

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 15 July 2025

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

Also in attendance: Councillor T Tariq, Cabinet Member for Health and Adult Care
Will Blandamer Executive Director (Health and Adult Care)
Jon Hobday Director of Public Health
Dr Cathy Fines Associate Medical Director for NHS Greater
Manchester in Bury
Zoe Alderson Head of Primary Care (Bury)

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

Apologies for Absence: Councillor N Frith

HSC.63 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.64 DECLARATIONS OF INTEREST

Councillor Hussain declared an interest due to his Son working as a Doctor within the NHS

HSC.65 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 19th June 2025 were agreed as an accurate record.

HSC.66 PUBLIC QUESTION TIME

There were no public questions.

HSC.67 MEMBER QUESTION TIME

There were no member questions.

HSC.68 HEALTHWATCH ANNUAL REPORT UPDATE

Andrew Holland, Chief Operating Officer for Healthwatch Bury, was invited to present an overview of the latest report. He began by outlining the key findings and developments, supported by a presentation that will be shared with members. The report focused particularly on the Bury CAHMS service, where several recommendations have been made to improve outcomes and experiences for service users. Andrew emphasised that the report is intended to generate feedback, which will inform future revisions and help shape services going forward.

He acknowledged that while Healthwatch Bury has made significant progress, there remains a perception among some stakeholders that the organisation must evolve further to maintain its role as an independent voice for residents.

During the discussion, Councillor McBriar referred to page 16 of the report, noting that 400 individuals had shared their experiences. He asked how this number could be increased. Andrew clarified that the 400 figure relates to specific feedback on defined scenarios, and that Healthwatch Bury has engaged with over 7,000 individuals for signposting and general support.

Councillor McBriar also raised concerns from page 17 regarding dementia services and safeguarding issues. In response, Annemari from Healthwatch Bury explained that a representative attends dementia support workshops to contribute to service development. She confirmed that any safeguarding concerns are referred to the Bury Safeguarding Team. Will Blandamer added further context, highlighting the role of Dementia United in shaping services and noting that a recent workshop held at Radcliffe Football Club was one of the best attended across Greater Manchester, with valuable insights gained from service testing.

Councillor Ryder commended the Healthwatch team for their work over the past year and asked whether constituents could be referred to workshops such as the “Park Bench” sessions. Annemari confirmed that details of upcoming workshops would be shared via the Healthwatch website.

Councillor Rubenstein queried whether Healthwatch Bury plays a role in supporting individuals who have received care. Andrew responded that Healthwatch often acts as an intermediary, liaising with providers to help both parties reach a resolution and ensure that individuals receive the support they need.

Councillor Tariq echoed the praise for Healthwatch Bury and highlighted the importance of the local authority’s commissioning role. He reassured colleagues that Healthwatch’s performance is monitored through KPIs and quality assurance processes. He emphasised the organisation’s role in amplifying the patient voice and ensuring that feedback leads to tangible impact. On a broader level, he acknowledged concerns raised across Bury and Greater Manchester and confirmed that the council remains committed to working with Healthwatch Bury, with updates to be provided once timescales are clarified.

Councillor Fitzgerald noted the strength of the report in demonstrating not only what Healthwatch has done, but also the outcomes achieved. He stressed the importance of commissioning the right services at the ICB level and ensuring that community needs are met.

Councillor Ryder raised a question about NHS dental services, asking whether waiting lists exist and how access varies by location. Councillor Tariq responded that the NHS Choices website provides real-time data on dentist availability in each locality, allowing residents to track access to services. A link to the website will be shared with members.

Councillor Boles expressed concern that women’s health remains under-prioritised and asked what improvements have been made, particularly in relation to menopause. Andrew noted that Healthwatch Bury has contributed to shaping the Women’s Health Hub strategy. Jon Hobday added that the Live Well service has delivered targeted sessions on women’s health, with positive feedback received.

