

# Agenda

## Locality Board – Meeting in Public

Date: 13<sup>th</sup> April 2026

Time: 4.00 pm – 6.00 pm

Venue: Committee Rooms A and B, Bury Town Hall

Chair: Cllr O'Brien

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.10	10 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 2 <sup>nd</sup> March 2026 and action log	Paper	Approval	Chair
4.0			Public questions	Verbal	Discussion	Chair
<b>Place Based Lead Update</b>						
5.0	4.10 – 4.20	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
6.0	4.20 – 4.30	10 mins	VCFE Focus - Speakeasy	Verbal	Discussion	Gill Pearl
<b>Locality Board Priorities</b>						
7.0	4.30-4.45	15 mins	Place partnership arrangements	Paper	Discussion	Will Blandamer
8.0	4.45-5.15	30 mins	Left shift strategy	Paper	Discussion	Kath Wynne-Jones/Will Blandamer
9.0	5.15-5.25	10 mins	Bury partnership response to SEND reforms	Paper	Discussion	Will Blandamer/Jeanette Richards
<b>Integrated Delivery Collaborative Update</b>						
10.0	5.25-5.35	10 mins	Integrated Delivery Board Update	Paper	Discussion	Kath Wynne-Jones



### Updates

#### Committee/Meeting updates

11.0	5.45-5.50	5 mins	PCCC Highlight report	Paper	Information	Adrian Crook
12.0	5.50-5.55	10 mins	Performance & Quality Group update	Verbal	Information	Catherine Jackson
13.0	5.55	5 mins	SEND Improvement and Assurance Board Minutes	Paper	Information	Will Blandamer

#### Closing Items

14.0	5.55	5 mins	Any Other Business	Verbal
15.0	_____	_____	<b>Date and time of next meeting in public - Monday, 1<sup>st</sup> June 2026, 4.00 - 6.00pm on Microsoft Teams</b>	_____

		5 mins	Post Meeting Reflection	Verbal/All
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Meeting: Locality Board			
Meeting Date	13 April 2026	Action	Consider
Item No.	2	Confidential	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary
<p>NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).</p> <p>NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.</p> <p>The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.</p> <p>Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.</p> <p>In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.</p> <p>The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.</p> <p>There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.</p>
Recommendations
<p>It is recommended that the Locality Board:-</p> <ul style="list-style-type: none"> <li>• Receive the latest Declarations of interest Register;</li> <li>• Consider whether there are any interests that may impact on the business to be transacted at the meeting on 13<sup>th</sup> April 2026 and</li> </ul>

- Provide any further updates to existing Declarations of Interest within the Register.

<b>OUTCOME REQUIRED</b> <i>(Please Indicate)</i>	<b>Approval</b> <input type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Discussion</b> <input type="checkbox"/>	<b>Information</b> <input type="checkbox"/>
<b>APPROVAL ONLY;</b> (please indicate) whether this is required from the pooled (£75) budget or non-pooled budget	<b>Pooled Budget</b> <input type="checkbox"/>	<b>Non-Pooled Budget</b> <input type="checkbox"/>		

<b>Links to Locality Plan priorities</b>	
Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

<b>Implications</b>						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Committees and Sub-Committees

Locality Board

Declaration of interest as per policy:  
 - Declare in meetings where relevant  
 - Not to be seen papers where conflicted  
 - Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting)  
 - Remaining present at the meeting but withdrawing from the discussion and voting capacity  
 - Remaining present at the meeting and participating in the discussion but not involved in any voting capacity  
 - Being asked to leave the meeting

