

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 19 June 2025

Present: Councillor E FitzGerald (in the Chair)
Councillors S Haroon, N Frith, C Boles, L Ryder, M Rubinstein,
I Rizvi, L McBriar, D Duncalfe and K Simpson

Also in attendance: Will Blandamer Executive Director (Health & Adult Care) and
Deputy Place Based Lead
Adrian Crook Director of Adult Social Services and Community
Commissioning
Andrew Holland Chief Operating Officer Bury Healthwatch
Councillor T Tariq Cabinet Member Adult Care, Health and
Public Service Reform

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

Apologies for Absence: Councillor R Brown

HSC.52 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.53 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.54 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 20th March 2025 were agreed as an accurate record.

HSC.55 PUBLIC QUESTION TIME

There were no public questions.

HSC.56 MEMBER QUESTION TIME

There were no member questions.

HSC.57 HEALTH AND CARE UPDATE

At the start of the meeting, the Chair welcomed new members of the Committee: Councillors Shaheena Haroon, Imran Rizvi, Luis McBriar, and Ken Simpson. Thanks were also extended to outgoing members Councillors Joan Grimshaw, Richard Gold, Jo Lancaster, and Mary Walsh for their contributions to the Committee's work. Moving onto the first item.

Will Blandamer, Executive Director for Health and Adult Care, delivered a detailed presentation on the structure and function of the health and care system in Bury. The presentation was designed to orient new members and refresh the understanding of existing members.

Will began by outlining the role of health scrutiny within the broader health and care system. He emphasised that the committee plays a vital role in holding Councillor Tariq Cabinet member for Adult Care, Health and Public Service Reform and NHS partners to account, particularly in relation to service reconfigurations and policy changes. The committee also has the authority to establish joint scrutiny arrangements at the Greater Manchester (GM) level. Mechanisms such as public consultations and the involvement of Healthwatch Bury were highlighted as key tools for ensuring community voices are heard.

The presentation moved on to describe how the health and adult care system operates within the GM footprint. Will explained that Bury's system includes a range of partners: the council's children's services, the Northern Care Alliance (which runs hospitals in Oldham, Rochdale, and Bury), and Pennine Care. He noted that a significant portion of care around 40% is delivered outside of Bury, particularly in Manchester, with key trusts including Christie Hospital and Bolton Foundation Trust.

NHS Greater Manchester (NHS GM) was described as the body responsible for holding the NHS budget in Bury and contracting with providers. It employs around 50 people locally and acts as the commissioner of services. Will stressed the committee's right to call in any provider, including VCFA organisations and adult social care services, to ensure accountability. He praised the strong working relationship with Healthwatch Bury and the collaborative ethos across the system, including with Bury Hospice.

The Locality Board, which is jointly chaired by Dr. Kathy Fines, was cited as a key forum for partnership working. Will noted that Bury is recognised for its strong partnerships and positive outcomes, particularly in adult social care.

During the discussion, Councillor Boles asked whether there were any partners with whom relationships could be improved. Will responded that while local relationships are strong, there is room for improvement with out-of-borough partners, such as Manchester Foundation Trust and Bolton. He also noted that the first 1,000 days of a child's life remain an area for development, despite generally strong relationships with GPs, VCFA, and the hospice.

Councillor Fitzgerald requested a future report on maternity services, which Councillor Tariq supported. He highlighted the challenges faced by families during the maternity journey, particularly in the absence of wider support structures. Councillor Frith added that maternal mental health should also be a focus, given the anxiety caused by gaps in local provision.

Councillor Rizvi suggested that elective and urgent care be added to the committee's workplan. Will noted that a recent Locality Board presentation had highlighted significant progress, including 30,000 additional appointments and improved GP access. He confirmed that Bury is currently meeting all national targets within its footprint.

Councillor Duncalfe raised concerns about the impact of population growth on service provision. Will responded that the Health and Wellbeing Board is addressing this through its four pillars, with loneliness identified as a major factor in hospital admissions. He noted that population growth is largely driven by births rather than migration, and that demographic changes are increasing demand on services.

Councillor Simpson, speaking as a veteran, asked how veterans' mental health is being addressed. Will acknowledged that while the NHS has a role in armed forces primary care, there is a gap in recognising and recording veteran status. Councillor Tariq added that suicide prevention is a key priority, and that there is a need to bridge the gap between primary care and veteran support networks. He suggested bringing back Jon Hobday, Director of Public Health, to discuss this further.

Councillor Rizvi also asked whether the gap in life expectancy in Bury is closing. Will confirmed that disparities persist, particularly along socio-economic lines. He stated that health inequalities remain a priority for the council and noted that the Bury JSNA website contains detailed analysis. Councillor Tariq offered to share the 2022/23 health inequalities paper and confirmed that further updates are planned. Will concluded by stating that life expectancy at birth in Bury is currently 81 for females and just over 77 for males.