Will Blandamer explained that Prestwich was selected as a pilot site for the Women’s Health Hub, part of a national initiative focused on long-acting contraception and accessibility. Unfortunately, funding for the pilot has not continued, though the aspiration remains. Dr Cathy Fines reinforced this point, stating that while national funding has ceased, the strategic aims of the Women’s Health Hub particularly around tackling inequalities remain a priority. She also noted that menopause support has been strengthened, with staff upskilled and expectations being met.

Councillor Fitzgerald returned to the topic of the CAHMS report, suggesting that it be circulated to the Children's Scrutiny Committee. Annemari confirmed that Healthwatch Bury had conducted a visit to the CAHMS service, interviewed staff, held drop-in sessions, and distributed surveys to families and patients. Feedback was generally positive, although waiting times remain a challenge. She agreed that the report should be shared with the committee and considered by the relevant task and finish group.

It Was Agreed:

- The update be noted
- To distribute the Healthwatch Bury Enter and View CAHMS Report

HSC.69 GP STRATEGY UPDATE

Dr Catherine Fines, GP Partner at Tower Family Healthcare and Associate Medical Director at the Greater Manchester Integrated Care Board, joined Zoe Alderson, Head of Primary Care in Bury, to present an update on the GP Strategy. The presentation outlined five strategic goals aimed at improving access, quality, and integration of primary care services across the borough. A visual summary of the strategy was shared with the committee, illustrating the ambitions and direction of travel for general practice in Bury.

Dr Fines and Ms Alderson began by addressing the ongoing pressures on A&E departments and the need for primary care services to operate differently to alleviate this strain. They highlighted the expansion of advanced access to GP services, noting that practices across Bury are now offering appointments seven days a week, including evenings and weekends. This enhanced availability is being delivered with a focus on maintaining continuity and quality of care, even out of hours.

To illustrate the scale of current provision, Dr Fines shared data from Tower Family Healthcare, which had offered 503 appointments on the previous day alone. Across Bury, approximately 4,000 appointments were made available, supported by a workforce of around 800 nurses and advanced nurse practitioners. Despite this, she acknowledged that demand continues to outstrip supply and that further expansion of availability is needed.

Councillor Staples Jones queried why public perception of GP services remains negative despite the apparent improvements. Dr Fines responded by emphasising the importance of better communication and public awareness, noting that duplication of appointments and system inefficiencies contribute to frustration. She invited councillors to help disseminate accurate information to residents.

Councillor Ryder echoed concerns about delays in securing appointments, suggesting that some residents feel let down by the system. Dr Fines acknowledged these concerns and discussed the challenges posed by digital platforms such as AskMyGP, which had not worked well for all patients. She confirmed that work is underway to improve online booking systems and ensure more consistent access across practices.

Councillor Fitzgerald noted that while online booking options exist, implementation varies between practices. Councillor Simpson raised the issue of acute respiratory hubs, particularly their role in supporting elderly patients during winter. Dr Fines confirmed that these hubs operate annually in Bury and stressed the importance of ensuring patients are aware of their location and purpose, especially when travel is involved.

Councillor McBriar highlighted the need for better data sharing with elected members and asked what measures are in place to address missed appointments. Dr Fines explained that practices are using SMS reminders and promoting the NHS App to help patients manage their

bookings. She also noted that data on appointment attendance and cancellations is being published on practice websites to improve transparency.

Ms Alderson added that there has been a 50% increase in prescription requests via the NHS App, indicating growing engagement with digital tools. Dr Fines concluded by outlining the rollout of cloud-based digital telephony systems across all practices, which are helping to manage high call volumes and improve responsiveness. She also spoke about the development of care navigation roles and the integration of first contact practitioners, such as physiotherapists, to ensure patients are directed to the most appropriate services from the outset.

The presentation continued with a summary of the slides, which outlined key developments and strategic priorities in primary care across Bury. It was confirmed that all 25 GP practices now offer online registration, enabling patients to change practices quickly through GP-to-GP transfers. This was highlighted as a significant step in improving patient flexibility and access. Councillor McBriar raised a question regarding the volume of calls received by practices and how many of those result in patients being seen.

