Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 3 March 2026

Present: Councillor E FitzGerald (in the Chair)
Councillors S Haroon, C Boles, L Ryder, I Rizvi, D Duncalfe, K Simpson and G Staples-Jones

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
Adrian Crook Director of Community Commissioning
Sian Grand Director of Housing
Andrew Griffiths Chief Operating Officer Healthwatch Bury

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

Apologies for Absence: Councillor N Frith, Councillor M Rubinstein and Councillor R Brown

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HSC.106 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.107 DECLARATIONS OF INTEREST

Councillor FitzGerald declared an interest due to being deputy cabinet member for Housing, during the home

HSC.108 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 28th January 2026 were agreed as an accurate record.

Matters arising: Cllr Tariq raised actions relating to maternity services and requested that a response be taken back to the Locality Board. A report will then be submitted from the Locality Board to the Health Scrutiny Committee in due course.

Regarding the IT system supporting committee midwives, colleagues from the GM IT Council and interim services in Bolton had believed the issue was resolved. However, the matter has been referred back to colleagues for further clarification, and an updated report will be provided once available.

HSC.109 PUBLIC QUESTION TIME

There were no public questions.

HSC.110 MEMBER QUESTION TIME

There were no member questions.

HSC.111 WINTER PREPAREDNESS UPDATE POST WINTER

The Committee received a brief presentation from Will Blandamer, Executive Director for Health and Adult Care, providing an overview of the system's performance during the winter period. He highlighted that despite the significant pressures experienced, the system operated effectively and did not escalate to OPAL 4, the highest level of concern reached in many other localities. Strong partnership working was evident throughout the period.

Will Blandamer reported that flu vaccination rates were strong, supported by effective coordination with Public Health, care homes, and primary care partners. The Pharmacy First initiative and intermediate care services performed well, contributing to improved system flow. Although there were instances of patients being cared for in emergency department corridors, these situations were managed promptly each morning, and actions were taken to minimise the duration of corridor care. He offered to provide a more detailed report at a future meeting.

Councillor Tariq expressed his personal thanks to all teams involved, noting that winter is a particularly challenging period for people with long-term conditions. He emphasised that the system's coordinated approach and preparation had provided reassurance to residents at a time of significant pressure. He also highlighted the importance of recognising contributions from primary care and the Northwest Ambulance Service alongside the work undertaken within A&E departments.

Jon commended the work of the Vaccine Assurance Group, noting its well-coordinated efforts and the improvement in vaccination rates, as well as strong collaboration during the planning phase. Adrian added reassurance that both local hospitals were performing within the lowest four for key pressure indicators, reflecting positively on local system management.

Councillor Boles concluded by stating he felt reassured by the update and welcomed the positive performance reflected in the winter preparedness report.

It Was Agreed:

- The update be noted

HSC.112 HEALTH WATCH UPDATE

Andrew Griffiths, Chief Operating Officer of Healthwatch Bury, provided an update confirming that funding for Healthwatch has been extended for a further 12 months, enabling continued delivery of core services. He reported that Healthwatch remains fully engaged with local groups, continues to operate its drop-in office for walk-in support, and is progressing several ongoing projects. These include the prostate cancer pathway project, examining experiences from diagnosis through to aftercare, and the recently completed review of A&E at Fairfield Hospital. He emphasised that this work is being undertaken independent of current news coverage and reaffirmed Healthwatch's commitment to young people through Youth Watch, as well as ongoing engagement with the veterans community.

Members raised several observations. Cllr Duncalfe noted that the stoma prescribing service has moved to Salford. Cllr K. Simpson highlighted the expansion of engagement following the veterans conference and stressed the ambition for Healthwatch to be visible across all communities. Andrew reported he had been approached by a naval veteran and is exploring stronger links with HMS Eaglet, suggesting that work through the Valour Centre may need to expand into a larger regional offer. He confirmed discussions with Army HQ in Bury to maximise available spaces for veteran initiatives. Cllr S. Jones supported greater collaboration with both Army and Navy services, while Cllr K. Simpson expressed a preference for smaller, localised Valour Centres.

Cllr Tariq advised that initial engagement work had already begun through Cllr Walmsley, though full details were not yet available. The committee agreed to formally write to Cllr Walmsley and Chris Woodhouse to explore a joint Greater Manchester bid for a North Manchester Valour Centre. This will be pursued at the appropriate locality level. Cllr Tariq also thanked Healthwatch for its ongoing work, particularly in understanding patient experiences during a challenging period, and noted the positive impact of work around neurological needs. He encouraged elected members to amplify this work and continue raising issues through ICB channels, particularly given workforce pressures.

