

AGENDA FOR

HEALTH SCRUTINY COMMITTEE



Contact:: Josh Ashworth
Direct Line: 0161 253 5667
E-mail: J.R.Ashworth@bury.gov.uk
Web Site: www.bury.gov.uk

To: All Members of Health Scrutiny Committee

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

Dear Member/Colleague

Health Scrutiny Committee

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

Date:	Thursday, 24 September 2026
Place:	Council Chamber, Town Hall, Bury, BL9 0SW
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 NOTICE FROM THE CHAIR

The Chair would like to confirm processes for the committee 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.

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an

interest in any of the matters on the agenda and if so, to formally declare that interest.

4 MINUTES OF THE LAST MEETING *(Pages 5 - 18)*

The minutes from the meeting held on 14th July 2026 are attached for approval.

5 PUBLIC QUESTION TIME

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

6 MEMBER QUESTION TIME

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

7 CHAIRS UPDATE ON GM MEETINGS *(Pages 19 - 30)*

Update on:

- August GMCA Joint Health Scrutiny
- September GMCA Joint Health Scrutiny
- Verbal update on NCA Joint Health Scrutiny - following this members can decide what they would like to hear about from NCA.

Link to the JHOSC for the NCA meeting taking place on the day of the next meeting at 2pm

[Joint Health Overview and Scrutiny Committee for Northern Care Alliance - Thursday, 24th September, 2026 2.00 pm](#)

Locality board Northern Care Alliance report is attached for information

8 UPDATE ON ACHIEVEMENTS OF CARERS STRATEGY *(Pages 31 - 48)*

Presentation Attached

9 ACHIEVEMENTS OF CARE MARKET WORKFORCE SUPPORT (BURY CARE ACADEMY) *(Pages 49 - 74)*

Presentation attached

10 URGENT BUSINESS

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

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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

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- 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.

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- 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)

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Chair's Update September 2026

Since the last meeting there has been 2 GMCA Health Scrutiny meetings and there will be a Northern Care Alliance (NCA) meeting on the afternoon of our meeting. I will provide a verbal update for this meeting.

August GMCA Joint Health Scrutiny

The papers can be found here - <https://democracy.greatermanchester-ca.gov.uk/documents/g6194/Public%20reports%20pack%2011th-Aug-2026%2010.00%20Greater%20Manchester%20Joint%20Health%20Scrutiny%20Committee.pdf?T=10>

Maternity and Early Years

This was a much-welcomed item especially following a number of major incidents and the interest in this area from the new Secretary of State Yvette Cooper and Mayor of Manchester Bev Craig.

Some of the data was quite shocking – 65% of women giving birth need a high level of medical support, nearly 30% of children aged 0 – 5 experience disadvantage, maternal mortality is higher than at historic levels and GM is 4 percentage points behind national figures on school readiness.

We had members of the voluntary community there including a representative from Home Start.

At the end of the meeting, we decided to do a deep dive on this area and following an initial scoping meeting we will be looking at where we are now, having a visit to a family hub, looking at mental health issues, and hearing patient and community voice.

Health and Care Data and Intelligence in Greater Manchester

We had an overview of the Greater Manchester Care Record which is one of the most developed in the country. Its aim is that patients don't need to repeat their medical history, clinicians have access to the right information at the right time and in the right place, and clinicians will be better equipped to identify patterns and plan care more effectively to meet patient needs.

Usage is increasing across the NHS in GM.

We heard about a case study of Electronic Palliative Care Coordination System (EPaCCs) which has End of Life Planning information in one place and resulted in more people dying in the place of their choice.

Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector - Perspectives on Health Inequalities in Greater Manchester

The committee heard about the scale of the Voluntary Sector in GM. One interesting stat for me was that 71% are micro-organisations with turnover of less than £10,000 pa.

The key issues identified for contributing to Health Inequalities were poverty and the cost of living, mental health & wellbeing, access to services, prevention and early intervention, community innovation and good practice, and some groups were particularly effected.

They raised concerns about funding and sustainability of their sector.

Monthly Service Reconfiguration Report

The consultation for the specialised commissioning of cardiac and arterial vascular surgery is underway, and we had an update at the midpoint in the September committee meeting (see later).

We received an update about a review of 'Ambulance Handover and Corridor Care' with engagement work undertaken at Tameside Hospital. Key themes were long waiting times, waiting in corridors, communication and information, but also some positive feedback around staff attitude and effort, and positive experiences.

September GMCA Joint Health Scrutiny

The papers are here <https://democracy.greatermanchester-ca.gov.uk/documents/g6195/Public%20reports%20pack%2015th-Sep-2026%2010.00%20Greater%20Manchester%20Joint%20Health%20Scrutiny%20Committee.pdf?T=10>

Care Quality Commission (CQC) Assessment Data

We were given the final position for all the boroughs with Wigan 'Outstanding'; Bury, Bolton, Manchester, Oldham, Rochdale and Stockport all 'Good'; Tameside and Trafford were 'Requires Improvement'; and Salford was 'Inadequate'.

We had more detail on ADASS (Directors of Adult Social Services) in GM and the NW. We heard that given our range of results, GM had approached Baroness Casey who is currently reviewing Adult Social Care about some input into her review.