The committee discussed the potential formation of a sub-group focused on children, young people, and maternity services, and agreed to explore this further in future meetings.

It was agreed

- The update be noted
- Will be thanked for his presentation
- That a maternity presentation would come to the committee in the Autumn.

HSC.58 NHS STRUCTURAL CHANGES UPDATE

Will Blandamer, Executive Director for Health and Adult Care, delivered a presentation outlining the significant changes being implemented across Integrated Care Boards (ICBs). He explained that NHS England is being dissolved, with its responsibilities transferring to the Department of Health. As part of this national restructuring, ICBs are required to reduce their running costs by 50%, with Greater Manchester's ICB budget expected to fall from £109 million to £65 million. A new operating model is being developed during June and July to determine which functions are best delivered at the Greater Manchester level and which should remain local. Will emphasised the importance of maintaining strong partnerships and local relationships during this transition.

Councillor Tariq provided additional context for new members, explaining the role of the Greater Manchester Integrated Care Partnership (ICP), which includes political leadership from across the region. He noted that he represents Bury within this structure and highlighted the importance of ensuring that the transition does not become overly Manchester-centric. He also referenced the leadership of Andy Burnham in steering the partnership forward.

Councillor McBriar raised concerns about whether Bury would be able to maintain its current position and performance under the new arrangements, given the scale of the reductions. In response, Will Blandamer acknowledged the risks but expressed confidence in the strength of Greater Manchester's alignment with local government structures and its 10-year plan, which focuses on wider determinants of health. He stressed the importance of nurturing local relationships and expressed doubt that a fully centralised model would be adopted.

Adrian Crook added that while significant improvement work has been undertaken, halving the workforce poses a real risk to service delivery. He reminded the committee of their powers to request further reports, make recommendations and ultimately write to the secretary of state requesting a consideration of a "call in" of any proposal.

Councillor Fitzgerald highlighted the need to invest in prevention and ensure that people are treated fairly. She warned that without proper investment, there is a risk of medicalising conditions unnecessarily and incurring higher long-term costs. She also noted that these issues are on the radar of the Greater Manchester Health Scrutiny Committee.

Councillor Ryder asked about the potential impact of staffing reductions and whether any plans were in place to address gaps. Will Blandamer responded that there is no nationally funded redundancy scheme and that while efficiencies may be possible, there is a risk of

having the right number of staff in the wrong places. He assured the committee that business continuity would be a priority.

Councillor Boles raised concerns about the future of safeguarding if responsibilities were moved away from the ICB. Will acknowledged these concerns and emphasised the importance of safeguarding roles, noting that NHS Greater Manchester will retain statutory safeguarding responsibilities for both adults and children. He explained that the question remains whether safeguarding is best delivered centrally or locally. Adrian Crook reinforced that safeguarding remains a statutory duty and that any changes could pose risks.

Further concerns were raised about the streamlining of SEND services. Will explained that NHS Greater Manchester and local partners have statutory responsibilities for the SEND partnership. He referenced Bury's recent SEND inspection and noted that many of the required improvements fall within the remit of local and regional health partners. Adrian Crook added that health services for children are commissioned by NHS GM and that any changes to commissioning could pose risks to the SEND cohort in the future.

Councillor Fitzgerald asked how these changes align with service reconfigurations in children's services. Will confirmed that NHS GM remains the commissioning body, though with reduced capacity. Councillor Boles expressed concern that Bury's voice could be lost in the new arrangements. Adrian Crook noted that while duties could be delegated, there is a risk that local input and influence could be diminished. Will concluded by stating that the 10 local authorities are working together to ensure effective commissioning.

Councillor FitzGerald thanked Will for his leadership during this challenging period, and Will in turn thanked his team and staff for their continued efforts.

It Was Agreed

- The update be noted
- Will Blandamer be thanked for the update
- A task and finish group on the structural (ICB) and service changes

HSC.59 ADULT SOCIAL CARE PERFORMANCE QUARTER FOUR REPORT 2024/25

The Chair introduced the item by confirming it would be split into two distinct sections: the Q4 performance report followed by the CQC preparedness update. Members were reminded that the relevant reports had been circulated in advance of the meeting.

Councillor Tariq Cabinet member for Health and Adult Care was invited to present key highlights from the Q4 performance report, supported by Adrian Crook, Director of Community Commissioning. Councillor Tariq drew attention to the significant reduction in waiting times for care home beds, noting that Bury had reached the fourth highest position nationally. He also highlighted the absence of contacts being added back into the system, attributing this to improvements in workforce conditions, including the minimum wage uplift and a broader offer to staff.

