

**Minutes of:** **HEALTH AND WELLBEING BOARD**

**Date of Meeting:** 18 March 2025

**Present:** Councillor T Tariq (in the Chair)  
Councillors E FitzGerald, J Lancaster, T Pilkington,  
J Southworth and S Walmsley  
  
Will Blandamer, Dr Cathy Fines, Jon Hobday, Jeanette  
Richards, Adrian Crook. Kath Wynne-Jones, Ruth Passman,  
Helen Tomlinson

**Also in attendance:** Chris Woodhouse, Lee Buggie, Josh Ashworth (Democratic  
Services)

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

**Apologies for Absence:** Councillor A Arif, Councillor L Smith, L Ridsdale, Nawaz  
and Willmott

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**HWB.89 APOLOGIES FOR ABSENCE**

Apologies for absence are noted above.

**HWB.90 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

**HWB.91 PUBLIC QUESTION TIME**

There were no public questions asked at the meeting.

**HWB.92 MINUTES OF PREVIOUS MEETING**

**It was agreed:**

That the minutes of the meeting held on 16<sup>th</sup> January 2025 be approved as a correct record.

**HWB.93 MATTERS ARISING**

There were no matters arising.

**HWB.94 WIDER DETERMINANTS OF POPULATION HEALTH**

**a ANTI POVERTY UPDATE**

Jon Hobday Director of Public health provided a verbal update on the Household Support Fund, highlighting a significant funding reduction of £326,000 for the period from April 2025 to March 2026.

The Anti-Poverty Steering Group is currently reviewing the allocations and refreshing the associated action plan to mitigate the impact of this reduction. Leadership for the Anti-Poverty Strategy has been transferred to Chris Brown in Revenues and Benefits, with updates expected from him in future meetings.

Councillor Walmsley voiced disappointment regarding the reduced funding and stressed the need to allocate resources effectively to the most vulnerable groups, avoiding perceptions of deserving versus undeserving populations.

Councillor Tariq expressed concern about the potential health impacts of this funding reduction and urged the inclusion of health impact assessments to understand the implications thoroughly.

The committee emphasized the importance of addressing the broader consequences of the funding decrease, especially on health outcomes, in future meetings.

**It Was Agreed:**

- The Update Be Noted
- Chris Brown will provide updates on the Anti-Poverty Strategy and action plan revisions in subsequent meetings.
- Future meetings will include discussions on the impacts of funding reductions on health and other key areas.

**b**

**CRIME AND SAFETY PLANS**

Chris Woodhouse Strategic Partnerships Manager provided an update on the new three-year Community Partnership Plan, which aligns with Greater Manchester's initiatives, focusing on population health and safety. The plan takes a preventative approach, addressing health inequalities and community safety through place-based solutions.

Dr Cathy Fines Greater Manchester NHS Bury, raised concerns about children within complex safeguarding. Chris clarified that children's needs are addressed across CSP and safeguarding initiatives to ensure a seamless transition. Adrian Crook highlighted gaps for children transitioning to adulthood without disabilities, emphasizing the need for better support systems.

Will Blandamer assured the committee of Bury's excellence in addressing serious crime and integrating health and care systems. Councillor Walmsley emphasized health involvement in CSP decisions, especially regarding domestic violence and safeguarding.

Key issues discussed included cuckooing, youth transitions, and unreported crimes. The need to link CSP activities to health inequalities was emphasized, with proposals for measurable outcomes and annual reporting mechanisms.

Action points included Chris liaising with GMP for better representation, and ensuring routine updates from CSP to highlight connections to health inequalities.

**It Was Agreed:**

- The update be noted
- Have crime and safety plans as an item moving forward

**HWB.95 THE OPERATION OF THE HEALTH AND CARE SYSTEM**

**a BCF PROGRESS REPORT Q3**

Adrian Crook, Director of Adult Social Services and Community Commissioning gave an overview of the Better Care Fund Quarterly Report and performance against key objectives for Quarter 3.

**It was agreed:**

1. To note the content of the Quarter 3 reporting submission.
2. That the Better Care Fund 2024/2025 Quarter 3 reporting submission be Approved by the Health and Wellbeing Board

**b BCF PLANNING SUBMISSION 25-26**

Adrian Crook, Director of Adult Social Services and Community Commissioning, presented the report on the Better Care Fund (BCF) 2025/2026 submission.

Key areas of funding allocation were discussed, including intermediate care schemes, falls pick-up service, integrated neighbourhood teams, and protection of services from budget cuts.

