Comparative Greater Manchester CQC assessment outcome data to be circulated to members.

- Greater Manchester Health Scrutiny is viewing the below items and will be circulated to the committee and covered in the chairs report
    - Wigan as a case study to understand factors contributing to outstanding performance.
    - A review of Salford's improvement and action plan.
    - A deep dive into the assessment areas of Assessing Need, Supporting People to Lead Healthier Lives and Safeguarding.
    - Information on how Greater Manchester ADASS leads will work collaboratively to improve outcomes across the conurbation and the targets associated with that work.

HSC.140 ADULT SOCIAL CARE PERFORMANCE REPORT FOR QUARTER FOUR, 2025/26

The Committee considered the Adult Social Care Performance Report. Members were reminded that the report had been circulated in advance and were expected to have reviewed its contents before the meeting.

Councillor Tariq, Cabinet Member for Adult Care, Health and Public Service Reform, introduced the report. Adrian Crook was invited to provide any additional comments and highlighted that Quarter Four had been a particularly positive period and represented the next cycle of the Council's Business Plan. It was noted that assessment completion rates had reduced and that further improvement was required, although performance remained at 96%.

Members also noted the outstanding CQC judgements relating to Killalea and the integration of Adult Social Care and NHS services.

Councillor Martin referred to the performance information on page 83 relating to occupational therapy assessments. Whilst the report indicated that assessments were generally being completed within six months, one case highlighted a waiting time of over 500 days. Councillor Martin sought assurance regarding the action being taken to address such delays.
In response, Adrian Crook advised that the target was to reduce waiting times to below 50 days. He explained that Occupational Therapy Disability Services were working to a specific action plan to address the issue. It was noted that all referrals were currently treated as being of the same level of complexity, and it was hoped that the actions being implemented would significantly reduce the median waiting time.

Councillor Zaman queried whether the data reflected unmet need or whether the service was successfully managing demand.

Adrian Crook responded that there was no evidence to suggest significant unmet need. He noted that the number of people progressing through the service remained high and that Bury was ranked as the 34th most effective authority in the country. Furthermore, issues relating to unmet need were not being identified through casework activity.

Members discussed the impact of extended waits for occupational therapy assessments and suggested that further information be included in future reports outlining what support was available to people facing longer waits, including practical adaptations such as additional bathroom facilities where appropriate.

Councillor Simpson raised concerns regarding social worker caseloads and asked how manageable workloads were across the workforce. Adrian Crook advised that caseloads were monitored closely, alongside staff wellbeing, recruitment and retention. He explained that it was important that staff felt workloads were fair and manageable and that one-to-one meetings and supervision arrangements were in place to identify and resolve workload issues. Workforce wellbeing and capacity remained a key area of focus.

Members requested that workforce issues and social worker caseloads continue to be considered through the Committee's work programme.
The Committee also received an update regarding engagement work undertaken with older residents. It was noted that discussions had taken place with the Bury Older People's Network and that progress was being made through a dedicated project examining issues affecting older people, including challenges facing those at risk of homelessness. Members heard that there remained a wide range of issues and challenges relating to social prescribing, the voluntary sector and engagement with carers, and that some individuals could still be missed by the system. It was noted that these concerns would be highlighted at a Greater Manchester level.

Discussion took place regarding survey results which showed that the proportion of people who use services and reported a positive experience remained below 50%.

Councillor Southworth commented that some older generations were not accustomed to seeking help and could perceive involvement from social services negatively. He emphasised the importance of public education and awareness to ensure residents understood that social care support is a positive intervention designed to help people maintain their independence and wellbeing.

Members also discussed loneliness, social isolation and how people access support services. Questions were raised regarding whether reporting arrangements would change following the CQC assessment process.
In response, Adrian Crook advised that the Business Plan had been reset and that the format of future performance reports would be revised accordingly.

It Was Agreed

- That the report be noted.

