

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 20 March 2025

Present: Councillor E FitzGerald (in the Chair)
Councillors C Boles, J Grimshaw, R Brown, D Duncalfe,
J Lancaster, L Ryder, N Frith, R Gold, M Rubinstein and
D Berry

Also in attendance: Councillor R Bernstein
Will Blandamer Executive Director for Health and Adult Care
Adrian Crook Director of Community Commissioning
Department for Health and Adult Care
Salina Callaghan Head of Medicines Optimisation in Bury
Jo Aldham from NHS
Fin McCaul Pharmacy First
Kath WynneJones Chief Operating officer, IDCB
Clare Postlethwaite (NHS Greater Manchester)

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

Apologies for Absence: Councillor M Walsh

HSC.40 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.41 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.42 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 29th January 2025 were agreed as an accurate record.

HSC.43 PUBLIC QUESTION TIME

There were no public questions.

HSC.44 MEMBER QUESTION TIME

There were no member questions.

HSC.45 LOCALITY PLAN

To reflect the inclusion of children's health within the Bury Locality Plan, members of the Children and Young People's Committee were invited to join this item. The Locality Plan is scheduled to be presented to the Locality Board in April. This Committee has been asked by the GMCA Health Scrutiny Committee to review the local document in the context of the Greater Manchester Sustainability Plan for the next five years.

Members were expected to have reviewed the presentation in advance of the meeting.

Will Blandamer, Executive Director for Health and Adult Care, supported by Kath Wynne-Jones, Chief Operating Officer of the Integrated Delivery Collaborative Board (IDCB), presented the item.

Will Blandamer provided an overview of the presentation, noting that the Locality Plan is due to be submitted to the Locality Board, which is chaired by Dr Cathy Fines and the Leader of the Council. He emphasised that what happens in GP practices has a direct impact on outcomes and opportunities for children, and that the plan offers a comprehensive overview of the health and care system, including urgent care and other key areas across the year. He stressed the need for a strategy that supports both transformation and business-as-usual operations.

The Bury Locality Plan is embedded within the broader “Let’s Do It” strategy and reflects the integrated care partnership model shared across all ten Greater Manchester localities. The plan identifies four key priorities, which are detailed in the presentation slides, and includes references to health checks in primary care and the growing demand within the community. Will acknowledged the ongoing challenges, describing the current situation as unsustainable for residents. However, he highlighted progress in neighbourhood working, with five integrated neighbourhood teams and community children’s services now working together effectively.

This integrated model is seen as a cornerstone of the plan and is well advanced. He drew attention to page 18 of the presentation pack, which outlines key challenges in Bury. These include the need to build greater confidence in the first 1,000 days of a child’s life and to strengthen operations around SEND services. While there are still gaps in mental health provision, investment is beginning to close those gaps. The plan also focuses on ensuring that primary care services are equipped to deliver early intervention and that services are co-designed with people who have lived experience.

The plan aligns with the “Let’s Do It” strategy and recognises the vital role of the voluntary sector in supporting health and wellbeing. Will also noted challenges around clinical sustainability and the need to consider changes to the configuration of local hospital services, particularly in relation to critical mass and clinical specialisms. Urgent mental health needs, especially in children’s services, were also highlighted.

Kath Wynne-Jones added that the team has developed a series of user case studies to illustrate the plan’s ambitions and bring the strategy to life for both the population and the workforce. She shared examples including:

- **Brenda**, whose case focuses on menopause awareness and how community support can improve outcomes.
- **Muhammed**, whose case highlights the role of social prescribing and voluntary sector collaboration in supporting patients through GP practices.
- **Jack**, an older adult experiencing frequent falls, who now benefits from a care plan, pendant alarm, and support from rapid response neighbourhood teams.
- **Claire**, who is managing anxiety and depression while preparing for surgery and is receiving specialist community-based assessment and support.

These case studies were used to humanise the strategy and demonstrate its real-world application.

Will concluded the presentation by reiterating the importance of the locality plan and its alignment with broader GM priorities.

Councillor Tariq, Cabinet Member for Health and Adult Care provided further context, noting that the locality plan reflects discussions at the city-region level and is closely linked to work across the Integrated Care Board (ICB). They highlighted the importance of supporting young people through services such as SEND and children's social care, and acknowledged the ongoing challenges faced by local authorities. The recent changes to NHS England and the requirement for ICBs to reduce capacity by 50% were noted as significant, with questions raised about the potential impact on local services.

The Committee also discussed the need to refresh the health inequalities plan in line with the updated "Let's Do It" strategy. The locality plan includes key highlights from the recent LGA peer review, which described Bury's work as "outstanding." However, members acknowledged the ongoing pressures on the system and the need to continue delivering high-quality services despite these challenges.