Wigan came first in the country. We asked what they were doing to achieve this. This is on page 30 and is interesting reading. We asked questions about would parts of this be able to be replicated and were there funding or demographic barriers? The view was a neighbourhood, prevention and digital (time saving) approach was something all boroughs were trying to do.

We received some assurance on the Salford plan which includes a monthly assurance board.

In a future meeting we will look at some of the thematic issues (and positives) and how learning is being spread across GM.

NHS Greater Manchester Reform and Workforce Update

The committee were updated on the progress made in stage 1 which started in Nov 25 and is just ending now – the required change was a 39% reduction in running costs that resulted in over 300 staff leaving in one of the two rounds of voluntary redundancy.

There will now be the change around shifting from a large-scale organisation to a proportionate, modern service for a reshaped, more focused ICB. Working from a more proportionate resource base, the function will simplify and standardise processes, remove duplication, increase self-service, make greater use of digital tools and automation, and use workforce data and insight more consistently. There will be an all staff away day on 30th September.

Phase 2 will begin during the Autumn and completes implementation of the strategic commissioning model, ensuring that NHS GM is focused on the functions it needs to discharge as an effective strategic commissioner while functions better located closer to delivery, integration or Place move to the appropriate host or partner organisation. We heard about the move to the 'Place Model' and some moves into the ICB – Individual Funding Requests and Population Health Colleagues (an integrated team hosted by Manchester).

We were reminded that this is happening whilst the NHS is preparing for a busy upcoming winter.

Greater Manchester Paediatric Audiology Services

The committee received an update following last summer's report into systemic issues with Paediatric Audiology Services – across the country not just Manchester.

Stockport is now ready to start to reopen with NHS staff and the recall clinics at Withington, Salford and Wigan, Wrightington and Leigh, are nearly complete. The committee asked for stats about the result of these clinics and the number of children and families impacted.

We heard how there had been strong family involvement in the process around communications and better ways of working.

The committee will receive a final update in the future to include a GM Service Specification for Paediatric Audiology.

Monthly Service Reconfiguration Progress Report and Forward Look

The main item on this was the interim update on the consultation for specialist cardiac surgery. Because of the mayoral election, there was a soft launch with more activity in recent weeks. This data went to 10th August.

Because the consultation means Royal Oldham would not do surgery anymore, a lot of the focus and feedback will need to be in speaking to people in Bury, Rochdale and Oldham.

Concerns about travel (cost and time) to the proposed site in Wythenshawe and concerns about one site being able to have the capacity for all the patients have been the main issues raised so far.

The committee asked for an update when the consultation closes (likely November) which should include where patients go now and where they will have to go in the future – including volumes.

Work Programme

The GMCA Health Scrutiny Committee will be receiving monthly updates about the NCA issues. The committee noted the work at the NCA committee in the first instance and will review what needs to come to the GMCA committee at the next meeting.

NCA Meeting 24th September

The papers are here

<https://committees.oldham.gov.uk/documents/g9984/Public%20reports%20pack%2024th-Sep-2026%2014.00%20Joint%20Health%20Overview%20and%20Scrutiny%20Committee%20for%20Nort%20hern%20.pdf?T=10>

The agenda will include:

- NCA CQC and C4 response – update and action plan
- Clinical Leadership Update
- Cost Improvement Plans and Patient Impact
- Integrated Performance Report
- Work Programme

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Meeting: Locality Board			
Meeting Date	08 September 2025	Action	Receive
Item No.		Confidential	No
Title	Northern Care Alliance: Current Position, Improvement Activity and System Response		
Presented By	Will Blandamer – Place Partnership Director		
Clinical Lead	Dr Cathy Fines		

Executive Summary
This report provides the Locality Board an overview of recent concerns relating to the Northern Care Alliance NHS Foundation Trust (NCA), the actions being taken by the Trust and the wider NHS system, and the implications for services used by Bury residents. The report has been prepared following significant national and local media coverage concerning patient safety, governance, organisational culture and the management of concerns within the Trust. It also reflects recent regulatory action taken by NHS England and the Care Quality Commission (CQC).
Recommendations
The Locality Board is asked to: 1. Note the contents of this report. 2. Note the actions being taken by the Northern Care Alliance, NHS Greater Manchester and NHS England Northwest. 3. Note that there are currently no proposed service changes affecting Bury residents as a consequence of the improvement programme. 4. Request a further update once the Northern Care Alliance Integrated Improvement Plan has been finalised and agreed with regulators.

Links to Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	☒
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	☒
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	☒
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	☒
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	☒

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒

Implications						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Northern Care Alliance: Current Position, Improvement Activity and System Response

1 Background:

The Northern Care Alliance began operating as a group partnership in 2016 and Northern Care Alliance NHS Foundation Trust was formally established as a single NHS foundation trust in 2021 and provides hospital and community services across Bury, Rochdale, Oldham and Salford, including services delivered from Fairfield General Hospital in Bury and associated Bury Community Services.

1.1 Over recent months a number of concerns relating to patient safety, quality governance, organisational culture and leadership have received increased public attention through media reporting and regulatory scrutiny. These concerns have included:

- Historic failures in spinal surgery services that were examined through the independent Carlo Breen review.
- Concerns within gynaecology services relating to governance, administration and patient follow-up.
- Issues relating to incident management, complaints handling and organisational learning.
- Concerns regarding Freedom to Speak Up arrangements and whether staff consistently feel able to raise concerns.
- Ongoing challenges in urgent and emergency care, patient flow and workforce pressures.
- Wider concerns regarding organisational leadership, governance and improvement capacity.