Name	Current Position	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments	
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
<b>Voting Members (Pooled Budget &amp; Aligned &amp; Non-Pooled Budget)</b>											
Cllr	O'Brien	Eamonn	Leader of Bury Council & Joint Chair of the Locality Board	Bury Council - Councillor	X		Direct	Councillor		Present	As per policy - see details above
				Young Christian Workers - Training & Development	X		Direct	Development Team		Present	
				Labour Party		X	Direct	Member		Present	
				Freswold Arts College		X	Direct	Governor		Present	
				Bury Corporate Planning Board		X	Direct	Member	15/01/2025		
				No Barriers Foundation		X	Direct	Trustee		Present	
				CAFOD Salford		X	Direct	Member		Present	
				Capelin Association		X	Direct	Member			
				USOAW		X	Direct	Member			
				Freswold Methodist Youth		X	Direct	Trustee		Present	
Unite the Union		X	Direct	Member		Present					
Cllr	Tamoor	Tariq	Executive Member of the Council Adult Care and Health	Bury Council - Councillor	X		Direct	Councillor	May-10	Present	As per policy - see details above
				Health Watch Oldham	X		Direct	Manager	Aug-20	29-Jul-24	
				Proxy Line Thing	X		Indirect			Present	
				Action Together CIC			Direct	Employed		15-Jan-25	
				The Derby High School			Direct	Governor	Apr-18	Present	
				St Lukes Primary School		X	Direct	Member		15-Jan-25	
				Unite the Union		X	Direct	Community Member	May-12	Present	
				Labour Party		X	Direct	Member	Jan-07	Present	
				Bury Council		X	Direct	Councillor		Present	
				Business in the Community		X	Direct		July 2023	Sep-23	
Cllr	Smith	Lucy	Executive Member of the Council for Children and Young People	The Christie NHS Foundation Trust			Indirect	Related to Spouse		Present	As per policy - see details above
				Labour Party			Direct	Member		Present	
				Community in the Union			Direct	Member		Present	
				Co-operative Party		X	Direct	Member	Jul-24	Present	
				Socialist Health Association			Direct	Member		Present	
				Good Campaigns Company		X	Direct	Employed	Jul-24	Present	
				Campaign for Labour			Direct	Member		Present	
				GMB Union			Direct	Member		Present	
				GP Federation		X	Direct	Practice is a member	2013	Present	
				Tower Family Health Care		X	Direct	Partner in a member practice in Bury Locality	2017	Present	
Horizon Clinical Network		X	Direct	Practice is a member	2019	Present					
Dr	Fines	Cathy	Associate Medical Director and Named GP	Greater Manchester Foundation Trust			Indirect	Partner is a Director at the Northern Care Alliance	2019	Present	Declaration of interest as per policy as detailed above (Y,Y,Y,Y)
				Northern Care Alliance			Indirect	Partner is a Director at the Northern Care Alliance	2019	Present	
				Bury Council		X	Direct	Chief Executive	Mar-23	Present	
				Now You're Talking Organisation linked to Talk Listen Change Charity		X	Direct	Clinical board adviser for a profit with purpose	Sep-25	Present	
				Association of Nurse Specialist for multi health specialists		X	Direct	Associate clinical nurse specialist	Apr-26	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
				GP Federation		X	Direct	Practice is a member	2013	Present	
				Tower Family Health Care		X	Direct	Partner in a member practice in Bury Locality	2017	Present	
				Horizon Clinical Network		X	Direct	Practice is a member	2019	Present	
				Greater Manchester Foundation Trust			Indirect	Partner is a Director at the Northern Care Alliance	2019	Present	
Cllr	Catherine	Lynne	Associate Director of Nursing, Quality & Safeguarding Chief Executive for Bury Council	Now You're Talking Organisation linked to Talk Listen Change Charity			Direct	Clinical board adviser for a profit with purpose	Sep-25	Present	As per policy - see details above (Y,Y,Y,Y)
				Association of Nurse Specialist for multi health specialists		X	Direct	Associate clinical nurse specialist	Apr-26	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
				GP Federation		X	Direct	Practice is a member	2013	Present	
				Tower Family Health Care		X	Direct	Partner in a member practice in Bury Locality	2017	Present	
				Horizon Clinical Network		X	Direct	Practice is a member	2019	Present	
				Greater Manchester Foundation Trust			Indirect	Partner is a Director at the Northern Care Alliance	2019	Present	
				Northern Care Alliance			Indirect	Partner is a Director at the Northern Care Alliance	2019	Present	
				Bury Council		X	Direct	Chief Executive	Mar-23	Present	
				Now You're Talking Organisation linked to Talk Listen Change Charity		X	Direct	Clinical board adviser for a profit with purpose	Sep-25	Present	
Cllr	Neil	Neil	Director of Finance/Section 151 Officer	None Declared			Direct	Nil Interest	Aug-24	Present	As per policy - see details above (Y,Y,Y,Y)
				None Declared			Direct	Nil Interest	Aug-24	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
				None Declared			Direct	Nil Interest	Aug-24	Present	
<b>Voting Members (Aligned &amp; Non-Pooled Budget)</b>											
Cllr	Howarth	Vicki	Medical Director - Bury Care Organisation, NCA	Unirails Ltd - Private Histopathology Service	X		Direct	Providing services as Consultant Histopathologist to the	2011	Present	As per policy - see details above (Y,Y,Y,Y)
				Tameside and Oldham Integrated Care NHS Foundation Trust	X		Direct	Bank Consultant Histopathologist performing Coronial Post	2015	Present	
Cllr	Francis	Joanna	Director of Operations, NCA	None Declared			Direct	Bank Consultant Histopathologist performing Coronial Post	2015	Present	As per policy - see details above (Y,Y,Y,Y)
				None Declared			Direct	Bank Consultant Histopathologist performing Coronial Post	2015	Present	
Cllr	Panah	Nina	Divisional Managing Director - Bury Community Services Division	None Declared			Direct	Bank Consultant Histopathologist performing Coronial Post	2015	Present	As per policy - see details above (Y,Y,Y,Y)
				None Declared			Direct	Bank Consultant Histopathologist performing Coronial Post	2015	Present	
Cllr	Alan	Lorna	Chief Digital and Information Officer Digital Services, NCA	Trustee at St Leonard's Hospice in York		X	Direct	Trustee	Dec-23	Present	17/05/2024 Y
				Host Non Exec of Aqua (Advancing Quality Alliance)		X	Direct	Host Non Exec	Sep-24	Present	
Dr	Patel	Kiran	Member of the Locality Board	Tower Family Health Care - Primary Care General Practice	X		Direct	GP Partner	Jul-18	Present	As per policy - see details above (Y,Y,Y,Y)
				Bury GP Federation - Enhanced Primary Care Services	X		Direct	Medical Director	Apr-18	Present	
				Laserise Bolton - Provider of a range of cosmetic laser and injectable	X		Direct	Medical Director	1994	Present	
				Laserise Bolton - Provider of a range of cosmetic laser and injectable	X		Indirect	Spouse is a Shareholder	2012	Present	
				Tower Family Health Care - Primary Care General Practice			Indirect	Spouse is a Director	Jul-18	Present	
				None Declared			Direct	Spouse is a Shareholder	2012	Present	
				None Declared			Indirect	Spouse is a Director	Jul-18	Present	
				None Declared			Direct	Spouse is a Shareholder	2012	Present	
				None Declared			Indirect	Spouse is a Director	Jul-18	Present	
				None Declared			Direct	Spouse is a Shareholder	2012	Present	
Cllr	Sarah	Sarah	Chief Operating Officer, Penine Care NHS Foundation Trust	None Declared			Direct	Spouse is a Shareholder	2012	Present	As per policy - see details above (Y,Y,Y,Y)
				None Declared			Indirect	Spouse is a Director	Jul-18	Present	
				None Declared			Direct	Spouse is a Shareholder	2012	Present	
				None Declared			Indirect	Spouse is a Director	Jul-18	Present	
				None Declared			Direct	Spouse is a Shareholder	2012	Present	
				None Declared			Indirect	Spouse is a Director	Jul-18	Present	
				None Declared			Direct	Spouse is a Shareholder	2012	Present	
				None Declared			Indirect	Spouse is a Director	Jul-18	Present	
				None Declared			Direct	Spouse is a Shareholder	2012	Present	
				None Declared			Indirect	Spouse is a Director	Jul-18	Present	
Cllr	Sophee	Helen	Chief Officer, Manchester Foundation Trust	Manchester & Trafford LCO			Indirect	Spouse works as Transformation Manager	Sep-18	Present	As per policy - see details above (Y,N,N,N)
				Bury VCFA (Voluntary, Community, Faith & Social Enterprise)		X	Direct	Chief Officer in organisation which may seek to do business with health/social care organisations	Nov-21	Present	
				None Declared			Direct	Chief Officer in organisation which may seek to do business with health/social care organisations	Nov-21	Present	
				None Declared			Direct	Chief Officer in organisation which may seek to do business with health/social care organisations	Nov-21	Present	
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				None Declared			Direct	Chief Officer in organisation which may seek to do business with health/social care organisations	Nov-21	Present	
Cllr	Helen	Helen	Chief Officer, Bury VCFA	Manchester & Trafford LCO			Indirect	Spouse works as Transformation Manager	Sep-18	Present	As per policy - see details above (Y,N,N,N)
				Bury VCFA (Voluntary, Community, Faith & Social Enterprise)		X	Direct	Chief Officer in organisation which may seek to do business with health/social care organisations	Nov-21	Present	
				None Declared			Direct	Chief Officer in organisation which may seek to do business with health/social care organisations	Nov-21	Present	
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				None Declared			Direct	Chief Officer in organisation which may seek to do business with health/social care organisations	Nov-21	Present	
				None Declared			Direct	Chief Officer in organisation which may seek to do business with health/social care organisations	Nov-21	Present	
Cllr	Wib	Wib	Deputy Place Based Lead & Executive Director Health and Adult Care	Auction on Masey Football Club Trafford		X	Direct	Chairman	2024	Present	As per policy - see details above (Y,Y,Y,Y)
				Manchester Football Association		X	Direct	Non Exec Director (Board Champion for Safeguarding)	2018	Present	
				Francis House Hospice (Manchester)			Indirect	Spouse is a Registered Nurse	2024	Present	
				University Hospital of Wales			Indirect	Daughter is a Foundation Year 1 Doctor	2024	Present	
				Stockport NHS Trust			Indirect	Daughter is a Foundation Year 1 Doctor	2024	Present	
				None Declared			Direct	Daughter is a Foundation Year 1 Doctor	2024	Present	
				None Declared			Direct	Daughter is a Foundation Year 1 Doctor	2024	Present	
				None Declared			Direct	Daughter is a Foundation Year 1 Doctor	2024	Present	
				None Declared			Direct	Daughter is a Foundation Year 1 Doctor	2024	Present	
				None Declared			Direct	Daughter is a Foundation Year 1 Doctor	2024	Present	
Cllr	Jeanette	Jon	Executive Director of Children and Young People, Bury Council	None Declared			Direct	Chief Officer & Director	Jul-21	Present	As per policy - see details above (Y,Y,Y,Y)
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
Cllr	Adrian	Adrian	Director of Adult Social Care and Community Services	None Declared			Direct	Chief Officer & Director	Jul-21	Present	As per policy - see details above (Y,Y,Y,Y)
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
				None Declared			Direct	Chief Officer & Director	Jul-21	Present	
<b>Non-Voting Members</b>											
Cllr	Wynne-Jones	Kath	Chief Officer, Bury Integrated Delivery Collaborative	MMJ Coaching and Consulting	X		Direct	Director	July-21	Present	As per policy - see details above (Y,Y,Y,Y)
				Rosco and Smeeths LLC	X		Direct	Director	Nov-23	Present	
Cllr	Shaun	Shaun	Chief Executive, Bury Hospice	The University of Manchester - Elizabeth Garrett Anderson programme	X		Direct	Tutor	Oct-22	Present	As per policy - see details above (Y,Y,Y,Y)
				None Declared			Direct	Tutor	Oct-22	Present	
Cllr	Beesley	Mark	Chief Officer	Bury GP Practices Limited	X		Direct	Chief Officer & Director	Jul-21	Present	As per policy - see details above (Y,Y,Y,Y)
				Greater Manchester GP Federation	X		Direct	Director	Oct-21	Present	
<b>Invited Members</b>											
Cllr	Smith	Mia	Attendee of the Locality Board as Leader of Radcliffe First	Angels and Arches	X		Direct	Director	16/10/2024	Present	As per policy - see details above (Y,Y,Y,Y)
				St Philips Community Centre Radcliffe		X	Direct	Member of Sub Committee	Jul-24	Present	
				Radcliffe Colour		X	Indirect	Spouse is a lab technician	2017	Present	
				Radcliffe First		X	Direct	Leader	2019	Present	
				Radcliffe Market Hall Community Benefit Society		X	Direct	Member	Jul-24	Present	
				Radcliffe Lifer Powers		X	Direct	Member	2019	Present	
				Growing Older Together		X	Direct	Member	2019	Present	
				Conservative Councillor Association		X	Direct	Member	Jun-25	Present	
				Conservative Muslim Forum		X	Direct	Member	June 25	Present	
				None Declared			Direct	Member	June 25	Present	

