BURY OLDER PEOPLE'S NETWORK

BURY VOLUNTARY, COMMUNITY & FAITH ALLIANCE

Bury Older People's Network (BOPN)
8th July 2026
Bury Unitarian Church

Attending	Jo Mawdsley (chair); David Barnes (Bury VCFA – action notes); Joan Abbott (resident); Mike Bondi (Bury model boat club); Chris Darrock (resident); Ste Greason (Ageing in Place); Gill James (resident); Mark Harrison (Bury model boat club); Trish Ribchester (Greenmount Cuppa & Chat); Violetta Rigby (Persona); Beverley Santana-Vega (Healthwatch Bury); Pauline Smith (resident); Julie Southworth (Greenmount Village Community); Barbara Stafford (resident); Gillian Stainthorpe (resident); Ania Stark-Ketcher (Age UK Bury); Jacqui Waite (Bury Council); Shirley Waller (resident); Jan Wiczkowski (resident); Brian Williams (resident)
Apologies	Steph Boyd; Hannah Crompton; Ella Crookes; Carol Kemp; Jean Pound; Dr Sarkar; Ursala Shahid; Claire Yardley

Overview

The meeting focused on older people's health, care and support in Bury, including how services communicated with and involved older residents. Key topics included feedback from previous actions on primary care and health checks, debate about "associate membership" of the network and ensuring residents' voices remained central, and a detailed presentation from Dil Hawley and Louise Palmer on Bury's intermediate tier services, urgent community response, reablement, Staying Well, and related support. Attendees also discussed public information and access routes to services, concerns about hospital discharge, social care perceptions, long waits for joint replacements, and shared updates on Age UK Bury activities, the new Live Well centre in Whitefield, and wider information and engagement work across the borough.

Matters Arising

- Mark Harrison confirmed that Chelsea Harrison, in post at BIG, has agreed to attend a future meeting to explain what BIG could offer older people around mental health and wellbeing.
- Members reflected that previous minutes had contained extensive discussion of primary care. Ian suggested generating a shorter, health-focused version of those minutes using AI and sending it, with an introductory letter, to all primary care practice managers to highlight issues older people had raised
- Jo Mawdsley described feeding back concerns about health checks and mental health, and about a falls and frailty leaflet that only used a QR code for contact, to the business manager at her GP practice within Tower Healthcare. This had been escalated to the primary care trust, and Jo and Jacqui are planning to meet council public health staff about leaflet design and accessibility, then report back. The group reiterated that NHS health checks and mental health support were very important to them.

Membership, Representation and Decision-making in the Network

There was a detailed discussion about the proposed "associate membership" arrangements. Members questioned the need for a separate category, especially as some people now labelled as associates had attended since the start of the network. Jo was concerned that long-standing contributors were effectively being told, "you're an associate member now" and would have no vote, despite having been involved for nearly five years.

It was recalled that Healthwatch had always understood itself as an associate member and noted that they were required to stay apolitical, so non-voting status could be appropriate for them. Others suggested that invited speakers or agency representatives should not have voting rights but questioned whether a formal associate member document was necessary. David Barnes suggested that the group could avoid formal voting and instead reach decisions by consensus.

Members agreed that the group's priority was to be a forum for residents' voices and that agency representation should not outweigh resident members. Jo Mawdsley said they would never actively recruit associate members and would prefer agencies to "drift in" as needed, remaining in the minority. Several people highlighted that most attendees also belonged to other groups and that agency representatives mainly came to listen, share information and take learning back, rather than to "bang the drum" for their own organisation. The group leaned towards keeping everyone on an equal footing, while recognising that some council

officers or professionals might have their own strategic agenda and that residents' voices must not be drowned out.

Julie Southworth explained she had recently been elected as a councillor and had asked whether they should now attend as a councillor or as an older person. She intended to use the position on health scrutiny committees to bring information from this group into formal scrutiny and to feed scrutiny discussions back to the network, which the group welcomed.

Perceptions of Social Care, Power of Attorney and Accessing Support

Jo Mawdsley and Julie Southworth fed back from a new subgroup meeting with Paul Carr about adult social care and "the front door" response when people contact the council. Paul wanted to hear positive and negative experiences of first contact. Julie described strong stigma and fear among older people about social care involvement. They reported volunteers saying, "Oh, social care, Social Services are going to go," and described that as "a very negative response." They felt many older people had never asked for help and saw needing social care as a failure. Others agreed that some people feared losing independence and believed social services would "take over" and make decisions regardless of their wishes.