Kath Wynne Jones highlighted the importance of accurate data collection and appropriate care pathways.

Adrian Crook emphasized the goal of reducing A&E attendances and hospital admissions through integrated working teams.

Will Blandamer Executive Director for Health and Adult Care assured transparency in the construction of discharge capacity and the recognition of dependency.

**It was Agreed:**

- The report be noted
- The Board reviewed the submission and agreed to sign off the Bury Better Care Fund 2025/2026 plan.

**HWB.96 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH**

**a PHYSICAL ACTIVITY FRAMEWORK - OVERVIEW OF WORK**

Lee Buggie public health specialist provided an overview of the new strategy, focusing on the physical framework around Greater Manchester (GM) and its principles. The strategy is designed to be simple, with a local focus and lens.

The framework aims to link existing strategies since 2020, including the "get busy moving" strategy. The framework underpins the strategy and aims to link various initiatives. The next steps are to endorse the strategy to go live and get all partners on board.

Councillor Tariq: raised concerns about mitigating challenges during winter periods, especially with the clock changes. He highlighted specific areas like Pimhole and Fishpool that need more support and attention for wellbeing and infrastructure improvements.

Councillor Pilkington: asked about the steps taken to involve different demographics in the framework's success. Lee Buggie responded by detailing events at mosses centre and Radcliffe fc, noting the need to consult young people more thoroughly.

Jeanette Richards executive director for children's services emphasized the importance of co-production and understanding the services available to young people. She highlighted concerns about the lack of physical activity among young girls and the need to create safe spaces for them.

Helen Tomlinson: mentioned the need for safe places for young people to hang out, linking to the Community Safety Partnership (CSP) plan. She stressed the importance of creating opportunities for young people to engage in physical activities.

Councillor Tariq suggested introducing a young person's version of a Fitbit to encourage physical activity through competitive step counting.

Councillor Lancaster supported the idea of competitive step counting initiatives and discussed the potential benefits.

Jon Hobday discussed sustainability and initiatives like walking and cycling, emphasizing the need for ongoing engagement with various groups.

Councillor Walmsley shared success stories of school street initiatives and red routes for cyclists, noting the positive feedback from cyclists about safety.

Councillor Fitzgerald suggested using cameras on school streets to fund initiatives, mentioning the potential for these measures to pay for themselves.

Lee Buggie mentioned the use of ANPR cameras in Oldham and the potential for similar investments in Bury. He discussed the costs and benefits of these cameras and the need for sophisticated software.

**It Was Agreed:**

- The Update Be noted

## HWB.97 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

### a VCSE / VOLUNTEERING CONTRIBUTION TO HEALTH

Helen Tomlinson, the Chief Officer for the VCFA, provided an overview of the VCSE sector and its significant contribution to health and well-being. She emphasized the diversity and complexity of the sector, highlighting the various types of voluntary organisations and their unique contributions.

Helen compared the statistics of Bury with those of Greater Manchester (GM) to provide a broader context. She mentioned ongoing research and the need for revised state sector figures to better understand the current state of the sector. This comparison aimed to show how Bury's numbers fit within the larger GM framework and the importance of updated data.

Helen discussed that the voluntary sector in Bury is incredibly diverse, with organisations varying in nature, size, and focus. Helen explained that these groups come together based on geography, shared experiences, or common identities. For example, some organisations are geographically based, while others form around peer support for shared experiences or specific identities like disability groups. This diversity demonstrates the complexity and interconnectedness of the voluntary sector.

Helen highlighted several key points specific to Bury. According to a recent resident survey, 25% of people engage with voluntary community sector (VCS) groups around sports and physical activity, indicating strong community involvement in these areas. Additionally, Bury has a high volunteering rate, with one in three people volunteering, reflecting a robust culture of volunteering. Notably, the Black or Black British community in Bury has a 62% engagement rate in volunteering, significantly higher than the Greater Manchester average of 32%.

Helen discussed the national context, emphasizing the voluntary sector's widely recognized contribution to health and well-being. The sector's deep-rooted presence in communities allows it to address complex needs and social determinants such as poverty. She shared an example of a visit to Trust House, where the multifaceted support provided includes food banks, housing, and welfare benefits, highlighting the sector's comprehensive approach to community support.