1.2 Some of these issues relate to historic events and services, while others concern how effectively the organisation identifies, manages and learns from risks across the Trust. The cumulative effect has resulted in increased regulatory oversight and public concern.

1.3 Many of the issues now receiving public attention were already subject to varying degrees of regulatory oversight, review activity and improvement programmes before the recent media coverage. What has changed is the level of public visibility, the accumulation of concerns across multiple service areas and the subsequent decision by regulators to introduce enhanced improvement and assurance arrangements.

2 Public and Stakeholder Concerns

2.1 Recent media coverage has generated significant concern amongst patients, staff, residents, elected members and partner organisations across Greater Manchester. Concerns expressed publicly have focused on several key themes, including patient safety, delayed diagnosis and treatment, organisational culture, incident investigation, complaints handling, workforce pressures and whether staff feel able to raise concerns through Freedom to Speak Up arrangements.

2.2 For residents and patients, the primary concern is whether services remain safe and whether any historic or current failings may have affected patient care. There is also understandable concern regarding the pace of improvement and whether lessons from previous incidents and reviews have been embedded consistently across the organisation.

2.3 For staff, issues raised publicly have included organisational culture, leadership visibility, governance arrangements and confidence in internal processes for escalating concerns.

These themes have featured in both regulatory findings and Freedom to Speak Up discussions over recent years.

- 2.4 For elected members and system partners, the principal concern is ensuring that residents continue to receive safe, high-quality care whilst maintaining confidence that identified issues are being addressed openly, transparently and at pace through robust improvement arrangements and independent oversight. This has led to requests for additional briefings, assurance and ongoing reporting from both the Northern Care Alliance and NHS Greater Manchester.
- 2.5 Whilst the concerns are serious, NHS Greater Manchester, NHS England and the Northern Care Alliance have all emphasised that patients should continue to attend appointments and seek healthcare services as normal unless contacted directly by the Trust. There are currently no planned service changes associated with the improvement programme

3 **Regulatory and External Review Findings**

- 3.1 Over the last two years the Northern Care Alliance has been subject to a range of reviews and oversight processes relating to quality, safety and governance. These have included:
- Independent review of spinal services.
 - Rapid Quality Reviews relating to spinal and gynaecology services.
 - NHS England quality oversight activity.
 - Care Quality Commission inspections and warning notices.
 - Wider governance and leadership reviews.
- 3.2 In summer 2026 NHS England issued formal enforcement undertakings to the Trust. These identified concerns relating to quality governance, management of risk and progress in addressing known issues within certain clinical services.
- 3.3 The Care Quality Commission has also issued a Section 29A Warning Notice following its Well Led assessment. The notice identified concerns relating to:
- Investigation and learning from patient safety incidents.
 - Complaints management and organisational learning.
 - Oversight of Freedom to Speak Up arrangements.
 - Governance and risk management processes.
 - Workforce wellbeing and equality-related workforce issues.

4 **What the Northern Care Alliance is Doing**

- 4.1 The Northern Care Alliance has acknowledged the seriousness of the issues raised and has stated publicly that patient safety remains its primary concern.
- 4.2 Key actions being undertaken by the Trust include:

Integrated Improvement Plan

- 4.2.1 The Trust is developing a single Integrated Improvement Plan which will bring together all actions arising from:
- NHS England undertakings.
 - Care Quality Commission requirements.
 - Independent reviews.
 - Existing patient safety and governance improvement activity.

- 4.2.2 The intention is to replace multiple separate programmes with a single framework that can be monitored by regulators, partners and the Trust Board.

Changes to Clinical Leadership

- 4.2.3 In April 2026 the Trust introduced a new clinically led operating model designed to place greater clinical leadership at the centre of decision-making and quality improvement activity.

Freedom to Speak Up and Culture

- 4.2.4 The Trust has appointed an independent senior nurse to strengthen arrangements for handling staff concerns and ensuring that any immediate patient safety issues are escalated appropriately.

External Review Activity

- 4.2.5 Further independent reviews of spinal and gynaecology services are planned, with findings expected to inform the next phase of improvement work.

Leadership Arrangements

- 4.2.6 The Trust is currently managing a period of leadership transition. Arrangements are being put in place to secure additional executive leadership support while improvement activity continues.

5 What NHS Greater Manchester is Doing

- 5.1 NHS Greater Manchester, as the Integrated Care Board, has significantly increased oversight arrangements relating to the Northern Care Alliance. This includes:
- Ongoing quality surveillance and assurance activity.
 - Additional quality review meetings.
 - Scrutiny of progress against improvement actions.
 - Monitoring of patient safety risks.
 - Monitoring of delivery against regulatory requirements.
 - Regular reporting to NHS Greater Manchester governance structures.
- 5.2 NHS Greater Manchester has stated that its immediate focus is ensuring safe services for patients while supporting the longer-term programme of organisational improvement.
- 5.3 A particular focus for NHS GM has been working with NCA around service response to Industrial Action. The **action** has impacted theatre waiting lists and critical care capacity throughout July. No further strike dates have been confirmed at presented. The ICB have taken an action to support and pursue discussions with Unison and support the development of derogation and minimum service level arrangements.