Dr Fines responded by explaining that under the national contract, GPs are required to see patients who are ill or perceive themselves to be ill. However, it is not always possible to determine from call data how many contacts require clinical treatment. She emphasised the need to better support patients in navigating services and suggested this was an area for further exploration.

Councillor Duncalfe asked about access to medical records and whether some practices operate separate systems. Dr Fines clarified that from 2023, all patients should be able to access their records digitally. Councillor Simpson queried whether NHS systems include military records, to which Dr Fines responded that she was unsure but noted that the long-term plan is to move from analogue to fully digital systems.

Councillor Fitzgerald raised concerns about the shift away from paper-based systems, suggesting that some patients prefer traditional methods. Zoe Alderson responded by highlighting the expansion of seven clinical pathways designed to streamline referrals and reduce pressure on services, while still offering a wide range of care options.

Dr Fines discussed the importance of care navigation, ensuring that patients who contact their GP are directed to the most appropriate service or professional. Zoe Alderson added that building a resilient workforce is central to the strategy, with a focus on developing a sustainable pipeline of practice nurses. Dr Fines noted that recruitment to these roles is challenging, but Bury has a strong foundation of training practices and is working to create clear career pathways to support long-term sustainability.

The next section of the presentation focused on strengthening relationships between provider partners across the Bury system. Dr Fines acknowledged that previous attempts at GP collective action had not always been positive, but there is now a more collaborative approach between primary and secondary care. Bury's four Primary Care Networks Prestwich, Whitefield, Bury, and Horizon are geographically scattered but work closely together to deliver integrated care.

Councillor Duncalfe asked for clarification on the difference between the MyGP app and the NHS App. Zoe Alderson advised that the NHS App is the preferred platform, with ongoing updates and enhanced functionality.

Councillor Hussain raised concerns about bureaucracy and the role of the medical examiner.

Dr Fines explained that the medical examiner service supports families during bereavement and ensures the timely and lawful provision of death certificates. The service has been rolled

out nationally and is operating effectively in Bury, including over weekends something not available in many other areas. Councillor Tariq emphasised the importance of this service, particularly in relation to faith communities and legal compliance. He requested data on delays in issuing death certificates, and it was agreed that this would be brought back to the committee via the ongoing working group.

The final slides of the presentation covered incentive programmes and performance indicators across neighbourhoods. It was noted that there has been mild to moderate improvement in both baseline and overall achievement. Councillor McBriar asked about the relationship between COPD and annual health checks, and Zoe Alderson confirmed that improvements have been seen in the uptake of annual reviews.

Councillor Boles asked about GP involvement in neighbourhood strategies. Will Blandamer responded by outlining the integrated approach being taken, with GP leadership embedded in each of the five neighbourhoods. This work is aimed at reducing hospital admissions and developing integrated neighbourhood teams, supported by Pennine Care and wider public service teams. He confirmed that Bury is well-positioned both strategically and operationally.

The committee also discussed the development of family hubs and the NHS's role in neighbourhood working. There was recognition of the strong public health drive, particularly around improving uptake of the MMR vaccine.

Councillor Fitzgerald proposed that elected members receive training to help promote these developments. Councillor McBriar suggested the use of graphics and infographics to support communication with constituents. Councillor Duncalfe added that basic training for councillors would be helpful, particularly around underused services.

It Was Agreed:

- The report be noted

HSC.70 HEALTH INEQUALITIES UPDATE

Jon Hobday, Director of Public Health, provided an overview of health inequalities in Bury, drawing on a presentation that highlighted key data and trends. He began by discussing life expectancy, noting that Bury's figures are significantly lower in the north of the borough compared to the south. The impact of COVID-19 was substantial, causing a sharp decline in life expectancy, although there has been a slight recovery since 2020.

Jon explained that the gap in life expectancy between the most and least deprived areas in Bury remains wide. He outlined several major contributors to this disparity, including liver disease, lung and other cancers, heart disease, accidental poisoning (including overdoses), dementia, external causes such as accidents, and respiratory diseases like chronic obstructive pulmonary disease (COPD).