The Committee was reminded that the LGA Peer Review had been commissioned and was included in the meeting papers. Councillor Tariq praised the dedication and passion of the adult social care workforce, describing them as the Council's greatest asset. He commended the senior leadership team and emphasised the importance of continuing the improvement journey, not just sending a message but embedding lasting change. The Peer Review was

seen as a strong foundation for further progress, with a clear commitment to delivering best practice and high-quality services.

During the discussion, Councillor Boles raised a question regarding the reduction in overdue reviews, noting a 39% improvement and asking whether there was a plan to reach zero. Adrian Crook responded that while progress was commendable, achieving zero was not realistic due to the scale and complexity of adult social care, which involves 71 statutory functions.

Councillor Fitzgerald asked about the registration of new carers and whether there were barriers to access. Adrian acknowledged the concern and referred to the Carers Partnership Board, noting that data comparisons were ongoing and that red indicators should not be a cause for alarm.

The Committee then moved to the second part of the item: the CQC preparedness update. Councillor Tariq provided an overview of the status, noting that the inspection process had begun. He reiterated that the goal was not simply to pass the CQC inspection but to continue delivering excellent services that improve lives. The LGA Peer Review had come at an opportune time and reinforced the Council's commitment to improvement.

Adrian Crook explained that while the exact inspection date was unknown, the team was working within a three-week preparation window, maintaining business-as-usual operations. He emphasised that the workforce was capable and committed, and that the Council was still on its improvement journey. The inspection was framed as part of a broader strategy rather than a standalone event.

Councillor McBriar asked whether best practices were being shared with other authorities. Councillor Tariq confirmed that collaboration was ongoing, including with Greater Manchester partners and national peers. The Mayor of Salford had expressed interest in Bury's approach, and case studies had been shared with councils in London and Cambridge.

Adrian Crook highlighted Bury's strengths in intermediate care and noted that while 55% of councils were rated as "good," many councils still faced challenges. He also addressed a question from Councillor Boles regarding safeguarding pathways, explaining that previous fragmentation had been resolved and that all safeguarding concerns now entered through a single front door.

Councillor Fitzgerald asked whether reporting mechanisms had changed significantly. Adrian responded that while the fundamentals remained, there was a growing emphasis on compliance and capturing peoples lived experiences, which would be strengthened in future reports.

The Committee acknowledged the hard work of the adult social care team and expressed appreciation for their continued efforts.

It was agreed

- The update be noted

HSC.60 FORWARD PLANNER

The Committee held a forward planning discussion to consider its future work programme, building on its Terms of Reference, statutory duties, and previous areas of focus. Members were encouraged to suggest topics for briefings, visits, and Task and Finish Groups, which

could take place outside of formal meetings. The growing scope of GMCA work and the importance of integrated neighbourhood working were highlighted.

Key topics discussed:

- Establishing a formal Task and Finish Group or Sub Group on the impact of ICB changes in Bury
- Neighbourhood working as a standing item, linked to NHS and public service reform
- GMCA's "Live Well" initiative and integrated neighbourhood teams
- Transitions between children's and adult services
- Access to healthcare: pharmacy, dentistry, and primary care
- Elective care and winter preparedness
- Healthwatch involvement in access-related work
- Contributions from Adrian Crook on adult social care
- Joint committee work across children's and adults' services (suggested by Cllr Boles)
- Communications support (suggested by Cllr Frith)
- Public service reform and expanded cabinet roles under the mayoral model

HSC.61 STANDING ITEM CHAIRS UPDATE

The Chair Councillor FitzGerald gave a brief update to members on key developments from GMCA and related committees. She noted that the GMCA Chair is supporting diabetes education and engagement in Bury, with a report to follow. This included:

Adult ADHD services have moved to a triaged model, excluding private diagnoses, raising concerns across GM. In contrast, the children's ADHD consultation was praised for its inclusive approach.

The second phase of the IVF consultation is underway. Access currently varies across boroughs, with a proposal to standardise to one cycle. Feedback highlighted cost concerns, inequality, and limits on private options. A summary will be shared with members.

On diabetes engagement, around 180,000 people in GM have Type 2 diabetes. The reason for doing the engagement was that education was felt to be unsatisfactory in each borough. Around 1/5th of the feedback was from health workers and clinicians. The aim of the consultation is to try and make sure people with diabetes have the right information to manage their condition. The Chair noted that one of the things in the report was mistrust in the clinical advice.

The national Paediatric Hearing Service Improvement Programme (PHSI) was established in response to the identification of systemic issues in NHS paediatric audiology services in England, this includes the misdiagnosis of childhood hearing impairment and the need for system-wide improvements. Following an initial Quality Assurance desktop exercise, it was found that 90/140 services across England were of low or partial quality. We were given an update about the next steps in GM.

HSC.62 URGENT BUSINESS

There was no urgent business

There was no urgent business

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at 7pm and ended at 9.15pm)