6 What NHS England North West is Doing

- 6.1 NHS England North West is providing formal regulatory oversight of the Trust's improvement programme. Key elements include:
- Formal enforcement undertakings.
 - Establishment of enhanced oversight arrangements.
 - Creation of a System Improvement Board.
 - Monitoring progress against agreed actions and milestones.

- Oversight of external reviews.
- Ongoing assessment of clinical quality, governance and leadership improvements.

6.2 NHS England will therefore play the principal role in assessing whether the Trust delivers the required improvements and complies with regulatory requirements.

7 Governance and Accountability

7.1 It is important to recognise that the Northern Care Alliance is an NHS Foundation Trust with its own Board of Directors and statutory responsibilities for the quality and safety of services it provides. Oversight of provider quality, performance and regulatory compliance sits through established NHS governance arrangements involving the Trust Board, NHS Greater Manchester, NHS England and the Care Quality Commission.

7.2 Locality (Bury) and place-based partnerships have an important role in understanding the implications for residents and local services but do not undertake the provider governance functions of the Trust or system regulators.

8 Implications for Bury

8.1 The concerns outlined above have understandably generated significant interest amongst Bury residents, elected members, Healthwatch and wider system partners. Given the importance of Northern Care Alliance services to the borough, local partners have sought ongoing assurance regarding patient safety, service continuity and delivery of the improvement programme.

8.2 Fairfield Hospital remains open and continues to provide services to local residents. There are currently no planned service changes linked to the improvement programme. Patients are being advised to continue attending appointments unless contacted directly by the Trust.

8.3 Bury Council, NHS Greater Manchester Bury locality partners and elected members have sought assurances that:

- Services provided to Bury residents remain safe.
- Any historic or current patient harm is identified and addressed appropriately.
- Improvement activity is robust and transparent.
- Local partners are kept informed of progress.
- Public confidence is maintained through clear communication.

8.4 Since the recent concerns entered the public domain, local partners have sought assurances from both the Northern Care Alliance and NHS Greater Manchester regarding the implications for Bury residents and services. This has included requests for information relating to patient safety, service continuity, governance arrangements, regulatory oversight and delivery of the Trust's improvement programme. These matters will continue to be monitored through existing partnership, locality, and health scrutiny arrangements

8.5 Given the importance of NCA services to Bury residents, continued monitoring and engagement through local partnership and scrutiny arrangements will remain necessary as the improvement programme progresses.

9 Conclusion

9.1 The concerns identified within the Northern Care Alliance are serious and have resulted in significant regulatory intervention and heightened public scrutiny. However, a substantial

programme of improvement, oversight and external assurance is now underway involving the Trust, NHS Greater Manchester, NHS England North West and the Care Quality Commission.

- 9.2 There is currently no evidence of any planned reduction in services for Bury residents as a consequence of this work. The focus of all organisations involved is on maintaining safe services in the short term while delivering sustained improvements in quality, governance, leadership and organisational culture over the longer term.

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VISIBLE. LOCAL. MAKING A DIFFERENCE.

Bury Carers' Hub

Impact, lived experience and delivery of Bury's Adult Carers Strategy



STRATEGY OVERVIEW

Adult Bury Carers Strategy 2025-2029

The Adult Bury Carers Strategy reflects carers experiences, recommendations and feedback.

Oversight is provided by the Bury Carers Strategy Group, which includes representatives from health, social care, public health, council colleagues, carers, Bury VCFA, the Bury Carers' Hub, Healthwatch and providers.

The vision is that we want Bury to be a place for people who provide unpaid care to be:

Recognised and valued for the care they provide and are supported, both in their caring role and as an individual. Carers will be able to get the support they need, when they need it and in the way that works best for them.

OUR COMMITMENTS

- ✓ To identify and support carers as soon as possible.
- ✓ Carers can access the right support and information when they need it, in the way that works best for them.
- ✓ To raise the profile of carers. Carers will be encouraged to recognise their role and have their rights championed and protected.
- ✓ To reduce inequalities by improving identification and support to carers from under-represented groups.

WHO WE ARE

One front door. A whole network of support.

WHO WE SUPPORT

Adult carers supporting an adult in Bury, including young adult carers aged 18–24 and carers moving into adult services.

HOW WE HELP

Information, advice, one-to-one support, groups, training, wellbeing, emergency planning and referrals.

HOW PEOPLE CONNECT

At home, in the community or online, with referral routes by form, email, freepost or phone.

OUR PARTNERSHIP ROLE

Awareness briefings and Carer Champions help professionals identify and support carers earlier.



Connecting with our community
Jinnah Community Centre

CARER VOICE

Co-production brings lived experience into service design and wider system development.

CURRENT SERVICE OFFER

SERVICE SNAPSHOT

Reach, activity and outcomes



**Among carers whose support plans ended as planned and who completed outcome measures.*

REPORTING PERIOD: MARCH 2025 – FEBRUARY 2026

MEET ONE OF OUR CARERS

What support looks like



Bury Carers' Hub Carer

DIRECT ALIGNMENT

We are delivering the strategy, not sitting alongside it

1 IDENTIFY EARLY

Outreach, hospital links, primary care, awareness briefings and champions.