Cllr Boles asked how Healthwatch manages public expectations when passing on feedback, querying whether additional context is provided where certain issues fall outside Healthwatch's remit. Andrew advised he could not give a definitive answer at present but would take this away and provide a more detailed response. Cllr FitzGerald queried arrangements around survey and complaints handling. In response, Will Blandamer highlighted that Healthwatch recommendations are taken seriously, referencing examples (including the report at page 40) demonstrating how services respond, interview relevant teams, and evidence outcomes. He noted Healthwatch's strength in prioritisation and effective feedback.

A further question from Cllr Boles addressed inconsistent access to GP services and whether poor administration across practices in Bury contributed to this. Jon Hobday explained that triangulation of qualitative data with wider system information helps determine whether issues are isolated or reflect a broader trend. Will Blandamer added that Healthwatch had supported a focus group on GP administration, and the committee requested further detail on sample size and triangulation. This will be brought back as an action.

Cllr FitzGerald sought clarity on the goals of Youth Watch. Andrew explained that the intention is to use Healthwatch's statutory powers to strengthen engagement with young people, including links to neurodiversity hubs, upcoming consultations, GP service feedback, and targeted outreach through social media and gaming communities. He noted the model is based partly on work undertaken by another regional Healthwatch. An action was noted to outline the benefits and future development of Youth Watch.

Finally, Cllr FitzGerald asked whether Healthwatch had insight for the NCA Committee on cancellations of operations and appointments. Andrew acknowledged this would require further detail, and Adrian Crook noted that ongoing GP practice surveys would support better understanding. Issues raised included the practicality of new GP contract requirements, such as half-day sessions.

It Was Agreed:

- Write again to Cllr Walmsley and Chris Woodhouse
- Set out how triangulation will inform future reports
- Bring insight for NCA regarding operation cancellations

HSC.113 HOMELESSNESS STRATEGY

Sian Grant, Director of Housing, presented an update on the Government's new national 10-year plan to end homelessness, outlining the shift towards preventing homelessness before crisis point. She explained that the national strategy is built around five pillars, including universal prevention to tackle the root causes of homelessness, reforms through the Renters' Rights Act, and links to the national Child Poverty Strategy. The plan emphasises targeted prevention, stronger system-wide collaboration (including a potential new statutory duty to collaborate), and early intervention for individuals at higher risk. Sian highlighted a strong national emphasis on improving temporary accommodation, particularly reducing the use of B&B placements beyond six weeks.

She reported that the Government has allocated additional funding through the Homelessness Prevention Grant, creating an opportunity to redesign and reintegrate parts of the current service to improve coordination and efficiency. Locally, Bury has updated its own homelessness strategy following a comprehensive review, which shows a significant increase in demand over the past five years, alongside a sharp rise in the use and cost of temporary accommodation. Engagement with the voluntary and community sector has been completed to gather feedback, with organisations highlighting the need for respectful approaches and better recognition of lived experience. Next steps include deeper integration with public health, piloting an early-navigation model, and conducting an audit of temporary accommodation.

Cllr S. Jones reflected on feedback from charities, noting that although many have engaged, some organisations such as Red Door reported individuals feeling unable to speak to authority figures. He mentioned a case where someone with lived experience had attempted to help others, though this remained rare. He stressed that rough sleeping cases take time to resolve but are being treated seriously. Cllr Simpson shared an example of finding a veteran sleeping rough who felt intimidated by the system, noting this is a common experience among people living on the streets.

Cllr Boles asked who was responsible for producing the statutory action plan due in October. Sian confirmed that the Homelessness Partnership is leading this work and is collaborating with health, adult social care, and children's services to define the strategic focus. She emphasised that co-production is central to the approach. Jon added that public health is involved due to the significant health risks associated with poor housing. Will Blandamer highlighted links between homelessness and hospital discharge pathways and mental health services, suggesting that new funding should help support earlier intervention for vulnerable individuals.

Cllr FitzGerald noted her involvement in the Homelessness Partnership and confirmed that policy development is ongoing. Cllr Boles asked who else should be included in the process who is not yet involved. Sian stated that people with lived experience need a stronger voice in both shaping and continuously influencing the service, and consideration is needed as to how this representation can be strengthened strategically.
Cllr Duncalfe raised concerns regarding landlords leaving the market following the end of Section 21 evictions, stating that many landlords are anxious about upcoming requirements. Sian advised she hoped the market would stabilise once the reforms were fully implemented.
Cllr S. Jones asked about progress on Greater Manchester's Housing First model, referencing Andy Burnham's commitments. He noted that Bury has a small number of Housing First properties and asked whether more could be designated, as nine out of ten cases succeed once a stable home is provided. He also welcomed the idea of a "good landlord charter" to recognise responsible landlords, though acknowledged that upcoming changes in the Renters' Rights Act may initially cause uncertainty.