Members explored branding and public perception. One person felt "social services suffers really from a tarnished brand" linked to childhood stories of children being removed, and suggested a complete rebrand might help build a more positive image. Jan Wiczkowski raised the importance of people understanding powers of attorney so that social services could not make decisions without them. Jo Mawdsley shared an example where a neighbour without power of attorney had been told by social services that her husband was going into a care home and "there was nothing she could do about it". The neighbour and her son then immediately arranged power of attorney.

The conversation broadened into practical difficulties with hospital discharge and care homes. An example was given of being kept in hospital for two weeks despite being told after two days that they were fit for discharge home, and also seeing others deteriorate on wards because care homes would not accept them back. Another example was where a man was assessed for a care home closer to his family, at lower cost, but the place was withdrawn after the home spoke to the original care home, resulting in him going to a more intensive and costly setting than was felt necessary. Other members raised a local case where a neighbour was ready for discharge after a broken ankle but could not come home because no care package could be arranged, and another where a woman with severe dementia remained in hospital while the family waited for a joint discussion with social care

and doctors that repeatedly did not happen. Such situations can want clarity about whether it was hospital social work or council social care causing the delay. Dill and Louise from the intermediate tier explained that care homes were private businesses and could refuse to take people back, which limited what services could do, and that an integrated discharge team of nurses and social workers was meant to coordinate such cases.

The group also discussed difficulties navigating systems. In one example it related to an experience supporting a dying parent at home and said their mother later told them that without someone "who worked in the system" they would not have known how to get help. Several people emphasised that many older people did not know about Healthwatch or how to contact the council's "front door", and that there were no clear leaflets telling people "this is available if you do X, Y, Z". Faith leaders were suggested as potential early identifiers of frailty, with Dil and Louise welcoming closer links so that clergy could discreetly refer concerns.

Intermediate Tier Services, Urgent Community Response and Reablement

Dill Hawley (Intermediate Tier Lead) and Louise Palmer (Intermediate Tier Clinical Lead) were welcomed to the meeting and introduced the intermediate tier services in Bury. They explained that this tier sat between hospital and home and included Killilea House, a 36-bed rehabilitation unit with nursing and residential beds, reablement services that helped people regain independence at home, intermediate care at home with therapists and nurses, the Urgent Community Response service, the Staying Well team, the equipment and disability services, Carelink and technology-enabled care, IV therapy, and extra care units Vulcan and Griffin.

They highlighted that Killilea House had recently been inspected by the Care Quality Commission and rated outstanding, making it one of 3.5 per cent of care homes in England with that rating and the only intermediate tier unit in the country to achieve it. They described the overall aim of helping people leave hospital early and recover at home or in rehabilitation, and of preventing admissions from the community. Over 12 months they had seen more than 6,000 local people through the Urgent Community Response, which offered a two-hour response for crises such as falls, infections, or urgent equipment needs.

Dil and Louise explained that the Urgent Community Response could be activated by anyone, including residents, via the adult social care number, by GPs, NorthWest Ambulance Service, 111 and hospital teams, though they were cautious about a fully open self-referral route because of capacity and the need to maintain the two-hour standard. They said Bury was the top performer in Greater Manchester on this metric. They also noted a night sitting

service was available but covered the whole borough with one person, and that there was a gap in provision after 8 pm, when people might have to rely on family, ambulance or A&E.

Members raised recurring problems with 111 and Bardoc. Including, reflecting experience on the front desk at Fairfield, where "every shift" they saw people told by 111 they had a timed "appointment" at A&E; or wrongly told to attend Fairfield when the urgent treatment centre was closed and had notices redirecting people. Others said 111 often called ambulances when an urgent community response would have been more appropriate and quicker. Louise agreed there was "a lot of misinformation" from 111 and said they were trying to strengthen pathways so 111 and Bardoc referred more people to community response instead of A&E.

Questions were asked about hospital discharge blockages and delays. Louise said the integrated discharge team, which included council staff and health staff, should pick up discharge planning, and urged people to ask wards to involve that team and to mention intermediate care as an option. They acknowledged wider national issues such as care homes declining to readmit residents, and rising numbers of people with dementia and delirium, and emphasised their focus on enabling people to live and die at home if that was their choice.