Over the past two years, a number of key actions have been taken to address these issues. These include efforts to reduce poverty and respond to the cost-of-living crisis, improve access to pension credit, and implement a new "Live Well" model. Work has also been done to reduce inequalities in smoking-related illness, improve diet through the development of the Bury Food Strategy, and create an alcohol licensing matrix. In addition, care for people with coronary heart disease has been improved, and steps have been taken to increase uptake of MMR vaccines, including additional clinics and outreach into communities and mosques.

Looking ahead, Jon emphasised the importance of continuing work across all four quadrants of the Health and Wellbeing Board. He stressed that this work is ongoing and will be shared through the board to ensure alignment and progress.

Councillor Tariq expressed support for the approach and highlighted the importance of connecting this work to the “Let’s Do It” strategy. He referenced previous discussions around childhood disability, inequalities affecting BME women, and other areas, stressing that aligning with the strategy’s principles is vital. He noted that health inequalities are everyone’s responsibility and that many council objectives are linked to this issue.

Councillor Rubenstein raised a question about the impact of differing service quality nationally and whether this is measurable. Jon responded that certain groups do struggle with access and that quality impact assessments are important. He noted that disparities exist in health access provision, particularly in primary care, and that travel requirements can be a barrier. Ensuring accessibility for all is a key priority.

Councillor FitzGerald commented on the socioeconomic pressures faced by residents, such as the need to work multiple jobs, and how these pressures contribute to health inequalities. She also highlighted the stark contrast in life expectancy between different parts of Bury, referencing the statistic that 11 times more people died during COVID-19 in the north compared to the south.

Councillor McBriar referred to data on breast cancer and asked whether the increase in positive cases was due to improved screening. He also raised concerns about the lack of a national screening programme for prostate cancer. Dr Cathy Fines explained that prostate screening is not offered nationally in the same way as breast screening, as it targets symptomless individuals and requires meeting specific criteria. A blood test is available, but awareness remains low. Jon added that all screening programmes must undergo rigorous evaluation before implementation.

Councillor McBriar also asked about vaccination uptake among children and whether vaccinations are still administered in schools. Jon confirmed that vaccinations are delivered through a combination of school-based programmes and primary care, coordinated by IntraHealth.

Councillor Haroon asked about the key factors contributing to health inequalities in Bury and how life expectancy has changed over time. Jon reiterated the role of chronic conditions such as liver and lung disease and COPD. He also noted that the “Let’s Do It” strategy is embedded within the broader population health model.

Councillor Boles asked whether breakfast clubs in schools have had an impact. Jon reported that an auto-enrolment scheme had been introduced, resulting in several hundred additional children accessing the service. Feedback has been positive, and further updates will be shared.

Jon also spoke about a successful initiative around sexual health commissioning, which involved outreach to sex workers across Greater Manchester. This proactive approach has led to meaningful engagement and support for vulnerable individuals.

Councillor Simpson highlighted the significant life expectancy gap in Radcliffe, where men live on average 12.5 years less than elsewhere in Greater Manchester. Jon acknowledged the severity of the issue and pointed to ongoing community-based work and the Live Well model as part of the response.

The item concluded with a shared commitment to continue addressing health inequalities through collaborative action, strategic alignment, and community engagement.

It Was Agreed

- The update be noted

HSC.71 STANDING ITEM CHAIRS UPDATE

Councillor Fitzgerald provided a verbal update to the committee regarding recent developments in regional health scrutiny. She noted that she was unable to attend the latest meeting of the Joint Health Scrutiny Committee for the Northern Care Alliance (NCA) due to annual leave, and that Jackie Harris was also unavailable due to the late notice of the invitation. As a result, and due to the absence of a Labour member, the meeting was not quorate. Councillor Fitzgerald offered to attend future meetings and encouraged Labour members of the committee to consider putting their names forward to ensure Bury is represented in future discussions. The committee meets quarterly in Oldham, with three meetings remaining this year.