Meeting: Locality Board			
Meeting Date	02 March 2026	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Previous Meeting held on 2 <sup>nd</sup> March 2026 and action log		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary
The minutes of the Locality Board meeting held on 2 <sup>nd</sup> March 2026 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed
Recommendations
It is recommended that the Locality Board:- <ul style="list-style-type: none"> <li>• Approve the minutes of the previous meeting held as an accurate record;</li> <li>• Provide an update on the action listed in the log.</li> </ul>

OUTCOME REQUIRED (Please Indicate)	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input type="checkbox"/>
<b>APPROVAL ONLY;</b> (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	<b>Pooled Budget</b> <input type="checkbox"/>	<b>Non-Pooled Budget</b> <input type="checkbox"/>		

Links to Locality Plan priorities	
Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

## Draft Minutes

Date: Locality Board – Meeting in Public - 2<sup>nd</sup> March 2026

Time: 4.00pm – 6.00pm

Venue: Microsoft Teams

<b>Title</b>	<b>Draft Minutes of the Locality Board</b>		
<b>Author</b>			
<b>Version</b>	0.1		
<b>Target Audience</b>	Locality Board		
<b>Date Created</b>	2 <sup>nd</sup> March 2026		
<b>Date of Issue</b>			
<b>To be Agreed</b>			
<b>Document Status (Draft/Final)</b>	Draft		
<b>Description</b>	Locality Board Minutes		
<b>Document History:</b>			
<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Notes</b>
	0.1	Mrs E Kennett	Draft Minutes produced
<b>Approved:</b>			
<b>Signature:</b>			
			..... <b>Add name of Committee/Chair</b>



## Locality Board

### MINUTES OF MEETING

Locality Board  
Meeting in Public  
Microsoft Teams  
2<sup>nd</sup> March 2026  
4.00 pm until 6.00 pm  
**Chair – Cllr E O'Brien**

### ATTENDANCE

#### Voting Members

Cllr Eamonn O'Brien, Leader of Bury Council (Chair)  
Dr Cathy Fines, Senior Clinical Leader in the Borough  
Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health  
Cllr Lucy Smith, Executive Member of the Council for Children and Young People  
Ms Lynne Ridsdale, Place Based Lead  
Mr Simon O'Hare, Associate Director of Finance  
Ms Lorna Allan, Chief Digital and Information Officer, NCA  
Ms Sarah Preedy, Chief Operating Officer, Pennine Care Foundation Trust  
Dr Nina Parekh (PhD), Divisional Managing Director Bury Community Services Division  
Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise)  
Ms Jeanette Richards, Executive Director of Children and Young People, Bury Council (for part)  
Mr Jon Hobday, Director of Public Health  
Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care (for part)  
Mr Adrian Crook, Director of Adult Social Services and Community Commissioning  
Ms Catherine Jackson, Associate Director for Nursing, NHS Greater Manchester (Bury)

#### Non-Voting Members

Ms Kath Wynne-Jones, Chief Officer, Bury IDC  
Mr Stuart Richardson, Chief Executive, Bury Hospice  
Ms Catherine Wilkinson, Director of Finance, NCA

#### Invited Members and Observers

Cllr Arif, Leader, Conservative Opposition Party  
Cllr Mike Smith, Leader, Radcliffe First  
Mrs Chloe Ashworth, Democratic Services, Bury Council  
Mrs Emma Kennett, Head of Locality Admin & Governance, NHS Greater Manchester (Bury)  
Mr Ian Trafford, Head of Programmes, Bury IDC  
Ms Christine Tinkler, Legal Services, Bury Council  
Mr Andy Smith, Spectrum Gaming



## MEETING NARRATIVE & OUTCOMES

<b>1.</b>	<b>Welcome, Apologies and Quoracy</b>
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Dr Kiran Patel and Ms Joanna Fawcus.
1.3	It was reported that Mr Blandamer and Ms Richards would be attending another meeting at 4.15pm today therefore would need to leave this meeting early and would aim to return dependant on the finishing time of the other meeting.
1.4	The meeting was declared quorate.

<b>2.</b>	<b>Declarations Of Interest</b>
2.1	NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).
2.2	NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.
2.3	The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.
2.4	Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.
2.5	In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.
2.6	The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.
2.7	There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.
2.8	<b>There were no new declarations of interest from today's meeting 2<sup>nd</sup> March 2026 and the previous meeting 2nd February 2025.</b>

ID	Type	The Locality Board	Owner
D/03/01	Decision	Received the declaration of interest register.	

<b>3.</b>	<b>Minutes Of the Last Meeting and Action Log</b>
3.1	The minutes from the Locality Board meeting held on 2nd February 2026 were considered as a true and accurate reflection of the meeting.
3.2	Updates were received in respect of the Action Log and noted.

ID	Type	The Locality Board	Owner
D/03/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting and noted the updates in respect of the actions from the last meeting.	

<b>4.</b>	<b>Public Questions</b>
4.1	There were no public questions received.

ID	Type	The Locality Board	Owner
D/03/03	Decision	Received the update.	

<b>5.</b>	<b>Place Based Lead Update</b>
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5.1	<p>Ms Ridsdale presented the latest Place Based Lead update to the Locality Board. It was reported that: -</p> <ul style="list-style-type: none"> <li>NHS Greater Manchester had introduced the Greater Manchester Primary Care Portal – a single, secure hub for all service updates, guidance, templates, contacts and more from Greater Manchester and the 10 localities. It was noted that whether working in general practice, pharmacy, dentistry or optometry, colleagues now had access to a single repository to find the content they need, right when they need it. It was anticipated that this would begin to reduce the number of emails that will be circulated across primary care, particularly through the NHS GM primary care communications mailbox.</li> <li>An update report was sent to Locality Board colleagues on the 13<sup>th</sup> February 2026 in relation to the NHS Greater Manchester Organisational Change. Key aspects of the current position included: - <ul style="list-style-type: none"> <li>Consultation on the organisational Structure closed on 27<sup>th</sup> February</li> <li>VR Second wave applications being considered in a panel w/c 23<sup>rd</sup> February 2026</li> <li>Final Structures being published on the 11<sup>th</sup> March 2026</li> <li>The filling of post panels commencing on the 16<sup>th</sup> March 2026</li> <li>Voluntary redundancy second wave leavers to leave the organisation on the 31<sup>st</sup> March 2026.</li> </ul> </li> <li>In addition to the HR consequences work continued with place leads, deputy place leads and NHS GM Chief Officers in identifying a number of areas where further clarity was required on the actual implementation of the operating model, the relative balance of responsibilities, and the importance of sustaining statutory partnerships such as safeguarding in places. Staff were thanked for all their hard work during this difficult time.</li> <li>Notification had been received from the CQC and Ofsted that the SEND reinspection of the Council and NHS GM in relation to the work of the Bury SEND Partnership would take place on 9<sup>th</sup>-11<sup>th</sup> March 2026. The Locality Board had received routine updates on the work of the Bury SEND Improvement and Assurance Board since 2024 including</li> </ul>
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5.2	<p>receiving the minutes of the meetings. The ongoing contribution of all partners within this area was greatly appreciated. Mr Blandamer and Ms Richards were thanked for their hard work in leading on the inspection from a Council and NHS perspective.</p> <ul style="list-style-type: none"> <li>On behalf of the Leader of the Council, leaders from the Health and Care system in Bury were thanked for taking the time to meet on the 26<sup>th</sup> February 2026. It was noted that it was a really helpful and constructive exchange of views and perspectives and there would be a reflection on key outcomes as things move into the next stage of place partnership working.</li> </ul> <p>The following comments/observations were made by Locality Board Members: -</p> <ul style="list-style-type: none"> <li>There were two planned safeguarding workshops arranged and the first having taken place earlier today. The full designated team were involved in these discussions.</li> </ul>						
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D/03/04	Decision	Received the update.					