Helen provided several examples of local organisations to illustrate the diversity and impact of the voluntary sector in Bury:

- **One Step Bury:** This organisation collaborates with statutory services to provide support through physical activity, leading to positive outcomes for individuals.
- **Speakeasy:** Specialising in support for individuals with speech impairments, Speakeasy offers specialist speech and language therapy, enhancing confidence and assertiveness.
- **Radcliffe Food Club:** This organisation has developed a sustainable food provision model, moving away from traditional food banks and creating a community hub for various services.
- **Margaret Haes Riding Centre:** Offering programmes for children and adults with physical and learning disabilities, this centre provides free services to young people after assessment.
- **Jigsaw:** A member led organisation that promotes fun, freedom and independence for disabled people in Bury.
- **Bury Relics:** Provide both community and competitive walking football for people from the Bury area

Helen discussed several enablers and opportunities for the voluntary sector:

- **Team Bury:** A strategic enabler focusing on local elements and community strengths.
- **Memorandum of Understanding (MOU):** A formal agreement with public sector partners to enhance collaboration and align strategies.
- **Investment Approach:** Creating investment opportunities aligned with strategic outcomes, including leveraging social value from large contracts.
- **GM Level Event:** Highlighting the role of the voluntary sector in bringing power closer to communities and improving collaboration with statutory services.

Helen emphasized the importance of collaboration between the voluntary and public sectors to improve health and well-being. She recognized the voluntary sector's critical role in addressing social determinants and complex community needs, underscoring the sector's value in creating healthier, more resilient communities.

**It Was Agreed:**

- The update be noted
- Helen be thanked for her continued hard work

**b OUTCOMES FRAMEWORK UPDATE**

**c LOCALITY PLAN UPDATE**

Will Blandamer, Executive Director for Health and Adult Care, provided an overview of the Locality Plan for the Board. This document outlines the strategy for the health and care system in Bury for the next three years. The strategy has been developed through workshops and consultations with public services and other stakeholders, ensuring a comprehensive and collaborative approach.

The strategy development process began with the initial version presented to the Locality Board in February. It was subsequently refined with input from various stakeholders, including public services and community representatives, to ensure a comprehensive and inclusive approach. The strategy aligns with NHS funding guidance, the NHS Darsi review, and the 10-year forward view, providing a robust framework for future health and care initiatives.

**Four Key Priorities:**

1. **Population Health and Health Inequalities:** Focus on improving overall health and addressing disparities through targeted interventions.
2. **Prevention, Reducing Prevalence and Proactive Care:** Emphasizes early intervention to reduce demand on services, promoting proactive health measures.
3. **Transforming Community Care in Neighbourhoods:** Integration of health and care services at the neighbourhood level to create a seamless and accessible system.
4. **Optimising Care:** Ensuring high-quality care in hospitals and other institutions, enhancing patient experiences and outcomes

**Challenges:**

- **Historic Gaps in Mental Health Funding:** Addressing under-resourced services to meet community needs.
- **Strengthening Primary Care Capacity:** Ensuring robust and effective first points of contact for patients.
- **Prioritizing Prevention and Early Intervention:** Mitigating health issues before they become severe.
- **Enhancing Co-Design and Co-Production:** Ensuring services meet the actual needs of the community through collaboration with service users.

- **Managing Financial Challenges:** Optimizing secondary care to maintain a sustainable and efficient healthcare system.

During the discussion, the importance of addressing population health inequalities was emphasized, highlighting the need to reduce disparities and promote equitable health outcomes. The necessity for clear and measurable Key Performance Indicators (KPIs) was also discussed, as these metrics are crucial for tracking progress and ensuring accountability. Additionally, the ongoing collaborative efforts with the Locality Board and other stakeholders were discussed, stressing the importance of working together to ensure the successful implementation of health initiatives.

**It was agreed:**

- the report be noted, acknowledging the comprehensive efforts and strategic direction outlined in the Locality Plan.

**HWB.98 GM POPULATION HEALTH BOARD FEEDBACK**

Jon Hobday, Director of Public Health, Submitted a paper highlighting the works of the Greater Manchester Population Health Board Feedback, for information only for the Board to review.

**It was agreed:**

- That the update be noted.

**HWB.99 URGENT BUSINESS**

There was one item of urgent Business brought to the committee by Jon Hobday Director of Public Health.

Jon advised the committee of the production of a Pharmacy Needs Assessment. This assessment will be developed in collaboration with Greater Manchester (GM) to ensure it meets regional needs and standards.

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

**(Note: The meeting started at Time Not Specified and ended at 6.32 pm)**