2 RIGHT SUPPORT

Flexible information, advice, peer support, training and breaks.



3 RAISE THE PROFILE

Carers' rights, campaigns, professional awareness and lived experience.



4 REDUCE INEQUALITIES

Targeted local engagement and culturally relevant partnership work.



IMPACT STORY- CASE STORY

From overwhelmed to listened to, supported and giving back

LISTENED

A self-referring carer was supported to identify personal needs.

CONNECTED

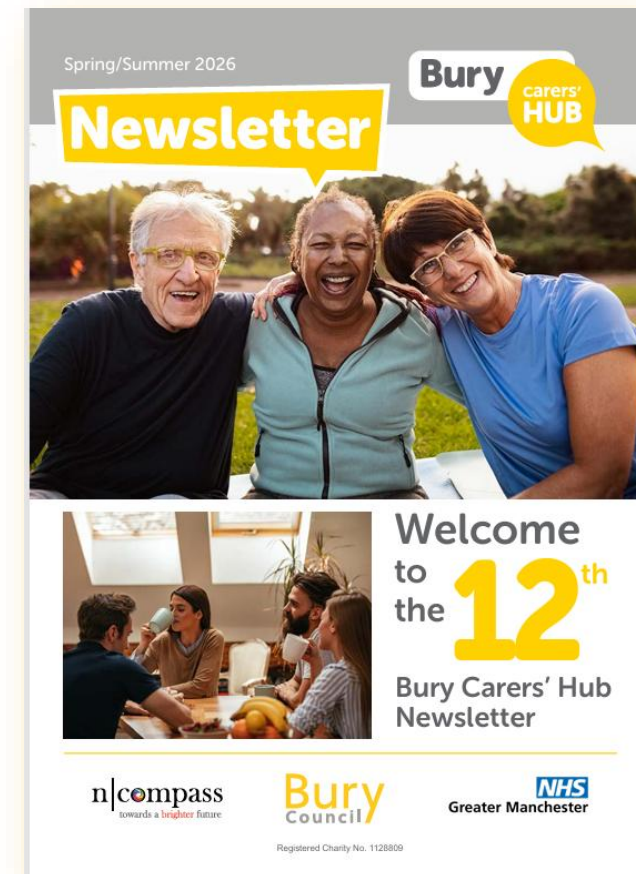
Referrals addressed statutory assessment, housing, mental health and legal concerns.

CHANGED

Increased support enabled respite and specialist help reduced anxiety.

GIVING BACK

The carer became a Hub volunteer and now wants to raise awareness.



“I can’t thank Jim enough... I really felt listened to.”

CASE STUDY REPORTED MARCH–MAY 2026

GOOD NEWS STORY – POPPY MAKING!

More than crafts: reducing isolation and building confidence



16

carers attended



47

poppies created



14

feedback forms returned



79%

reported feeling less
isolated

One carer used the activity as an ice-breaker to attend a carers group for the first time.

“It was easier than I expected and made me feel more skilled when I saw the final poppy.”

REDUCING INEQUALITIES

Local relationships open doors that services alone cannot

JINNAH COMMUNITY EVENT

Around 150 attendees and 3 new registered carers in March 2026.

SAHARA MEMORY CAFÉ

15 attendees and 4 new referrals in April 2026.

WOMEN'S WELLBEING GROUP

10 attendees, 2 registered carers and 2 new referrals in May 2026.

QUARTER IMPACT

18 ethnic minority referrals across March–May 2026.

Take support to people, not people to support.

REPORTING PERIOD: MARCH–MAY 2026

CARER CHAMPIONS & COMMUNITY SUMMER 2026

Carer Champions and Carer Friendly Communities

CARER CHAMPION TRAINING

Members of Fairfield General Hospital's Mental Health team attended Champion Training and registered as Carer Champions.

POSITIVE PROFESSIONAL FEEDBACK

Training feedback was positive. Professionals highlighted greater awareness of the support available to unpaid carers.

TRUSTED COMMUNITY PARTNERS

Links with the Jinnah Centre, Sahara Project and AFRICAB are strengthening engagement. Women Connect creates opportunities to reach hidden carers.



Jinnah Centre • Carer Friendly community



AFRICAB

~60

attendees at the Jinnah Centre's heritage celebration

4

registered carers attended • 27 August 2026

Carers are shaping what comes next



HEAR

Coffee mornings, outreach and the Co-production Network gather lived experience.

SHAPE

Carers identify gaps and describe support that fits real lives.

ACT

A peer-led evening group for parents and carers of autistic people is being explored.

LEARN

The insight informs service priorities and wider strategy delivery.

ACTIVITY REPORTED MARCH–MAY 2026

THE WIDER HUB OFFER

Practical support, in person and online

PEER CONNECTION

Coffee & Chat, Carers Community Network, CHAT line and Pen Pal scheme.



INFORMATION & DIGITAL

Magazine, online support, moderated communities and digital resources.



PRACTICAL PLANNING

Carer's Assessment support, Emergency Cards, contingency planning and signposting.



WELLBEING & SKILLS

Training and wellbeing activities that help carers take time for themselves.



Art For Wellness



Self Care & Staying Well



Reflexology For Wellness

BREAKS

Referral to eligible short-break opportunities through community partners.