There was also discussion about how to contact the intermediate tier and the size and future of the service. Dil said contact was via the council's connect and direct number, 0161 253 5151, with a hash option to reach Urgent Community Response, though they accepted that the example of a wrong signposting outcome showed there were internal communication issues to fix. The intermediate tier had around 290 staff across health and social care. Demand for home-based reablement had increased, leading to a 12-day waiting time; they were therefore reconfiguring rather than expanding the workforce to respond more effectively. They described a pilot where 10 people with dementia were discharged home with intensive 24-hour support, technology and reablement for four weeks, which enabled 7 to remain at home rather than go into long-term care.

Members asked about titles and roles. Louise said they tried not to use job titles with the public, introducing themselves simply by name and explaining their function, and that people usually asked to speak to "the manager of intermediate care" rather than using specific titles.

<u>Staying Well Team, Living/Live Well Centres, Technology and Pathway Clarity</u>

Dil and Louise outlined the Staying Well team, which supported people over 50 whose needs were changing but did not yet require formal social care. They carried out holistic assessments, helped with benefits, housing applications and signposting, and attended

integrated neighbourhood team meetings where GPs brought complex cases for multi-disciplinary discussion. They said the team knew "everything that is going on in each of the communities" and were central to prevention.

Beverley Santana-Vega, drawing on previous experience as an active ageing activator, asked about the difference between the Staying Well team, the Living Well service and the new Live Well Centre in Whitefield linked to Greater Manchester strategy. Dil and Louise clarified that Staying Well was a local Bury service for over-50s, while Living Well was a lifestyle service for adults, and the Live Well Centre was a new physical hub. Several participants commented that having services called "Staying Well", "Living Well" and "Live Well" was confusing.

There was a shared view that clearer communication was needed about the whole pathway for older people. Even people who work helping people navigate the system" saw mixed messages and misdirection; an example was given of a woman told to go via a GP for social services in order to get a toilet aid when direct equipment support would have been appropriate. The Staying Well team corrected this once Healthwatch intervened, but it highlighted problems with internal advice.

Steve Greason invited the intermediate tier to have a presence in the community café space at the new Live Well Centre in Whitefield, describing it as an informal space with an "older person's lens" where people could chat over a brew. Others mentioned an upcoming mental health drop-in there until 6 pm daily to divert people in crisis from A&E.

Members also discussed technology-enabled care. Louise and Dil said the tech team offered sensors, door alerts, voice prompts, Alexa-type devices and medication aids, and that they were creative in sourcing solutions where standard equipment did not exist. Louise described arranging a door sensor and voice prompt box for an uncle with wandering behaviour. It was suggested that it would be useful for the group to have a dedicated presentation from the tech team to see what was available, and Dil agreed to invite them.

There was recognition that some technology involved charges, and that many older people were suspicious of QR codes and digital-only information. Jacqui Waite confirmed the council was undertaking a broader review of all information channels, both digital and paper, to ensure content was accurate, accessible and did not rely solely on tools such as QR codes or smartphones.

Pain, Mobility, Waiting Lists and Mental Health Impacts

Towards the end of the intermediate tier discussion, it was asked what support existed for people waiting long periods for hip and knee replacements. They reported that Healthwatch

was seeing an "ever-growing waiting list" and described one woman who was now housebound, waiting two to three years for double knee replacements. This woman had been through pain management, received adaptations from the Staying Well team and had seen her GP, but still felt desperate and had expressed suicidal thoughts due to being unable to walk and being restricted to the house. The group stressed the seriousness of the mental health impact of such waits.

Louise acknowledged that once someone's joints were "practically bone on bone" there were limited options other than surgery, though physiotherapy, adaptations and pain management could help earlier on. She noted a "massive gap" where people became more sedentary while waiting, gained weight, and then faced body mass index thresholds for knee replacement surgery, which could further delay or block operations. It was questioned whether people were given adequate support to reduce BMI before surgery, and Louise said this sat largely with hospital services.

Members linked this back to the broader discussion of mental health and loneliness. Being stuck at home and unable to do normal activities left people "nothing to think about but how ill you feel", which was not good for recovery. There was agreement that both physical and psychological support were needed for older people living with pain and long waits.

Any Other Business – Information, Communication and Community Activities

- Jacqui Waite outlined a piece of work focused on how people access Adult Social Care information online. The work aims to understand users' experiences and assess the relevance and quality of information available, particularly on the Bury Directory and the Bury Council website. A survey has been launched to gather feedback, and Jacqui has offered to visit members' groups to discuss this and encourage participation. The survey and further information will be circulated by David Barnes. For more information, please contact Jacqui Waite.