Two key initiatives were highlighted:

1. **Work Well** – a programme linking health and local businesses to support employment and wellbeing.
2. **ADHD Services** – Bury's leadership in this area at the GM level, with strong national links and a focus on integrated care.

A question was raised about how the locality plan addresses non-clinical factors that influence health, such as the environment and community infrastructure. The example of the Trees Estate was cited, and the member asked how the strategy incorporates these wider determinants of health. In response, it was acknowledged that while the plan is primarily focused on service delivery, there is a growing recognition of the importance of environmental and social factors. The strategy aims to build stronger links with non-service providers and community assets to promote health and wellbeing more holistically.

Will Blandamer addressed the Committee on the broader context of NHS performance and sustainability. He noted that the health and care system particularly in areas such as mental health, primary care, and elective care is facing significant strain and is, in many respects, unsustainable. This challenge is directly linked to Priority 1 of the Bury Locality Plan. He explained that the Health and Wellbeing Board (HWBB) considers all determinants of health, including wider social and environmental factors.

The plan aims to connect NHS performance with community-level outcomes, including opportunities for physical activity and the role of the built environment.

A question was raised about the realism of the plan considering the 50% cuts to Integrated Care Boards (ICBs). Will responded that the recent announcement to abolish NHS England and reduce ICB capacity by half has created uncertainty. The ICB, as the commissioning body for NHS Greater Manchester, holds the budget and is responsible for orchestrating services locally. While the rationale for these changes may be to centralise control, the implications are not yet fully understood. Will acknowledged that a new operational model will be needed and that integration efforts to date have positioned Bury well. However, he cautioned that further guidance is awaited, and that the system is currently in a period of turbulence. Monthly meetings with the mayor and cabinet members across the ten localities are ongoing to address emerging budgetary challenges.

The Committee asked about the impact of these changes on the sustainability plan. It was confirmed that an update will be provided in April, which will clarify whether the changes involve service cuts or structural adjustments. Concerns were raised about the implications for service users and the workforce.

A member referenced the positive experience with the falls team and questioned whether care plans are being regularly reviewed and monitored. Adrian Crook responded that Adult Social Care is monitored by a dedicated quality assurance team, with regular visits and oversight. He referenced the “State of the Care Sector” report, which shows that most agencies in Bury are rated good or better, placing the borough in the top quartile nationally. While the team cannot be everywhere at once, improvement actions are taken where needed.

The issue of GP shortages in Bury was raised. Will acknowledged that GP access remains a concern, particularly regarding face-to-face consultations. He explained that historical funding patterns have contributed to the current shortfall. Efforts are underway to make Bury a more attractive place to work, including offering additional payments and incentives to GP practices.

A question was asked about why childhood obesity was not explicitly mentioned in the locality plan, given the high levels of deprivation and the fact that 10% of reception-aged children are obese. Will clarified that childhood obesity is included in the full plan and is central to Priority 1, which addresses health inequalities. He emphasised the importance of physical activity and diet in tackling poverty-related health issues. Another member added that there had been extensive discussion around childhood obesity, including plans to pilot new support initiatives involving parents, schools, and community stakeholders.

The Committee also discussed the impact of delays in elective care, particularly in dentistry, on children’s readiness for school. Will noted that only 60–70% of children had seen a dentist during the pandemic, and that this remains a challenge. He highlighted the role of neighbourhood teams and family hubs in supporting early intervention and linking services to children and young people.

A member raised the issue of screen time and its impact on children’s health, asking how best to communicate this to parents. Will agreed to raise this with children’s services and relevant stakeholders.

The discussion returned to the case study of Brenda, which focused on menopause awareness. A question was asked about how symptoms are being recognised and monitored, given the risk of misdiagnosis. Will committed to seeking a clinical response to this question.

Another concern was raised about communication with residents who are not already engaged with services. It was noted that those within the system tend to receive better support. Will acknowledged this and said that efforts are being made to proactively reach out to residents through GP practices and the Bury Directory. He noted that while there is no formal communication plan for the locality plan, work is ongoing with communications leads to improve outreach.

The usefulness of the case studies was praised, but it was noted that none of them featured children. A member asked how co-production with children and parents could be improved. Will agreed that this was a valid point and acknowledged the need for more systematic co-production. He referenced the work of the SEND Partnership Board and various co-production groups but accepted that more could be done to include children’s voices in the planning process.

Finally, a member summarised two key challenges: the need to build greater confidence in the first 1,000 days of a child’s life, and the need for a strengthened NHS response to the operation of the Bury SEND Partnership. These were identified as areas requiring focused attention and practical action.