Cllr Boles proposed that the committee take forward an action to ensure that lived-experience expectations are fully considered in the development of the homelessness strategy. Cllr Tariq concluded the discussion by emphasising that the relationship between health and housing is currently the strongest it has been in many years, with clear links demonstrated through the council's new Extra Care Strategy. Bury aims to deliver five extra care schemes by 2035, including Redbank and Redvales, to support older adults. He suggested that, at an appropriate time, the strengthened partnership between housing and health should be brought back for further scrutiny.

It Was Agreed

- The update be noted

- To bring back an update in the next municipal year

HSC.114 PUBLIC HEALTH ANNUAL REPORT

Jon Hobday, Director of Public Health, presented the statutory annual report and highlighted a need to shine a light on commercial influences affecting public health. He emphasised that what is available, accessible, and affordable in the local environment directly shapes health outcomes. Around 70% of the commercial landscape relates to gambling, alcohol, and unhealthy food, all of which create pressures on the NHS and wider public services.

Jon outlined how central government policy, aggressive marketing, and lobbying particularly regarding tobacco and vaping contribute to shifting blame and worsening health outcomes. Locally, alcohol-related mortality is higher than the national average, with 1 in 5 children affected by alcohol-related harm. He demonstrated a licensing matrix that maps alcohol outlet density by postcode to support informed decision-making. He also highlighted gambling harms, with around 13,000 residents affected, often linked to poor mental health and suicide risk. Bury also has one of the highest densities of fast-food outlets, with 40% of Year 6 children obese, prompting the use of the SPD planning document to limit new takeaways. Smoking rates remain highest among routine and manual workers in the most deprived communities.

Jon outlined a system-wide approach focusing on regulating harmful practices, promoting healthier environments, and supporting businesses via the Good Health Charter. He referenced work in Transport for London, where unhealthy food advertising has been removed, and Scotland's progress in regulating harmful commercial practices. Jon issued a call to action, highlighting collective responsibility across partners.

Cllr Tariq thanked Jon and the team for producing a strong report and noted that challenges around hot food takeaways and night-time economy require ongoing focus. Cllr FitzGerald encouraged the committee to consider what more can be done outside formal meetings.

Cllr Duncalfe raised an issue regarding funding for Cocaine Anonymous groups, which cannot accept financial support due to anonymity requirements. Jon confirmed this but noted that other small funds, including social value allocations and GM Mental Health Trust resources, could sometimes support related work. Cllr FitzGerald added that citizen groups face barriers when financial thresholds require a treasurer after £1,000, discouraging participation.

Cllr Boles sought reassurance about the Fast Food SPD and shared concerns about gambling harms. A request was made for more data, particularly exploring links between gambling and homelessness and whether this should inform future commissioning. Jon confirmed that Bury does not currently commission a gambling-specific service due to limited funding, although GMCA plays a coordination role.

Adrian Crook added that while the Council cannot directly fund anonymous groups, it does support wider organisations addressing these issues.
Cllr Simpson asked about high inequality figures shown on page 93, seeking clarity on whether they were per 100,000. She noted that small areas like Redvales and Radcliffe significantly influence local averages and asked how Bury should present such data. Jon agreed these areas skew data and that more resource should be directed to them.

The committee then discussed vaping, with Cllr FitzGerald noting mixed messaging nationally. He referenced Chris Whitty's guidance: *"If you don't smoke, don't vape."* Jon agreed, noting that although campaigns exist to support smokers to switch, under no circumstances should children vape. He added that enforcement and testing frameworks are developing but take time, and trading standards remain key. Cllr Ryder asked how vaping harms could be

communicated to young people. Jon confirmed that Youthwatch and Early Break will be involved in youth engagement work.

Cllr Simpson asked whether vape shops could be regulated similarly to fast-food takeaways and whether cheaper products were more harmful. Jon noted ongoing issues with illegal vapes and the expectation that the national Vapes Bill will push them off high streets.

Cllr FitzGerald linked smoking, gambling, and mental health, noting that vulnerable people are disproportionately affected. Jon agreed that cause-and-effect relationships are complex, and lived experience must inform local responses.

The discussion concluded with recognition that children are being exposed to these harms early, and national legislation will be needed to support local interventions going forward.

It was agreed:

- Update be noted

HSC.115 PRINCIPAL SOCIAL WORKER ANNUAL REPORT - ADULT SOCIAL CARE

Adrian Crook, Director of Community Commissioning, provided a brief overview of the report, noting that while the service remains on an improvement journey, significant progress has been made. He emphasised the commitment to listening to lived experiences and using feedback to drive improvement. Workforce turnover is now below 12%, and the vacancy rate has fallen to 4%, reflecting increased stability and a strengthened approach to professional practice within adult social care.