Carefree

Take a short break from your caring role with **Carefreespace.org**

CREATING A CARER-FRIENDLY SYSTEM

Awareness briefings and Champion Training for professionals and community groups.



14

carer training sessions

JUNE 2025–MAY 2026



79

Carer Champions trained

JUNE 2025–MAY 2026

CURRENT SERVICE OFFER

ACTIVITIES IN ACTION

Connection, creativity and wellbeing across Bury

What We Have Been Up To

Art for Wellbeing - Christmas

Music to Lift the Mood

Walk and Talk With Us

N-Compass Bury Carers' Hub, The Stepping Out Project with Manchester and Salford Ramblers

JOIN US FOR A CARERS' WALK IN LOCAL PARKS and areas of interest across Greater Manchester.

A scenic, sociable, active outing with refreshments. The walks are low level, wheelchair accessible and weather dependent.

All walks are posted on Facebook, The Bury Directory and promoted at all our groups. For future dates, please keep in touch.

PLACES ARE LIMITED, THEREFORE BOOKING IS ESSENTIAL. For more information, please contact: Jacqui.Byron@burycarershub.org.uk 0300 303 0207

ramblers at the heart of walking | Bury carers' HUB | GMCA Greater Manchester Integrated Care Partnership

Reflexology

Bury carers' HUB

First Aid For Carers'

Stepping Out Project

Activities are the doorway. The outcomes are connection, confidence, respite and wellbeing.

ACTIVITIES IN ACTION

Carers connect through creativity and shared experiences



Community pride



Music and movement



Creating connections

Activities are the doorway. The outcomes are connection, confidence, respite and wellbeing.

CARERS' VOICES

Carers describe life-changing support

CONNECTION & BELONGING

“For me, being part of this group and the wider work of Bury Carers Hub has been nothing short of life-changing.”

Valerie, carer and lead crafter

A BREAK THAT WAS OUT OF REACH

“Without this incredible service, we simply wouldn’t have been able to afford a holiday.”

Rachel, Carefree break recipient

FEELING HEARD & VALUED

“It feels good to be able to share my experiences and know that my views are being listened to.”

Mrs B, Co-Production Network participant

Bury Narrative Report BCH Q1, June–August 2026 | Selected verbatim excerpts

CARERS' VOICES

Support makes a difference to carers' everyday lives

ACCESSING FINANCIAL SUPPORT

“Without your suggestion and referral to Age.UK Bury, (Diane filled out the form for me) this wouldn't have happened.”

Betty, following an Attendance Allowance award with a backdated amount



Music and Movement • 10 June 2026

GETTING OUT AGAIN

“we never thought Ken would be able to leave the house and here he is dancing and watching live music”

Carer feedback at the musical event

RELIEF FROM STRESS

“I find it really helpful to get away from the stress of everything at the moment!”

LC, carer

Bury Narrative Report BCH Q1, June–August 2026 | Selected verbatim excerpts

Take away

VISIBLE



Finding carers through neighbourhoods, health partners and community relationships.

RESPONSIVE



Support shaped around the person, caring role and what matters now.

CONNECTED



Practical help, peer support, statutory pathways and specialist partners.

ACCOUNTABLE



Clear reporting periods, measurable outcomes and delivery aligned to strategy.

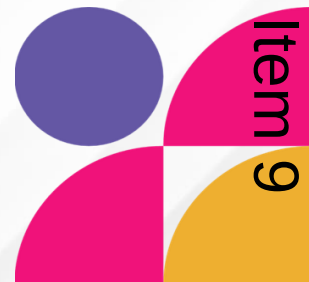
The Hub turns Bury's commitments into visible, local action, helping carers sustain caring without losing sight of their own lives.

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End of Yr 1 Report

Aug 25- July 26



MEET THE TEAM



Sue Waldron
Manager



Laura Ross
Recruitment Lead



Lucy Moore
Workforce Support Assistant



Tiffany Garbutt
Workforce Support Assistant



Jonathan Rossiter
Marketing and Comms



BCA Accountability

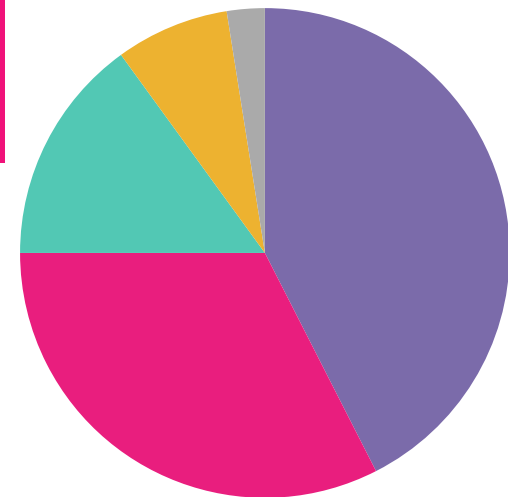
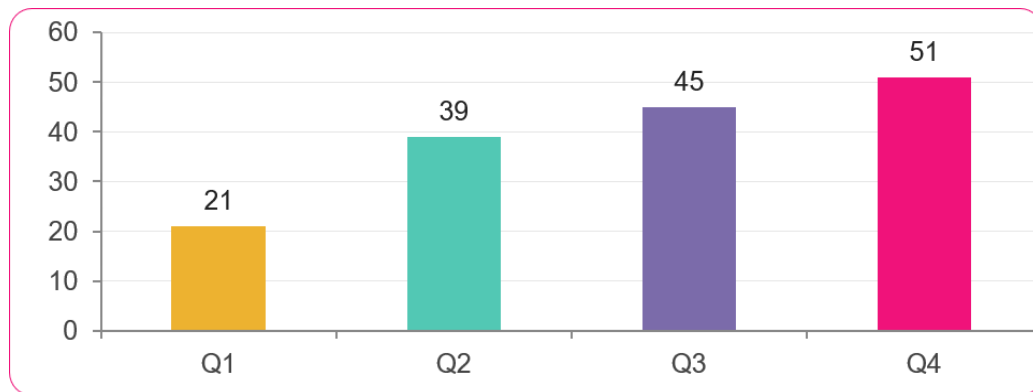