It Was Agreed:

- The presentation be noted

HSC.46 YOUR MEDICINE MATTERS

Salina Calighan Head of Medical Optimisation in Bury provided an overview of the campaign, emphasizing its importance in reducing delays and ensuring effective use of medications to avoid waste and improve patient care. She highlighted the need to stop stockpiling medicines and the impact of small details on patient outcomes.

Jo Aldham Programme Manager for Greater Manchester Pharmacy Programme discussed the existing infrastructure and policies, such as drug lockers and patient stores, and the benefits of utilizing these resources to minimize waste and reduce costs. The project is subsidized by the NHS and addresses medicine shortages. Jo mentioned that an audit was conducted to ensure the right medicines are available for discharge, reducing the need for new supplies.

Emphasis was placed on using existing medicines to avoid waste and the risk of medicines going unused. Updating records around repeat prescriptions is crucial to minimize waste and improve patient care. Nurses and pharmacies are encouraged to ensure medicines are used up and records are updated when patients go home.

Councillor Boles inquired about the challenges in the next three months. Jo Aldham responded that the main challenge is engaging with residents and ensuring they are aware of the campaign. Patients and family members need to be informed and encouraged to participate. Jo emphasized the importance of secondary care providers and wider communications to continue promoting the campaign.

Councillor Lancaster asked about engagement with GPs and the role of local councillors. Jo Aldham mentioned the implementation group and another board that will be involved when the campaign is ready. Primary care boards will also be engaged, and campaign materials will be circulated to the committee. Councillor Ryder shared positive feedback about the system based on personal experience, highlighting its effectiveness.

Jo Aldham discussed the difficulties with timely availability of medicines in care homes and the steps being taken in pilot projects to address these issues. The MARS chart and baby steps with the pilot are aimed at ensuring the majority of patients receive timely medication.

Councillor Fitzgerald expressed support for the campaign and the committee's role in promoting it. He inquired about additional support and resources. Adrian Crook mentioned the availability of a toolkit to support the campaign, which will be promoted to ensure effective implementation.

The campaign aims to improve the efficiency of medicine use, reduce waste, and enhance patient care through better engagement and communication with healthcare providers and the community. The committee expressed strong support for the campaign and its objectives.

It Was Agreed:

- The report be noted
- Circulate campaign materials to the committee.
- Continue engagement with residents, patients, and family members.
- Promote the campaign using the available toolkit.

HSC.47 PHARMACY FIRST

Fin McCaul presented an update on the Pharmacy First initiative and its implementation across the Bury locality. He began by thanking the Committee for reviewing the presentation in advance. He noted that although the programme had a slow start in January 2024, it has since gained momentum, with increasing consultations across seven clinical conditions, including hypertension. Collaboration with GPs has been key to this growth.

He referred to slides 63 to 65, which demonstrated that Bury had achieved one of the highest completion rates across primary care boards. Slide 68 highlighted the initiative's role in protecting public health during challenging times, with no increase in costs and stable core finances. Page 69 outlined the advice provided across Greater Manchester, showing consistency in delivery and uptake.

A question was raised about the variation in referral rates between practices, specifically whether lower-performing practices were simply not engaging or whether the higher-performing ones were significantly larger. Fin responded that both factors could be contributing. Some practices may not yet be fully utilising the service, while others, despite their size, may face internal barriers. He acknowledged that further analysis is needed to understand these discrepancies.

Another member asked how residents could better access the service and why awareness remains limited. Fin explained that while the service is accessible, it is transitioning from a walk-in model to an appointment-based system to manage capacity more effectively. He agreed that awareness needs to improve and committed to sharing a communications pack with the Committee to support local promotion efforts.

Concerns were raised about public confidence in pharmacists' ability to prescribe. In response, Fin assured the Committee that pharmacists undergo extensive training, including a four-year university degree followed by a foundation year. Only after this are they qualified to prescribe. He added that patient feedback has been positive, and that cultural change is underway, though it takes time.

A member shared a positive personal experience with Pharmacy First and asked how awareness could be expanded beyond word of mouth. Fin noted that NHS England has been involved in advertising the service and that a bedding-in process is ongoing at the Greater Manchester level to ensure consistent messaging and uptake.

There was a question about whether the initiative was designed to relieve pressure on GPs and whether pharmacists have the capacity to take on this additional workload. Fin confirmed that reducing GP pressure was a key goal. He stated that while capacity exists, the service is currently only 50% funded, which limits its full potential. He emphasized the need to move towards appointment-based models to ensure efficiency and avoid overburdening staff. Concerns were expressed that if the service is not run efficiently, it could become counterproductive. Fin acknowledged this risk and stressed the importance of sustainable funding and operational planning.