<b>6.</b>	<b>VCFE focus – Spectrum Gaming</b>										
6.1	<p>Mr Andy Smith was in attendance for this item and provided a presentation in relation to the work of Spectrum Gaming. It was reported that: -</p> <ul style="list-style-type: none"> <li>Spectrum Gaming is an autistic-led UK based charity that supports autistic young people. It aimed to create a world where every autistic young person knows that who they are is ok and they can be themselves, whilst still developing meaningful relationships and achieving their personal goals.</li> <li>This was achieved by providing spaces where young people feel safe and accepted, amongst others with similar shared lived experiences, and opportunities to explore who they are.</li> <li>The aim was to support all autistic young people to have the strength and confidence to find their place in the world that works for them. In many cases this meant influencing wider strategic changes to create an environment that was more understanding and equitable.</li> <li>There were both online and face to face opportunities available for young people as set out in the slides.</li> <li>A 6-week training course was available in relation to autism for any Locality Board member who would be interested in learning more within this area. Dr Fines commented that she would be interested in viewing the course material with an aim of sharing with Primary Care colleagues at a later stage.</li> </ul>										
6.2	<p>The following comments/observations were made by Locality Board Members: -</p> <ul style="list-style-type: none"> <li>This was exactly what the Locality Board was hoping to get from this session.</li> <li>Mr Smith was thanked for sharing this amazing work and it was commented that Mr Smith's passion was infectious.</li> <li>The energy from Mr Smith was inspiring and the excellent presentation was commended.</li> </ul>										
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ID	Type	The Locality Board	Owner								
D/03/05	Decision	Noted the update.									

7.	Maternity Report
7.1	Dr Fines submitted a presentation in relation to Bury Maternity Services that was discussed at the Health Scrutiny Committee on the 28 <sup>th</sup> January 2026. It was noted that this item had been deferred from the February meeting due to time constraints.
7.2	The presentation covered National, GM and Local Priorities, Bury Level Maternity Statistics, Greater Manchester Maternity and Neonatal System, Maternity Pathways, Main Provider Level Maternity Infrastructure, Bolton FT Main Provider Level Maternity Statistics (Manchester FT (NMGH) and Bolton FT), Quality and Safety Assurance and the Maternity Voices Partnership.
7.3	<p>It was reported that: -</p> <ul style="list-style-type: none"> <li>• an independent national investigation into maternity and neonatal care in England had been conducted by Baroness Amos and there was a need to ensure that local services were providing the required levels of care in line with the key findings.</li> <li>• In terms of some of the public health measures and in particular ‘Smoking At Time Of Pregnancy 2016-2025’, Q1 2025-26 has shown Bury as the joint 3<sup>rd</sup> best performing locality in Greater Manchester.</li> <li>• In relation to the Low Birth Weight by Bury Ward measure, the percentage of low birth weight of live babies in Bury for the five year pooled data from 2016-20 was 6.2% which was slightly lower than England average of 6.8%.</li> <li>• Examining data by ward, the highest percentages of low birth weight of live babies were in Radcliffe North and Unsworth at 7.9% and Besses at 7.8% in the period 2016-20.</li> <li>• The percentage of caesarean sections in Bury was 37% in 2022/23 and statistically similar to England average of 37.8%.</li> <li>• In Bury, there was no maternity unit within the locality which had been the case since the implementation of the Making it Better Programme back in 2012. It was noted that women from the Bury area, would ordinarily seek maternity care from either Bolton (40%) or North Manchester (60%) with some exceptions. The Greater Manchester Local Maternity and Neonatal System (LMNS) were the overall commissioners within this area and operated as a partnership of people to improve maternity services, make them safer, more personal and kinder to people who use them.</li> <li>• In relation to maternity pathways, it was noted that the majority of maternity care was provided in a community setting within the locality via Children’s Centres and not secondary care.</li> <li>• The majority of data available in relation to maternity services was provider specific and therefore did not give an accurate reflection of the Bury position in terms of the real lived experiences of Bury women.</li> </ul>
7.2	<p>The following comments/observations were made by Locality Board Members: -</p> <ul style="list-style-type: none"> <li>• A query as to whether there was sufficient information available at present to provide some meaningful insight into the experiences of family members as part of the maternity pathway. This could be linked to national reports that have highlighted gaps in training, shortages of staff and issues encountered by individuals in seldom heard communities. It was noted that this could pose a challenge/risk to individuals given the different providers being used by Bury women.</li> </ul>

	<ul style="list-style-type: none"> <li>It was important to understand how Bury fared in relation to the findings from the Ockenden review from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.</li> <li>That Maternity Voices Partnership structures could often be dominated by a small number of individuals and therefore did not always give an accurate relation of experiences within a particular area which could be a risk from a commissioner perspective.</li> <li>This area needed to be linked to the work of the Health and Wellbeing Board in terms of neighbourhood working, school readiness and the first 1001 days of life.</li> <li>A query as to whether there was a work plan or timescales available for when the locality specific maternity data would be available. Dr Fines commented that exact timescales weren't available as yet however would pose this question to the LMNS along with the other questions raised.</li> </ul>		
ID	Type	The Locality Board	Owner
D/03/06	Decision	Noted the update.	
A/03/01	Action	The questions raised as part of the Maternity item to be raised with the LMNS and the particularly the availability of a workplan/timescales for the Bury specific data being available.	Dr Fines

8.	Greater Manchester Children and young people neurodiverse pathway
8.1	<p>Mr Trafford was in attendance for this agenda item. It was highlighted that the paper updated the Locality Board on: -</p> <ul style="list-style-type: none"> <li>The proposed neurodiverse pathway changes – Appendix 1.</li> <li>The guidance note that has been circulated to Children Young people and families (updated February 2026) – Appendix 2.</li> <li>A guidance note to providers on the intended triage process.</li> <li>An update on the work in Bury to provide strengthened advise and support to children young people and families, with particular reference to the establishment of the ND Hub in Bury.</li> </ul>
8.2	<p>It was recognised that these pathway changes, along with uncertainty for parents and carers in the delayed arrival of the schools whitepaper including SEND had created anxiety and concern and a number of engagement activities had been arranged to provide some clarity and assurance on the proposed changes. A CAMHS and Neurodiversity Listening Event was hosted by Mr James Frith, MP, Bury North on the 28<sup>th</sup> February 2026 which Mr Trafford, Dr Fines and Mr Blandamerhad supported. A GP engagement event was also scheduled to take place in April 2026.</p>
8.3	<p>In terms of the next steps from a triage perspective, it was highlighted that work was ongoing with the NCA and Pennine Care to develop together the operation of the Triage process informed by the engagement of First Point as our ND hub provider. This would ensure triage was signed on the range of support, guidance and information in the community, including that of the ND hub. A workshop was taking place on Wednesday, 4<sup>th</sup> March 2026 to develop the local triage process</p>
8.4	<p>The following comments/observations were made by Locality Board Members: -</p>

	<ul style="list-style-type: none"> <li>The increased Stakeholder engagement within this area was welcomed.</li> <li>There was a need to further understand the DWP aspects within this area and the implications of not having a medical diagnosis in terms of the impact this can have when individuals are no longer able to work. Mr Trafford commented that this was one of the strongest concerns raised through the Bury3Ggether Group in the context of the Equalities Act (2010) in ensuring that diagnosis is not the defining factor and that Reasonable Adjustments are taken into consideration.</li> <li>There was a need to ensure that policies and guidance were fully understood on the front line and children were getting the support they need even where there is not a clinical diagnosis. It was noted that discussions were taking place with school leaders in this regard to ensure that support was available where needed.</li> </ul>		
ID	Type	The Locality Board	Owner
D/03/07	Decision	Noted the update on development and implementation of the revised ND pathway.	
D/03/08	Decision	Noted the engagement and co-design in place.	
D/03/09	Decision	Supported the work to develop the triage process on multi-disciplinary basis including First Point.	