Cllr Tariq praised the work of Emma Massey and the wider team, highlighting the strong foundations that have been built, including improvements in quality assurance, the performance dashboard, and workforce development. He noted low vacancy rates across adult social care, positive feedback from the LGA peer review, and ongoing preparation for CQC inspection. He expressed pride in the team and acknowledged recent positive judgements relating to extra care schemes and the work of Killalea.

Cllr Ryder welcomed the strong focus on professional development and staff retention, describing the progress as encouraging. Adrian agreed, stating that having an engaged workforce is a privilege and central to sustaining improvement.

Cllr FitzGerald asked about apprenticeship and development opportunities. Adrian explained that the apprenticeship route includes structured study, workplace support, and training, supported by a robust programme for newly qualified social workers. Most new starters remain with the service, reflecting the investment made in workforce development.
Cllr Tariq added that Bury's approach is becoming an exemplar for building and maintaining a strong adult social care workforce, and he hoped the positive culture could be promoted more widely.

Cllr Simpson raised concerns about high caseloads and workforce pressures. Adrian confirmed that caseloads average 22 cases, below the national average of 25, and efforts continue to keep them manageable. Every team has a wellbeing plan, along with one-to-one support, supervision, and a focus on psychological safety. He acknowledged the challenges of the role but emphasised the importance of resilience, reflective practice, and celebrating achievements.

In response to further questions about mental health support, Adrian confirmed that additional wellbeing initiatives are offered as needed. The meeting briefly noted that the Q4 Social Worker Report will feed into the upcoming CQC assessment due at the end of March.

It Was Agreed:

- Update be noted
- Further update from the Principal social worker at a future meeting

HSC.116 CHAIRS UPDATE STANDING ITEM

The Chair provided an update on the ICB report papers, drawing members' attention to the breadth and depth of recent work, particularly in relation to Adult Social Care. A comprehensive deep dive had been undertaken which highlighted the significant scale of Adult Social Care across the ICB footprint, including a budget supporting around 1,000 providers. The work focused on supporting people to live well for longer, including care and experiences during the final 12 weeks of life, where it was noted that 76% of individuals are supported appropriately when they reach services. Several recurring themes emerged from this work, and the Chair confirmed that the priority action areas identified would be filtered through and embedded within the Committee's ongoing workplan.

An update was also provided on service reconfiguration. Members were informed that proposals had been both disagreed and accepted within the ICB governance process. It was confirmed that the ICB Board had agreed that the minutes of the Board meeting would be circulated, and these would be shared with members once they had been formally approved and made available.
In relation to IVF provision, Will Blandamer advised that recent ICB discussions did not alter Bury's established position. Bury has historically operated in line with what is currently being proposed, and therefore there would be no local change arising from this matter.

Adrian highlighted wider concerns relating to people with disabilities and individuals with multiple and complex needs. He drew attention to the persistent and significant health inequalities faced across the Northwest and Greater Manchester, which continue to experience some of the longest periods of poor health nationally. It was emphasised that there is no clear correlation between levels of affluence and access to social care and health outcomes, noting that despite lower house prices in the Northwest, outcomes remain poorer than in the South. Members were reminded that Adult Social Care is under severe pressure, with demand outstripping capacity, and that poor health outcomes in the North are growing at a faster rate than elsewhere. The importance of prevention and addressing inequalities at an early stage was stressed, alongside the need for sustained action in this area.

Further to this, Adrian also raised the importance of shared data across Greater Manchester to support improved understanding of need, service planning, and more effective preventative approaches.

The Chair invited any additional comments on the ICB report from Jon, Will, Adrian and Cllr Tariq, and also opened the discussion to wider questions or comments from Committee members.

Members then discussed concerns regarding the handling of sexual assault-related complaints within the Northern Care Alliance. It was agreed that Bury should formally request that this issue is examined further and addressed appropriately going forward. Will Blandamer confirmed that the Council Leader, alongside Cllr Tariq, had already written to the NCA to raise concerns in a constructive manner, noting that the intention was not to belittle the issues but to ensure their seriousness and impact were properly acknowledged.

It Was Agreed:

- The update be noted

HSC.117 URGENT BUSINESS

The Chair confirmed that no urgent items of business had been requested prior to the meeting.

Councillor Tariq expressed thanks for the leadership shown throughout the meeting and for the wide range of issues covered, particularly in relation to Adult Social Care. He noted that several important matters had been brought forward for discussion and requested for inclusion on the agenda, and he wished to place on record his thanks to the Chair for facilitating the discussion and for their overall contribution.

The Chair thanked all members and officers for their input and engagement during the meeting and the years meetings. It was noted that the discussion had been well managed and constructive. The Chair thanked everyone for their attendance and contributions and confirmed that this concluded the meeting.

COUNCILLOR E FITZGERALD
Chair

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