Councillor Fitzgerald also chaired the Joint Health Scrutiny Committee for the Greater Manchester Combined Authority (GMCA) earlier in the day. While there were no updates on service reconfigurations, the committee was informed that updates on Major Trauma (Salford and MFT) and Procedures of Limited Clinical Value will be presented in September. These procedures include interventions such as varicose vein treatment, hysterectomies, and skin tag removal. Commissioning statements are being reviewed to determine when these services will be provided. Papers are expected on 9th September, and a task and finish meeting will be scheduled shortly after to review them.

An update was also received from NHS Greater Manchester (ICB) regarding organisational restructuring and the second year of the sustainability plan. Key points included confirmation that NHS GM will retain a single organisation with ten localities and that no mergers are planned. The new organisational structure is expected in late August or September, with a voluntary redundancy package going to the NHS GM Board imminently. Consultation with staff will take place in Q3, with implementation in Q4. The restructuring aims to reduce costs by 39%, potentially affecting up to 600 roles, and may result in up to 5,000 staff across GM being displaced or transferred. A Workforce Transition Hub will be established to support affected NHS colleagues.

The committee raised concerns about the impact on commissioning, safeguarding, SEND, and community engagement functions. It was confirmed that these responsibilities would remain, though delivery models may change. The importance of retaining specialist skills, particularly in nursing, was also discussed.

The committee requested a further update in September on the proposed changes and their impact on patients, both at GMCA and local levels. Councillor Fitzgerald suggested sharing the GMCA forward plan with local Health Scrutiny Committees to coordinate efforts and avoid duplication.

Councillor McBriar suggested writing to the Secretary of State regarding the proposed changes. Councillor Fitzgerald supported this, noting that while it may be challenging, it is a power available to the committee and could be used if necessary.

Will Blandamer clarified that the ICB is the commissioning organisation and acknowledged the challenges posed by the reduction in roles. He emphasised the need to develop a sustainable operating model and recognised the difficult period ahead for NHS colleagues in Bury.

HSC.72 TASK AND FINISH GROUP - NHS CHANGES ACROSS GM - STRUCTURAL AND SERVICE CHANGES

At the last meeting, it was agreed that a Health Scrutiny Task and Finish Group would be established to focus on developments at the Greater Manchester level, particularly those arising from GMCA and NHS England. The group will meet on a monthly basis to consider and discuss relevant GMCA papers, including the upcoming proposals in September relating to two service reconfigurations and the new Integrated Care Board (ICB) structure. Members were invited to express interest in joining the group. Councillor McBriar and Councillor Boles confirmed their interest, and it was agreed that meetings would begin at 6:00pm.

To initiate the work of the group, a meeting will be arranged before the end of the summer to develop the Terms of Reference and to identify initial areas of focus. It was further agreed that the date for reviewing the September GMCA papers will be confirmed via email between group members over the coming month.

A standing monthly meeting will be scheduled to ensure ongoing scrutiny of GMCA papers and developments at the regional level. Short minutes summarising this discussion will be circulated to all relevant members.

HSC.73 FORWARD PLAN STANDING ITEM

During the discussion on the forward planner and standing items, the following topics were raised and considered throughout the conversation.

Core Discussion Topics

1. ICB Changes – Structure, services, and workforce implications
2. Neighbourhood Working & Public Service Reform – Including voluntary sector links
3. Maternity and First 1,000 Days
4. Transitions Between Children's and Adult Services
5. SEND – Connections with maternity, transitions, and the Children & Young People Committee
6. Access to Healthcare – Pharmacy, dentistry, and GPs (GP update received)
7. Elective Care and Winter Preparedness
8. Healthwatch – Patient experience and voice
9. Social Care – CQC, performance, complaints
10. Communications Support – Clarification needed (Cllr Frith)
11. Health Inequalities
12. Housing and Health
 - Housing First policy
 - GMCA-level engagement
 - Locality board and tri-partite agreement
 - Renters Reform

Emerging and Ongoing Issues

13. Industrial Action – Impact on services
14. Palliative Care & Assisted Dying – GMCA work noted
15. Hospice Services
16. Bereavement Services – Mental health support
17. Social Prescribing
18. Mental Health Services Update

HSC.74 URGENT BUSINESS

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 9.30 pm)