9.	Draft Place Partnership Agreement		
9.1	Mr Blandamer presented a draft Place Partnership Agreement to the Locality Board which was being tested in all 10 parts of Greater Manchester.		
9.2	The agreement linked to the ongoing work in respect of the NHS GM operating model and the establishment of a consistent framework to support the work of each of 10 place partnerships.		
9.3	The following comments/observations were made by Locality Board Members: - <ul style="list-style-type: none"> <li>This was helpful from an NCA consistently perspective given the 4 localities covered as part of the agreement.</li> <li>A query as to whether a further updated version would be shared with Locality Board members at a later stage given the gaps within this draft in relation to Schedules 2 and 4 and the associated funding.</li> <li>It would be helpful for the agreement to include some further detail in relation to the dispute resolution process between place and the central ICB team.</li> <li>There was a need to ensure that there were no key elements of the existing Partnership agreement being lost when signing up to the new agreement.</li> </ul>		
9.4	Mr Blandamer informed members that a further updated version of this agreement would be brought back to the Locality Board meeting at a later stage.		
ID	Type	The Locality Board	Owner
D/03/10	Decision	Noted the update.	

A/03/02	Action	Mr Blandamer to bring back an updated version of the Partnership agreement to the Locality Board meeting at a later stage once available.	Mr Blandamer
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10 Integrated Delivery Board update			
10.1	<p>Ms Wynne-Jones presented the latest Integrated Delivery Board update to the Locality Board. The paper intended to provide an update to the Board of progress with the work of the IDC, and progress with the delivery of programmes across the Borough. It was reported that: -</p> <ul style="list-style-type: none"> <li>• The neighbourhood plan considered at the last Locality Board had been submitted on the 13<sup>th</sup> February 2026. The plan articulated the intention to strengthen and deepen the ongoing work.</li> <li>• An expression of interest for the NHS NW programme had been submitted, however applications were still being reviewed.</li> <li>• Work had commenced to define the programme plan and key milestones from April 2026, based on programmes of work already underway. This would shift and change over coming months as the 4LP and GM programmes and expectations of Place become more clearly defined.</li> <li>• Work on strengthening communication channels continued, which included Creation of the Bury Family and Creation of the Bury Case Study.</li> <li>• An Urgent Community Response video had been created to promote awareness of “Hospital at Home, Rapid Response and the Falls Pick-up Service. <a href="https://vimeo.com/1146529636?share=copy&amp;fl=sv&amp;fe=ci">https://vimeo.com/1146529636?share=copy&amp;fl=sv&amp;fe=ci</a></li> <li>• A Neighbourhood video was currently being developed, with the aim to have completed in March 2026.</li> <li>• Work continued with VCSE partners to explore opportunities for greater collaboration. A development session was scheduled for April 2026 with the VCSE leadership team.</li> <li>• Work continued supported by place partners to design the place element of the NCA Clinical Leadership Model to be mobilised from April 26. Members of the ID Board were involved in the leadership of the NCA place group to support the effective engagement of place in the transitional arrangements.</li> </ul>		
10.2	<p>The following comments/observations were made by Locality Board Members: -</p> <ul style="list-style-type: none"> <li>• The Urgent Community Response video was professional and really informative. There was a query as to whether there was an option to have a version with no sound with subtitles that could potentially be played on a loop within GP surgeries. Ms Wynne-Jones agreed to look into this suggestion.</li> <li>• Mr Wynne-Jones and her team were thanked for all of the hard work in relation to the development of the case studies and video.</li> </ul>		
ID	Type	The Locality Board	Owner
D/03/11	Decision	Noted the update	
A/03/03	Action	To explore whether there is an opportunity to develop a version of the Urgent Care video with no sound and subtitles that could potentially be played on a loop within GP surgeries.	Ms Wynne-Jones

11. NCA Organisational Strategy engagement			
11.1	<p>Ms Allan submitted a report in relation to the NCA Organisational strategy engagement. It was reported that: -</p> <ul style="list-style-type: none"> <li>The Northern Care Alliance (NCA) was inviting people across Greater Manchester and the communities it serves to help shape its new 10-year organisational strategy.</li> <li>The engagement programme — Shape Tomorrow Together — asked patients, service users, carers, families, partners, local residents and community organisations to share one bold idea or goal they believe should guide the future of health and care across the region.</li> <li>A phased approach was being taken in the development of the strategy with Phase one planned to conclude at the end of March 2026. Feedback received would be used to develop a draft vision, mission and objectives, which would then be tested with colleagues, patients and key stakeholders, before being finalised by our Board in the early Summer 2026.</li> <li>All system partner views were important to the NCA and members could get involved by the following means: - <ul style="list-style-type: none"> <li>1:1 conversation with senior NCA colleagues – these are currently being arranged but if you have not been approached and wish to contribute please contact <a href="mailto:ncastrategy@nca.nhs.uk">ncastrategy@nca.nhs.uk</a> who will be able to coordinate a discussion</li> <li>Completing the online engagement form, QR code on the next page – and share within your organisation and networks</li> <li>Attendance at one of the partner engagement conversations to test the draft vision, mission and objectives in Spring 2026.</li> </ul> </li> </ul>		
11.2	<p>The following comments/observations were made by Locality Board Members: -</p> <ul style="list-style-type: none"> <li>As part of engagement processes, often responses from the public pointed to services being done better, more and faster however this did not take into account the strong relationships that exist in Bury that also improve patient care and experience.</li> </ul>		
ID	Type	The Locality Board	Owner
D/02/12	Decision	Noted the update.	

12 Strategic Finance Group update	
12.1	<p>Mr O'Hare presented the latest Strategic Finance Group update to the Locality Board. The purpose of the report was to update the Locality Board on the planned changes that this board would be responsible for in 2026/27 and both the positives and the risks of this approach, both to the NHS within the locality and to partners. It was reported that: -</p> <ul style="list-style-type: none"> <li>Since the inception of NHS Greater Manchester (GM), locality budget discussions and conversations have been dominated by the costs associated with individual packages of care in CHC and Mental Health, alongside ADHD and these escalating versus a static budget. This has not allowed the locality to work strategically and understand the cost drivers of all health and care expenditure and develop a strategic response to these.</li> <li>The proposal for 2026/27 was to transfer funding for proactive and preventative care, starting with the Better Care Fund (BCF), through a section 75 agreement, as has been the case in the locality for a number of years. The intention was to build up on this in</li> </ul>

	<p>future years, with a commonality of budgets transferred to all localities, such as out of hospital services, voluntary sector services, capacity funds.</p> <ul style="list-style-type: none"> <li>• As part of this there would be a streamlining of NHS Greater Manchester governance, with transactions taking place within the receiving organisation and subject to their governance. The host organisation acts solely as the administrative and financial vehicle for the monies. Hosting does not confer ownership, control, or unilateral decision-making rights over the monies. The monies remains a ring-fenced system resource, and all decisions on its use are determined collectively through the Place Partnership Agreement.</li> <li>• At this time it was expected that this transfer would not take place at 1<sup>st</sup> April 2026, due to NHS reform and also to allow the finer detail to be worked through to the satisfaction of all parties, and will more likely take place at the beginning by quarter 3 (October).</li> <li>• It was not intended at this stage that this arrangement will involve any funding for staff, and the host organisation does not automatically host staff. Any decisions on this would be taken separately via the employment model workstream and taken through appropriate governance, including this committee.</li> <li>• The benefits of this approach were, a focus upon strategic use of resources and what the locality priorities should be to support the over arching NHS GM aims, and also those set locally, the LETS strategy, focus upon prevention, proactive care and neighbourhood delivery and removing volatile and high cost case budgets from locality responsibility, where unavoidable costs can lead to overspends, with little that can be done to mitigate this expenditure.</li> <li>• The risks of the approach were reduction in the scope of the section 75 agreements and ability for system leaders to work collaboratively on specific risks, removal of current joint funding arrangements for packages of care and influence of current system leaders upon these budgets, which could lead to existing arrangements being unpicked, which in turn could destabilise both the strength of our integration locally and partner financial positions, which could upset the status quo and ultimately services to residents / patients, Left shift / prevention funding only becomes available when savings are made and costs are removed, which is challenging, particularly in the current, very challenging financial climate for all partners. This does not appear to tackle historic funding deficits and the mechanism and basis for transferring non BCF budgets is not yet clear.</li> </ul> <p>12.2 The following comments/observations were made by Locality Board Members: -</p> <ul style="list-style-type: none"> <li>• The complex/continuing care risks apperated to have been understated as part of this paper which could equate to a circa £30m risk for the Council which further emphasised the importance for the dispute process being clearly articulated as part of the final Place Partnership Agreement.</li> <li>• There was a need to be mindful of the role of the Health and Welling Board in relation to the Better Care Fund so was a need to also ensure that the Health and Wellbeing Board were up to speed on these developments.</li> </ul> <p>12.3 Mr Blandamer highlighted that he would feedback the concerns in conjunction with the comments made as part of the Place Partnership Agreement item.</p>		
ID	Type	The Locality Board	Owner
D/03/13	Decision	Noted the contents of this paper and the changes to the	

		budgets to be held by the Locality Board from 2026/27	
D/03/14	Decision	Noted the benefits and risks and provide comments for the Place Based Lead and Deputy Place Based Lead to escalate in NHS GM forums	