- The new Whitefield Live Well Centre on Albert Road, including a café from 9:30 to 14:30, will open next week. An open day is planned for mid-August, which would allow people to walk around and see the facilities. The centre's space was for all ages. Open Day confirmed for Sunday 16th August.

- Ania Stark-Ketcher gave updates from Age UK Bury. Upcoming events at the Jubilee Centre include a Tina Turner tribute concert on 17 July, a tabletop sale on 8 August, and a planned pilot to allow dogs into the centre during such events. She mentioned

the 100 Club fundraising scheme, a volunteer "speed dating" evening on 17 September to match volunteers to different roles, and a special "pearl" afternoon on 12 September to mark the 30th anniversary of the Jubilee Centre. Age UK would also be sponsoring kits for Bury Football Walkers, with an official launch planned. Several members shared very positive feedback about the Age UK handyperson service, saying the tradespeople were "fantastic" and that they "could not speak highly" of them.

- Beverley Santana-Vega highlighted Healthwatch's Veterans Voice project, including a survey on veterans' health and social care experiences and close working with the Armed Forces Covenant lead. In response to a question about Armed Forces Day in Bury, they invited veterans to feedback concerns so Healthwatch could raise them in covenant meetings.

- Jan Wiczkowski drew attention to a publication titled "Manchester leads the way with age-friendly culture" and noted that it featured many community groups from south Manchester but nothing about Bury. Jan suggested the network should seek inclusion in future editions, although others noted there was a separate Bury-focused community magazine.

- The meeting concluded with confirmation that the next network meeting would not be until September and Jo Mawdsley reporting that a planned visit from Andy Burnham on 9 September would no longer go ahead due to changes in political circumstances.

Actions:

<u>Jo Mawdsley:</u>

1. To identify a date and invite Chelsea Harrison, who worked at BIG, to attend a future meeting and provide an update on BIG services for older people's mental health and wellbeing.

2. To meet with Paul Carr's group again about adult social care "front door" arrangements and bring back views from this network. And to feedback from the adult social care "front door" subgroup to this network on people's experiences contacting the council.

3. To invite the tech-enabled care team to a future meeting to demonstrate available technology and equipment.

Jacqui Waite:

4. To meet with the council public health team about the health leaflet that only used a QR code, and report back at the next meeting.

5. To circulate the information survey link on access to information and support once received.

6. To produce or obtain paper versions of the information survey and attend members' community groups to support people to complete it, where invited.

7. To feed learning from this survey into the wider prevention and front door work led by the council, including how people access information beyond QR codes.

Dill and Louise:

8. To take back feedback about hospital discharge delays, care home refusals and dementia discharge issues to the integrated discharge team and senior managers.

9. To speak with Bardoc and North West Ambulance Service about improving referrals into Urgent Community Response rather than automatically sending people to A&E.

10. To take back the example where the Connect and Direct front door gave incorrect advice about accessing equipment and ensure this was addressed.

11. To bring or send printed leaflets about Urgent Community Response and intermediate tier services to COPE and other groups.

12. To attend the new Live Well centre café space in Whitefield when invited, to raise awareness of intermediate tier services.

13. To explore establishing links with faith groups so clergy and lay leaders could refer or flag concerns about parishioners who might need support.

14. To invite the tech-enabled care team to attend a future Older People's Network meeting to demonstrate equipment and discuss what is available.

Steve Greason:

15. To share contact details and continue to develop links between the Live Well centre community café in Whitefield and the Intermediate Tier, Staying Well team and other partners for older people.

16. To encourage people to visit the Live Well centre when it opened and use the café as a space for informal conversations and support.

Beverley Santana-Vega:

17. To raise the suggestion about rebranding "social services" and improving public messaging about social care at relevant forums.

18. To continue working with Pennine Care and other services on investigating long waits for hip and knee surgery, including the impact of digital pre-op processes, and to explore what interim support might be available.

19. To support intermediate tier services, including Killelea and crisis response, through Healthwatch Enter and View work and share findings and recommendations with Dil and Louise.

20. To work with the intermediate tier on designing a way to gather feedback from people who had used the rapid response and hospital at home services, potentially through a shared forum.

David Barnes:

21. To circulate further information about the Whitefield Live Well centre opening date, times and café arrangements once confirmed.

22. To distribute the link to Jacqui's information survey to network members.