**BCA
STEERING GROUP**



ENGAGED SOCIAL CARE PROVIDERS

Quarter Comparison



- Older Peoples Residential
- Learning Disability & Autism
- Domiciliary Care
- Mental Health
- Acquired Brain Injury

EXTERNAL STAKEHOLDERS ENGAGED



28+ STAKEHOLDERS ENGAGED ACROSS THE 3 SECTORS



RECRUITMENT PIPELINE

Providers engaging to fill vacancies

Q1

9

Q2

16

Providers engaging to fill vacancies

Q3

23

Q4

29

Roles Offered

Q1

6

Q2

42

Roles Offered

Q3

106

Q4

155

PROVIDERS OFFERING PLACEMENTS

Q1

11

Providers

Q2

13

Providers

Q3

15

Providers

Q4

16

Providers

ASC-WDS ENGAGEMENT

Aug 25

54.9%

March 2026

58.7%

July 2026

59.8%



**HIGHEST IN GREATER
MANCHESTER!**

We have got a website



Website launched December 2025

- One-stop shop for all things Bury Care Academy
- Resources on the care pathway, how to get into care, and the different roles available
- Real-life stories and videos from real care workers in the sector
- All upcoming events from BCA and our local partners
- So much more!



Yodet's Story

In this short video, Yodet shares what it's really like to work in care: from learning on the job from day one, to the small moments, like an afternoon nail session, that leave residents beaming. At Bury Care Academy, we believe you don't need a CV full of experience to make a real difference. **All you need is passion and a kind heart.** Whether you're looking for your first role, changing careers, or returning to work, there's a place for you in care.



Intro to Social Care - Training Session

Persona Basecamp
22nd May 2026 - 3rd July 2026
09:30 - 13:00

The next step after our information sessions, building your knowledge, confidence, and the foundations you need to thrive in a social care role.

[View event info](#)

Home Care Jobs in Bury - Drop-in Sessions

Inglis Hub, Mill Gate Shopping Centre
27th May 2026 - 10th June 2026
10:30 - 15:30

Thinking about a career in home care? Come and talk to us. No appointment needed. Join us for free drop-in careers advice at the Inglis Hub in the Millgate Centre. Our team will be on hand to help you explore home care jobs across the borough and support you with finding and applying for the right role.

[View event info](#)

Talent Pool - Evening Upskilling Sessions 2026

Persona Basecamp
10th June 2026 - 25th November 2026
18:00 - 21:00

Free training for Bury Care Academy Talent Pool members. Five sessions across the year to build your skills, confidence and knowledge for a career in health and social care.

[View event info](#)

WEBSITE ENGAGEMENT

Launched 11th Dec 2025

1 May - 31 July 2026

1898

Total Visits

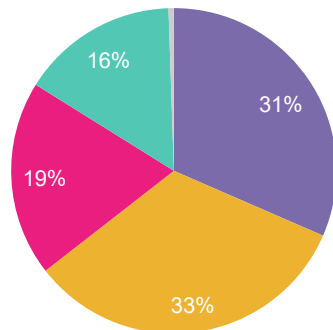
991

Total Users

925

New Users

Visits by Source



- Organic Search
- Direct
- Organic Social
- Referral
- Unassigned



SOCIAL MEDIA FOLLOWERS

Facebook

246

followers

Instagram

107

followers

LinkedIn

355

followers

LinkedIn seeing strongest growth. Priority focus: growing Instagram.



EVENTS WE'VE DONE: MYTH-BUSTING SESSIONS



15+
sessions

Delivered at: Ingeus, Job
Centre Prestwich, Bury
Adult Learning, B2W Group,
Job Centre Bury



'This is the kind of honest conversation our learners need to hear when considering care careers.'

— **Nicola Naylor, Bury Adult Learning**

'I had no idea how many different types of roles exist across the care sector.'

— **Scott Richards, Ingeus**

EVENTS WE'VE DONE: CAREERS EVENTS

We have attended a number of careers events within the community and at local schools



Bury North Jobs Fair



Bury Adult Learning Wellbeing Event



BCA Mill Gate Career Drop-In Session

CASE STUDY: HOLT HOUSE

Holt House staff were told their home was closing just before Christmas. Elizabeth faced an impossible situation, suddenly unemployed right before the holidays.