<b>13.</b>	<b>PCCC Highlight report</b>		
13.1	Members received copies of the latest PCCC Highlight report from the meeting held in January 2026. The top 3 Primary Care risks were included within the report and discussed with members in Greater Manchester.		
13.2	The following comments/observations were made by Locality Board Members: - <ul style="list-style-type: none"> <li>there was a need to consider how the Locality Board would be updated on some of the Primary Care achievements going forward given the proposed changes to the operation of a Primary Care Commissioning Committee at a Greater Manchester level with the locality arrangement being stepped down. It was noted that a GP Board would be retained within the Locality which would have neighbourhood, GP Federation and LMC representation.</li> <li>A query in relation to the patient voice and how this would be captured as part of the Greater Manchester Primary Care Commissioning Committee. Mr Blandamer agreed to feed back this point into the ongoing discussions in relation to the Operating Model/structures. Dr Fines reminded members that all 25 GP practices within the locality has their own Patient Participation Groups therefore this was another mechanism that could be used for the patient voice.</li> </ul>		
D/03/14	Decision	Noted the Highlight report	
A/03/04	Action	Clarity to be obtained in relation to the plans for the 'Patient Voice' being captured as part of the new Greater Manchester Primary Care Commissioning Committee.	Mr Blandamer

<b>14.</b>	<b>Performance and Quality Group update including quarterly risk report</b>		
14.1	Members received copies of the latest Performance and Quality Group update including the quarterly risk report.		
14.2	It was highlighted that there would be a deep dive into Primary Care at the March meeting of the Performance and Quality Group which would be included as part of the update to the April Locality Board meeting.		
14.3	The following comments/observations were made by Locality Board Members: - <ul style="list-style-type: none"> <li>A query as to whether the Percentage of Care Home beds would be a better measure than percentage of care homes as there was variation in the size of different homes. Ms Wynne-Jones commented that this was a Greater Manchester metric would feed this back.</li> </ul>		



ID	Type	The Locality Board	Owner
D/03/15	Decision	Noted the update.	

#### 15 SEND Improvement and Assurance Board Minutes

16.1	Members received minutes from the SEND Improvement and Assurance Board meeting held in January 2026..		
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ID	Type	The Locality Board	Owner
D/03/16	Decision	Noted the minutes	

#### 16. Any Other Business

16.1	<u>Locality Board member departures</u>		
16.2	Mr Blandamer reported that today would be the last Locality Board meeting for both Mr O'Hare and Ms Wilkinson would be departing their ICB and NCA roles at the end of March 2026.		
16.3	Locality Board members commended Mr O'Hare and Ms Wilkinson for all of their hard work and commitment to the locality in recent years and wished them well for the future.		
16.4	<u>Greater Manchester Stop Smoking: What Will You Miss Campaign</u>		
	Mr Hobday reported that he would be circulating some information regarding this campaign to members in the coming days.		

ID	Type	The Locality Board	Owner
D/03/17	Decision	Noted the information	

#### 17. Date and time of next meeting

17.1	<b>Date and time of next meeting in public - Monday, 13<sup>th</sup> April 2026, 4.00 - 6.00pm on Bury Town Hall</b>		
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## Locality Board Action Log – March 2026

### Status Rating



- In Progress






- Completed






- Not Yet Due



- Overdue

Date	Reference		Action	Lead	Status	Due Date	Update
2 <sup>nd</sup> February 2026	A/02/04	Action	Mental Health Gap Analysis to be brought back to future Locality Board meeting.	Ms Preedy/Mr Blandamer		June 2026	
2 <sup>nd</sup> February 2026	A/02/05	Action	A further discussion was required from a Greater Manchester perspective in terms of what information could be provided to localities at a neighbourhood level.	Mr Robinson/Mr Blandamer		March 2026	
2 <sup>nd</sup> March 2026	A/03/01	Action	The questions raised as part of the Maternity item to be raised with the LMNS and the particularly the availability of a workplan/timescales for the Bury specific data being available.	Dr Fines		April 2026	Email sent and response received to state: -  The current GM dashboard does not have the capability to break down service user by postcode, although this is an ambition that we would like.  The new national maternity E&E dashboard also unfortunately does not break down by locality: <a href="#">Maternity and Neonatal Equalities</a>

						<p><a href="#">dashboard - NHS England Digital</a></p> <p>We are currently looking to utilise MSDS data which may give us that functionality.</p> <p>Fingertips is currently the only source I am aware of that provides some specific outcomes for Bury relating to maternity .<a href="#">Child and Maternal Health - Data   Fingertips   Department of Health and Social Care</a></p> <p>MNVP are aligned to maternity provider however they will be collecting information from all localities and share the demographic breakdown quarterly with the system group. I have copied in Natalie who can advise whether the North Manchester service user feedback is identifiable by post code.</p>
2 <sup>nd</sup> March 2026	A/03/02	Action	Mr Blandamer to bring back an updated version of the Partnership agreement to the Locality	Mr Blandamer		June 2026

			Board meeting at a later stage.				
2 <sup>nd</sup> March 2026	A/03/03	Action	To explore whether there is an opportunity to develop a version of the Urgent Care video with no sound and subtitles that could potentially be played on a loop within GP surgeries.	Ms Wynne-Jones		April 2026	
2 <sup>nd</sup> March 2026	A/03/04	Action	Clarity to be obtained in relation to the plans for the 'Patient Voice' being captured as part of the new Greater Manchester Primary Care Commissioning Committee.	Mr Blandamer		April 2026	

Meeting: Locality Board			
Meeting Date	13 April 2026	Action	Receive
Item No.	5	Confidential	No
Title	Key Issues in Bury		
Presented By	Will Blandamer – Executive Director Health and Care, and Deputy place lead		
Clinical Lead	Dr Cathy Fines		

Executive Summary
To provide an update on the key issues in Bury.
Recommendations
The Locality Board is asked to note the update.

Links to Locality Plan priorities	
Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas.	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention.	<input checked="" type="checkbox"/>
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care.	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>



Implications						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



## 1. NHS GM Organisational Restructure

The reform of the operation of NHS GM continues. On 31<sup>st</sup> March NHS GM received letters confirming the outcomes of local and pan GM filling of posts panels, and this confirmed whether staff were slotting in to new posts in the organisation or will be part of a next stage of consultation/expressions of interest process. I would like to once again thank NHS GM staff in Bury – whether part of the local structure or as part of pan GM arrangements, for their continuing hard work during a period of significant personal uncertainty and organisational instability.

The focal point for NHS GM is to conclude the restructure process as soon as possible and to move to the operation of the new operating model quickly. It is however noted that a change of this magnitude will take some time to bed down, and the ICB is seeking to move to the new operating model in a way that is safe and careful ensuring no significant organisational risks, particularly as they pertain to statutory duty e.g safeguarding, are manifest.

An update on the different component parts of the operation of the place partnership is included as a separate item on this agenda.