Another concern was raised about the increasing workload placed on pharmacists and the risk of burnout, especially given that they are not being fully compensated. There was also worry that the sector could be pushed towards privatization or bankruptcy. Fin responded that pharmacists are currently being paid only 50% of what is owed under the national contract.

He emphasized that while pharmacists are not unhappy with the work itself, the financial model is unsustainable. He reiterated that pharmacists are highly trained professionals whose role is to ensure patients receive the most effective treatments. However, without changes to national policy and funding, the viability of community pharmacies is at risk. He also noted a

worrying trend of pharmacy closures and the rise of online-only providers, which do not offer the same community presence.

Finally, a question was asked about what local representatives can do to support the initiative and help raise awareness. Fin confirmed that a communications pack would be shared with the Committee to assist in promoting the service within local communities.

It Was Agreed:

- The presentation be noted
- Fin be thanked for the update and the committee provided support of the initiative

HSC.48 LGA UPDATE

Adrian Crook was invited to present an update on the new CQC inspection framework and the outcomes of the recent LGA peer challenge. The Committee had previously received updates on the new framework earlier in the year and had been kept informed of developments since. The Chair opened by thanking Adrian and his team for their continued efforts and dedication, particularly noting the positive comments about staff in the presentation. Appreciation was expressed for the hard work being done across the service.

An overview of the LGA peer review process was provided. The review team, made up of professionals from across the country, recognised that staff are the service's greatest asset. It was noted that, for the first time in a long while, the service has a full complement of leadership, practitioners, and social workers. This was acknowledged during World Social Workday, and the support provided by Adrian Crook and Sue Massel was highlighted.

The review also praised the contributions of individual staff members, including a senior social worker from Bolton and a newly appointed social worker from Tameside, both of whom were commended for their ability to manage multiple roles effectively. The integration of health and care services in Bury was described as outstanding and among the best seen nationally. The peer review was seen as timely, particularly in light of the upcoming CQC inspection.

It was noted that Bury could have been subject to intervention but instead is now well-positioned, with strong foundations and a clear direction. Only 27 councils remain to be inspected in the next six months and Bury is considered well-prepared. The feedback received during the review was described as emotional and affirming, with leadership across health services present and engaged in the process.

Verbal feedback from the review team was described as the best received in recent years. The final report is expected within the next few weeks, and work is already underway to implement the recommendations, which are considered achievable before the CQC inspection.

Adrian Crook added that staff are proud to work in Bury, with only four vacancies currently open. He emphasised that the level of integration achieved is exemplary, and that the team has travelled extensively to learn from best practices across the country. The peer review confirmed that Bury's collaborative approach is among the best observed.

Page 89 of the report highlighted the strength of political leadership, noting the skilled cabinet member, cross-party support, and the high regard in which the scrutiny committee and its chair are held by the independent peer reviewers.

A member expressed appreciation for the staff's efforts and reiterated the importance of transparency in reporting. They emphasised that the Committee should continue to receive updates on both successes and areas for improvement, to avoid any surprises and maintain public confidence.

Another member thanked Adrian for the report and acknowledged the hard work of the team.

A question was raised about safeguarding practices and whether there is sufficient awareness of safeguarding pathways. Adrian responded that the integrated neighbourhood teams had previously included a specialist safeguarding team, which has since been restructured. This change has been identified during the discovery phase, and the service is now moving into the design phase to address it. He acknowledged that some staff have moved into different teams but assured the Committee that the service is self-aware and actively addressing the issue.

Further discussion focused on the clarity of access to adult social care services. A member asked how the pathways could be made clearer. Adrian explained that one of the benefits of integration is the potential to simplify access but acknowledged that the current system has too many entry points. The digital access experience is not yet satisfactory, and improvements are needed to streamline the process and enhance the website.

A final question asked whether anything in the peer review findings had surprised the leadership team. Adrian responded that there were no major surprises, as the team is closely involved in all aspects of service delivery. However, one comment regarding care providers was particularly reassuring, as it confirmed that the service is not overlooking any critical areas.

The Committee noted the report and expressed pride in the achievements of the staff. Members agreed that the service is in a strong position ahead of the CQC inspection and commended the leadership for their proactive approach. The Committee wished the team continued success and reaffirmed their support moving forward.

It Was Agreed:

- The update be noted
- Adrian and the team be thanked for their hard work

HSC.49 WHITEFIELD HEALTH CENTRE RE-DEVELOPMENT PROPOSALS

Clare Postlethwaite was invited to present an update on the progress of the programme, particularly in relation to national funding and local implementation. The Chair opened by thanking Clare for the presentation and invited any additional comments from other members.