Greater Manchester care home earmarked for closure as 'difficult news' announced



- We met staff from Holt House, and within 24 hours Elizabeth was offered and accepted a new job at Hamilton Rest Home.
- Since then, x2 other staff members have been placed in new roles

'Thank you so much for all your support during such a difficult time. The team understood what would work around my commitments and acted so quickly to find me a new role. I'm so grateful for all your help.'

- Elizabeth, Care Assistant

EVENTS WE'VE DONE: DIGITAL SKILLS EVENT



'It's been a really informative day. My biggest takeaway was the Artificial Intelligence session with Bury College Business Innovation. Finding out that the software we already pay for, like Microsoft, has tools built in that can help us run our service.'

— Lee Lyons, Bury Hospice



[Click for video highlights](#)



EVENTS WE'VE DONE: YOUNG PEOPLE'S PROJECT

Our first Economic Inactivity Trailblazer



'My biggest achievement has been becoming more confident. This programme has really helped me a lot with my confidence, speaking to new people, and making friends. It's helped me so much to the point where I actually have a job now at Abbeywood. I'm so grateful for all the support I received throughout.'

— Yugi, Care Assistant at Abbeywood Care

[Click for video highlights](#)

EVENTS WE'VE DONE: LEAD PROGRAMME



'I think all the different learning styles have been smashing! I've really enjoyed all the different tasks; the one where we built the bridge and the towers out of the pasta stood out in particular. It gave me a sense of achievement and camaraderie. All the things I can't wait to take back to my team.'

**— Susan Thompson, Senior Support Worker
at Next Stage A Way Forward**



[Click for video highlights](#)



EVENTS WE'VE DONE: WEBINARS



**Practical Examples To Help You
Digitise Your Process
With Bury College Business Innovation**



**Employment Law Webinar
With Ward Hadaway**

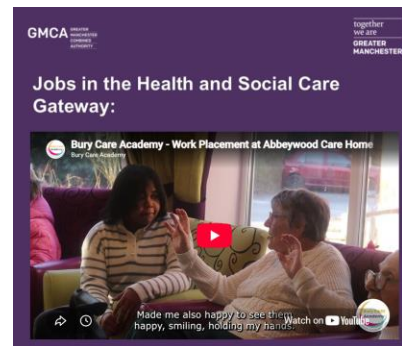
BURY CARE ACADEMY SUPPORTS WORKFORCE DEVELOPMENT



IPC Champions Network



We have provided places on OMMT
for Social Care Providers



As you watch the video:

1. Why did Yugi decide to try a work experience placement in social care?
2. What does she say she enjoys about the role?
3. Identify two activities that she supported during her day.

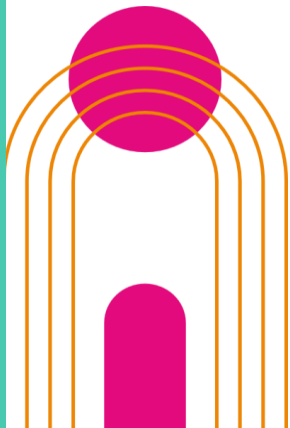
We have also supported the development
of the GMCA MBACC for
Health and Social Care

WORKFORCE DEVELOPMENT EVENTS AND NETWORKING

We have been invited to attend and present at 2 National Online Workforce Development Events

We have been directly approached by 6 Local Authorities looking for advice and guidance about their own academies and to find out more about BCA

We are actively looking to develop a Greater Manchester Network for Care Academies



THE NEIGHBOURHUB

We were invited to the opening of the NeighbourHub and plan to use the space for drop in's, recruitment events and training.



LOOKING AHEAD: YR 2 PLANNED EVENTS

Interview Workshop Sessions

Persona Basecamp 18th Sept + 21st Oct

Bury Care Academy is delivering a series of practical Interview Workshop Sessions designed to support individuals preparing for roles within adult social care and beyond.

LEAD: Leadership & Development Programme

Persona Basecamp 10th Sept – 8th Oct + 5th Nov – 3rd Dec

The LEAD Programme returns this year with 5 practical sessions. Build your confidence, learn proven tools, and develop the skills that make great leaders.

Rising Stars Programme

The Kay Room Bury Parish Church 18th Sept

The Rising Star Programme is a leadership and management development programme designed to prepare confident and competent care staff within Adult Social Care to become leaders in the future.

LOOKING AHEAD: YR 2 PLANNED EVENTS

Myth-Busting and Information Session

Persona Basecamp
**18th Sept + 28th Oct + 2nd
Dec**

Interested in working in adult social care but don't know much about it? Come to this session to find out more.

CQC Towards Outstanding Event

Bury Parish Church
6th October 2026

Care leaders and experts from across the sector are coming together for this exclusive one-day event hosted in partnership with Care Research.

Risk Management & the Mental Capacity Act

**Blackburn Hall, Bury
Parish Church**
18th November 2026

A two-part seminar series in partnership with the Social Care Institute for Excellence (SCIE), focusing on the practical application of the Mental Capacity Act (MCA) in adult social care.

AND FINALLY.....

18TH MARCH 2027 - VILLAGE HOTEL BURY



Nominations close
Friday Oct 16th

[https://www.burycareacademy.org/
heart-of-bury-care-awards](https://www.burycareacademy.org/heart-of-bury-care-awards)

**OR SCAN THE QR CODE WITH
YOUR PHONE'S CAMERA**



★
NOMINATIONS NOW OPEN



THANK YOU



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