## 2. NHS GM leadership change

Locality board colleagues may have received a wide stakeholder update on proposed changes to the role of the NHS GM chair. It is noted that subject to legislation, the new Chair of NHS Greater Manchester would also take on a dedicated health role within the GMCA. Working closely with the Mayor of Greater Manchester, this joint role would:

- Reinforce the role of places and neighbourhoods in shaping and delivering integrated care
- Strengthen alignment between the NHS and local authority priorities, especially around prevention, early intervention and the wider determinants of health
- Enable a more coordinated and system-wide approach to improving population health and reducing inequalities

Through the English Devolution and Community Empowerment Bill, the appointee is expected to assume the statutory function of Health Commissioner for Greater Manchester, with oversight of NHS commissioning, performance and delivery across the system.

The introduction of this role is dependent on the progression and approval of the English Devolution and Community Empowerment Bill. Once the legislation is passed and statutory guidance is issued, we will provide further detail on implementation timelines.

## 3. NHS GM No Space for Racism campaign launched 27<sup>th</sup> March

This campaign has been developed in response to growing evidence from colleagues across health, social care and other public-facing services who have reported an increase in racist behaviour while carrying out their roles. Many have described the emotional and professional impact this has had, including feeling unsafe, undermined or unsupported. The campaign is designed to give voice to these experiences and strengthen our collective commitment to address them. The tone for the campaign is

to be direct, human and unapologetic about our responsibility to stand in the way of racism.

To support the wider roll-out, a communications toolkit will be circulated shortly, including:

- The campaign narrative and objectives
- Messaging guidance
- Templates and visual assets
- A set of sample statements for senior leaders to adapt
- Guidance on how to use the campaign across services, settings and teams

NHS GM are asking every senior leader across the system to provide a personal statement or comment in support of the campaign. These will be used across our internal and public communications to demonstrate clear and consistent leadership.

I am sure we are fully support the intentions of this campaign and to stand together against racism experienced by staff in the health and care system in Bury.

Alongside this campaign I am also keen in Bury that we take time together to understand some of the structural and process issues that mean that there is an unequal distribution of outcomes from health and care services by protected characteristics, including ethnicity (for example the well-researched differential outcomes for Black women and babies from maternity services nationally)

#### **4. National Neighbourhood health framework.**

Locality Board colleagues will be aware of the new national neighbourhood health framework published by NHSE earlier last month – link here for ease of reference.

<https://www.nhsconfed.org/publications/neighbourhood-health-framework-what-you-need-know>

the Bury locality board and through the integrated delivery board has worked hard on the model of neighbourhood working in Bury and we have had external validation of the maturity of these arrangements (for example by the LGA). We know in Bury we have the following all based on the same neighbourhood footprint – Prestwich, Whitefield, Bury East, Bury West, Bury North

- Integrated neighbourhood teams – GPs, adult community nursing, adult care and a range of other related services
- Wider public service leadership teams including GMP, Housing, GMFRS and others
- Childrens services in development on the same footprint including Communities of practice around schools in SEND, and the roll out of family hubs
- The implementation of the GM Mayoral model of live well – currently focused in Whitefield and moving into Radcliffe.

Because of this work we have a strong foundation to respond to the opportunity of neighbourhood guidance. However further work is required to drive our model of left shift and Kath Wynne Jones will have assessed priorities and will be working through the integrated delivery board to develop a clear next steps plan.

#### **5. Bury/North Manchester Collaborative Workshop on Urgent Care**

I am pleased to report on a really positive meeting in March between Bury colleagues and clinical and operational leads at North Manchester Hospital. While operational relationships are very positive,

partners considered there was further value in clarifying the range of pathways across the urgent care system both in relation to admissions and avoidance and supported discharge. Through a 'world café' approach we discussed the model of virtual wards, intermediate care, hospice care, INTS and others. We will continue to strengthen the systematic understanding of MFT clinicians to the arrangements in Bury. My thanks to David Latham and Kath Wynne Jones for convening the meeting.

**Lynne Ridsdale**  
**Place Lead NHS GM (Bury)**  
**Chief Executive Bury Council**  
**2/4/26**

7.

Meeting: Locality Board			
Meeting Date	13 April 2026	Action	Receive
Item No.	7.0	Confidential	No
Title	Place partnership arrangements		
Presented By	Will Blandamer – Executive Director Health and Care, and Deputy place lead		
Clinical Lead	Dr Cathy Fines		

Executive Summary
To provide an update on the pan GM development of the place partnership arrangements.
Recommendations
The Locality Board is asked to note the update.

Links to Locality Plan priorities	
Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas.	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention.	<input checked="" type="checkbox"/>
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care.	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>



Implications						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



## **1. Introduction**

- 1.1 The Locality Board update from Place Lead Lynne Ridsdale in the March meeting highlighted the component parts of the place partnership arrangements described in the NHS GM operating model. These are:
- The place partnership agreement
  - The place outcomes framework
  - The place financial fund
  - The employment model for NHS GM staff in places.
- 1.2 The purpose of this paper is to provide a brief update on progress on developing each of these methodologies.

## **2. The place partnership agreement**

- 2.1 The GM Place Agreement Development Group is continuing to finalise the Partnership Agreement and aligning to GM Outcomes Framework development to have clear outcomes and metrics for Place.
- 2.2 An initial draft has been developed and feedback received to include/refine prior to progressing with broader engagement. The locality board in Bury in March endorsed with some additional comments a draft partnership agreement and has therefore contributed to the GM work.
- 2.3 The services of Mills & Reeves (legal oversight) are being explored, not to legalise the agreement, but to ensure to robustness and precision of the agreement.
- 2.4 Work continues on the development of the Agreement, and it is expected that Final versions will be completed in the next 2 weeks.

## **3. The place outcomes framework**

- 3.1 Locality Board will recognise the substantial NHS GM produced performance and outcomes framework routinely received in this meeting. Further work is underway to develop a refreshed pan GM place outcomes framework, and with a particular focus on ensuring the product is reflective of the breadth of the operation of the health and care system, including adult care, childrens care, wider population health indicators as well as core NHS standards. Bury colleagues are contributing to this work and we will bring an update to a future meeting.

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## **4. The place financial fund**

- 4.1 The Place Fund is one of the pillars of the locality operating model, alongside the

Locality Partnership Agreement and the Locality Outcomes Framework. It is designed to support devolved decision-making, collaboration, enable neighbourhood-led investment, and create the conditions for a sustainable left-shift from reactive to preventative care.

- 4.2 Systemwide feedback confirms strong support for the ambition of the Place Fund but highlights several critical gaps that must be addressed before wider partners can provide full endorsement. Partners have been clear that strategic intent requires sharper articulation, the hosting model needs clearer explanation, and greater financial transparency is essential. In particular, partners require assurance around budget flows, delegations, risk management and the mechanics of left-shift.
- 4.3 To address this, four core actions will be taken: strengthening and clarifying strategic intent; completing the technical design of the funding vehicle, delegations and controls; developing a robust left-shift mechanism; and completing a contracting options appraisal.
- 4.4 Given the scale of technical work required, **2026/27 will operate as a shadow year**, during which the **ICB will hold all budgets centrally** including the Place Fund, while Place teams will continue to still have responsibility for influencing and controlling all ICB expenditure and support the delivery of outcomes.

## 5. Place Transfer

- 5.1 Work has progressed to establish a clear and credible foundation for the Place transfer programme.
- 5.2 An independent appraisal of the potential options which could support a future transfer of the NHS GM employed staff within Place has been commissioned. The areas to be included in the analysis include:
  - Strategic and system alignment
  - Workforce impact and employee experience
  - Service continuity and quality implications
  - Legal, HR and governance considerations
  - Operational feasibility and deliverability
  - Financial and resource implications
  - Cultural and leadership fit
  - Overall risk and resilience
- 5.3 Against each of the planned areas of review consideration will be given to:
  - Key positives and opportunities
  - Material risks and limitations

- Potential mitigations
- Dependencies for success

- 5.4 This will give the basis to support decision making, but will not come with a recommendation.
- 5.5 Work will then need to progress to “frame” the appraisal, being clear on the strategic intention and drivers, feeding into the appraisal, which would then support an output/recommendation.
- 5.6 It is recognised that NHS GM colleagues in place continue with some uncertainty in the absence of clarity on their final employment arrangements.