Actions

- Include further commentary in future reports regarding long waiting times for occupational therapy assessments, including the support and interim measures available to residents awaiting assessment.
- Continue monitoring and reporting on social worker caseloads, workforce wellbeing, recruitment and retention through the Committee's work programme.
- Provide updates on engagement work with the Bury Older People's Network, including issues relating to older people at risk of homelessness.
- Continue to highlight concerns relating to social prescribing, voluntary sector support and carers' engagement at Greater Manchester level.
- Develop and implement the revised performance reporting format aligned to the reset Business Plan.

HSC.141 CHAIRS STANDING ITEM

The Chair provided an update on the Northern Care Alliance (NCA) Scrutiny Committee meeting held during the previous month and the Greater Manchester Combined Authority (GMCA) Health Scrutiny Committee meeting held earlier that day.

The Chair reported that she attended the Northern Care Alliance (NCA) Scrutiny Committee meeting alongside Councillors Simpson and Hunt. Due to recent election changes and circumstances affecting Oldham's representation, she had been required to chair the meeting. Members noted the need for succession planning across the various Greater Manchester health scrutiny committees to ensure appropriate chairing arrangements in future.

The Committee reviewed operational and financial performance across the NCA and agreed a number of actions for inclusion within its work programme. These included ongoing monitoring of the NCA's budget challenges for 2026/27; clarification that there were no debtor issues relating to overpayments; measures to improve outcomes relating to sickness absence and workplace stress; plans to improve Referral to Treatment performance and achievement of future four-hour waiting time targets; challenges associated with waiting list management, particularly in light of planned industrial action; and plans to improve theatre utilisation and monitor associated risks. Members also discussed the potential impact of changes to overtime arrangements within Salford services.

The Committee considered the transition to clinically led leadership arrangements and noted that improvements may already be evident through reductions in complaints and PALS enquiries not dealt with within agreed timescales. A further update on progress was requested. Members welcomed improvements within community services, particularly for children and young people, noting that waits of over 52 weeks had reduced significantly from more than 1,000 per month a year earlier to approximately 400 since October 2025. Positive feedback from carers regarding support services was also noted.

The Committee reviewed recent Care Quality Commission (CQC) assessments for individual hospitals and received an update on the ongoing CQC Well-Led assessment, covering leadership, culture, governance, staff engagement, equality, partnerships, innovation and environmental sustainability.

The Chair advised that the GMCA Health Scrutiny Committee
meeting had been attended for the first time by the Committee's first non-voting VCSE representative.

Members received a report on the Greater Manchester Integrated Care Partnership's Anti-Racism Programme. The Committee expressed concern regarding data presented, including a significant increase in reports relating to racism, high levels of reported racism experienced by migrant care staff, and increases in hate crime across Greater Manchester despite an overall reduction in recorded crime.
Members welcomed the actions being taken to address these issues and discussed hospital reporting processes, the practical implementation of active bystander training and the application of the programme within adult social care services delivered through independent providers. The Committee requested that local authorities provide further information on how the programme would be implemented within adult social care settings and a further update on progress be submitted in due course.

The Committee considered the NHS Greater Manchester VCSE Engagement Grant Funding Model, a two-year borough-based programme intended to engage communities that are traditionally harder to reach and support preventative and community-based interventions.

Members discussed variations in how funding is utilised across local authorities and requested that updates be reported to local health scrutiny committees to enable greater understanding of local issues, identification of good practice and sharing of learning across Greater Manchester. Members also sought information regarding how the programme is being delivered within Bury and whether there is any overlap with the work undertaken by Healthwatch.

The Committee welcomed the progress made to date and noted the commitment being demonstrated by senior leaders across the system. It was agreed that a further progress update would be received in due course.

The Chair requested that future performance reports include Same Day Emergency Care (SDEC) data for Fairfield General Hospital to provide Members with a more complete understanding of local service performance.

Resolved:

That the Chair's update be noted and that future performance reporting include Fairfield General Hospital SDEC data where available.

HSC.142 URGENT BUSINESS

There was no urgent business

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 9.15 pm)