Clare provided an overview of the report, highlighting that national funding has now been agreed, which marks a significant and positive milestone for the programme. She described the current position as encouraging and full of opportunity, with key steps having been taken to secure NHS England funding. This funding agreement has now been signed, and the team is working through the necessary transactional processes with GP practice accounts. While there are some minor differences in how these are being handled, they are expected to be resolved by year-end.

She also confirmed that the lease agreement has been finalised, and the capital funding has been secured. Although there are still some risks to manage, Clare emphasised the importance of articulating these clearly. The construction team is expected to be on site by

September, and while there is still work to be done, the overall update was described as very positive.

A question was raised about the status of agreements with GP practices. Specifically, it was asked how the process of getting these agreements signed is progressing. Clare responded that the agreements have largely been signed and that the team is now working through the financial and administrative aspects with individual practices. She acknowledged that there are slight variations in how practices are managing this but confirmed that the process is on track and being actively supported.

Will Blandamer added a note of appreciation, stating that Clare has been outstanding in her role and is fully aware of the issues involved. He thanked her for her dedication and effective leadership throughout the process.

The Committee noted the report and expressed appreciation for the progress made. Members acknowledged the significance of the funding agreement and the positive trajectory of the programme. The Committee extended thanks to Clare and the wider team for their continued efforts and looked forward to further updates as the project moves into the construction phase.

It Was Agreed:

- The update be noted

HSC.50 CHAIRS UPDATE ON COMMITTEES

The Chair started the update by informing members of a change in role, having moved from Vice Chair to Chair of the GMCA Health Scrutiny Committee following the resignation of the previous Chair.

The Chair provided a summary of the March GMCA Health Scrutiny Committee meeting, which covered several key areas:

Elective Recovery

The Committee received an update on elective recovery across Greater Manchester. Members were asked to recognise the progress made in reducing the number of long-waiting patients and to support cross-cutting system programmes aimed at improving access. It was noted that waiting times over 18 weeks had been rising prior to the pandemic, increasing from 194,000 in 2015 to 284,000 in 2020, and reaching approximately 500,000 during the pandemic. This figure has since stabilised.

Greater Manchester has made significant progress in reducing the number of patients waiting over 18 months, down from 15,000 in 2022. The current focus is on ensuring patients begin treatment within 18 weeks. As of November 2024, Greater Manchester was achieving this for 54% of patients, placing it fourth lowest nationally. The government target is to reach 92% by 2029. The Committee noted that variation exists across localities and treatment types. Initiatives to support recovery include the development of a single point of access for referrals, the establishment of a GM-wide specialist service to support Primary Care, expansion of community services, and the optimisation of surgical hubs and Community Diagnostic Centres.

Major Trauma Centres Review

The Committee received a briefing on the review of Greater Manchester's Major Trauma Centres. Approximately 1,600 people in the region experience major trauma annually. The two designated centres are Salford Royal and Manchester Royal Infirmary. The review follows a national peer review in September 2024 and aims to ensure the best patient outcomes while making optimal use of resources. The site selection process is ongoing.

Service Reconfiguration Updates

Updates were provided on the reconfiguration of ADHD services for both adults and children. NHS England has approved the options appraisal for Adult ADHD services, with public consultation expected in July 2025. Children's ADHD services are currently progressing through governance for implementation.

The review was prompted by a significant increase in ADHD diagnoses, attributed to improved understanding and broader diagnostic criteria. The Committee noted the need to move away from the current "first come, first served" model and towards a system that prioritises those with the most severe needs. The proposed model includes single points of access in each locality, local hubs for support, and a focus on practical interventions. Officers highlighted the importance of face-to-face assessments and the need for early intervention. Engagement with families and young people has been extensive, and the approach aligns with national recommendations.

Action: The Committee agreed that this update should be shared with the Children's Committee.

Other Reports

The Committee also received updates on Dentistry, Pharmacy, and Urgent Treatment Centres and Emergency Access.

NHS GM Sustainability Plan

The Chair raised a question regarding the future of the NHS Greater Manchester Sustainability Plan in light of recent announcements about the closure of NHS England, significant cost reductions required by NHS GM, and back-office cuts across NHS Trusts. The Committee was informed that it is too early to determine the full impact of these changes. A briefing is expected at the April GMCA meeting. Members were invited to submit any specific concerns to GMCA governance officers by Tuesday, 25th March.

Future Planning

The Chair noted interest in developing a Greater Manchester-wide consultancy service focused on innovation. Further details will be developed in due course.

HSC.51 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)