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# The Bury Left Shift Strategy

**Part of** Greater Manchester  
Integrated Care Partnership



# 10 Year Plan : 3 radical shifts

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- Hospital to community
- Analogue to digital
- Sickness to prevention

In the NHS Ten Year Health Plan, this is referred to as a '**left shift**' towards prevention, community and digital care.

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# Neighbourhood Health Framework

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“In the [10 Year Health Plan for England](#), we promised to give power to people. If we are to do this, we need to end people being passed from pillar to post in a fragmented and, at times, chaotic system, and make local health services meaningfully accountable to local residents and service users.

We will address this by creating a neighbourhood health service - building on the plethora of inspiring pilot programmes that have tested this in different parts of the NHS, local government and wider health and care system over recent years.

Neighbourhood health will only work as a joint endeavour between the NHS and local authorities, alongside wider partners. We expect this to be a truly collaborative effort between all partners, combining the NHS’s responsibility for our health services with local authorities’ responsibility for adult and children’s social care services and public health. This will foster a true partnership for the benefit of all citizens to ensure we achieve the left shift from hospital to community, and sickness to prevention.”

# NHS Confederation definition

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The term 'left shift' remains under debate, not least within NHS policy circles. We define the term as the shift of activity out of hospitals to those delivered closer to home – largely provided by primary or community services and wider system partners.

# NHS Confederation key principles to support 'Left Shift'

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1. A strong role for systems: even where trusts or other providers are driving the left shift, the leadership and coordination offered by systems is essential, bringing stakeholders together and ensuring a unified approach.
2. Clinical and managerial alignment: agreement, not conflict, between clinical and administrative staff is crucial to transforming services. A clear strategy and an early focus on consensus-building can ensure that all stakeholders can contribute to a new way of working.
3. Responsive, flexible financing: while reforming payment mechanisms would empower more of the NHS to pursue the left shift, those who have made progress already have shown what flexibility and imagination within the existing framework can achieve.
4. Patient-centred service redesign: although there are clear and welcome financial gains to be made through the left shift, a focus on improving outcomes for patients unites each of the approaches taken by our members.
5. Measuring what has changed: calculating the movement of resources, versus an agreed baseline and projections of what future costs could be without any change to services, has proved central to both justifying and demonstrating the left shift.

# GM Commissioning Plan and Left Shift

- The diagram on the next slide is intended to show the **system change** that will result from the delivery of the GM Strategic Commissioning Plan over 5 Years
- It sets out:
  - ✓ What we mean by the Left Shift in GM
  - ✓ The system changes that will occur as a result
  - ✓ The key programmes to drive those changes
  - ✓ How we will commission and invest to enable the change
  - ✓ What the system will look like in 5 years
- The intention is to set this out at high level and then add to this with the year-on-year change over the 5 years and with detailed quantification of the impact
- The model for the overarching outcomes for the Strategic Commissioning Plan is being developed separately and will complement this

# GM Strategic Commissioning Plan and the Left Shift



## What we Mean by the Left Shift

- A shift in culture, demonstrated population-level health and outcomes focus value-based healthcare, and a 'prevention first' approach
- A shift in activity from treatment in hospitals to integrated proactive care in neighbourhoods
- A shift in funding from treatment to prevention, proactive care and earlier intervention that is closer to home

## Leading to a System That

- Prevents health from deteriorating and promotes a return wellness following poor health
- Delays the advancement to advance disease states, multiple morbidities, and frailty
- Reduces the avoidable need for more expensive interventions

Invest savings in left shift

## Delivered Through

Outpatient Transformation

UEC and Elective Reform

Live Well and Neighbourhood Model

Population Health Programmes

Service Reconfiguration and Virtual Care

Primary Care Transformation

## System Change by Year 5

### Population Health

- Demonstrable progress against system goal – for people in GM to live in good health for longer and to reduce inequalities

### Activity

- Outpatients and Follow Ups in Hospital settings reduced
- A reduction in the projected cost growth rate of avoidable hospital attendances and admissions

### Performance

- Targets in Medium Term NHS Planning Framework Met

### Finance:

- System in Recurrent Financial Balance
- Proportion of GM spend on hospital activity reducing over 5 years (2025/26 level is 63%)

### Workforce

- Increase proportion of workforce in community roles

### Strategic Commissioning

- Commissioning strategy to drive change over 5 years – with clear metrics for annual progress
- New financial and contractual mechanisms to incentivise prevention and reduce inequalities
- Long-term clinical strategy
- Market development

### Strategic Investment

- National Growth Funding, SDF Funding, Capital investment, Industry Investment
- Preserve all existing Left Shift Investment and grow in line with annual NHS uplift
- Maximise health benefit of investment in social determinants: housing; education; work and skills; physical activity; transport

Reduce the Current Cost Base

Reduce Predicted Demand Growth (c£600m over 5 years)

# Locality Plan Priorities for Health and Care



The Model of Neighbourhood working is a cornerstone of the Locality plan – the strategy for the health and care system in the Borough and fully aligned to the ‘Left Shift’ approach



## We work together across the Bury Integrated Care Partnership to :-

- 1** Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas
- 2** Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention
- 3** Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care
- 4** Optimising Care in institutional settings and prioritising the key characteristics of reform

# 4 Elements of Our Neighbourhood Model



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1. Integrated Health and Care Adult Teams (INTS)



2. Neighbourhood Leadership Teams (formerly public service leadership teams) connecting a range of public and voluntary organisations in places



3. Implementation of the Live Well model



4. Neighbourhood approaches to supporting Childrens and Families

# Contributing strategies to our Left Shift approach

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- Development of the NCA Clinical Strategy and emerging Service Led User strategy
- Strategy for North Manchester
- GP strategy
- Locality strategy for Neighbourhood working
- PCFT strategic conversations

# Desired outcomes of our approach

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Increasing coordination, consistency and scale in delivering health and social care to specific sub-cohorts should result in the following benefits over time:

- avoiding or slowing health deterioration, preventing complications and the onset of additional conditions, and maximising recovery whenever possible to increase healthy years of life
- streamlining access to the right care at the right time, including continued focus on access to general practice and more responsive and accessible follow-up care enabled through remote monitoring and digital support for patient-initiated follow-up
- maximising the use of community services so that better care is provided close to or in people's own homes
- reducing emergency department attendances and hospital admissions, and where a hospital stay is needed, reducing the amount of time spent away from home and the likelihood of being readmitted to hospital
- reducing avoidable long-term admissions to residential or nursing care homes
- reducing health inequalities, supporting equity of access and consistency of service provision
- improving people's experience of care, including through increased agency to manage and improve their own health and wellbeing
- improving staff experience
- connecting communities and making optimal use of wider public services, including those provided by the VCFSE sector

# Defining the programmes of work to deliver the framework



Locality strategy including:

- Live Well
- Public Service Leadership Teams



Neighbourhood Health Framework

Reform 1: improve services for people who need routine healthcare, so neighbourhood health benefits everyone

Reform agenda 2: improve proactive care for people

Reform agenda 3: deliver better alternatives to hospital care

Goal 1: Improve health outcomes

Goal 2: Improve access to Primary Care

Goal 3: Improve experiences of planned care and cancer care, and support delivery of the referral to treatment (RTT) standard

Goal 4: better urgent and emergency care (UEC) performance in line with agreed standards

Goal 4: improve patient and staff satisfaction with NHS services

Locality Programmes of Care not requiring multi-provider input : Primary Care / ASC /Major conditions

Locality Programmes of Care requiring multi-provider input: neighbourhood delivery / UEC and out of hospital expansion ( including H@H and EOL) / Estates/ Finance . There is opportunity for consistency / standards across Localities here

NCA / MFT / PCFT across multiple Localities: Community services waiting times, OP transformation, cancer, red tape and digital,

# Minimum requirements 26/27: Assessing our progress



	Bury Status
Agree an initial plan to reduce non-elective admissions and bed days by increasing the capacity of urgent, rehabilitation and reablement services at neighbourhood level, based on patient risk register analysis:	In progress as part of BCF plan. Need to do more work on cohort interventions
Agree plans to establish INTs focused on high priority cohorts, including how devolving care budgets could work in their area	To be undertaken
Agree neighbourhood footprints around natural communities for the future development of INTs	Complete
Start to plan for a new neighbourhood approach for elective pathways with detail on how they can contribute to meeting the RTT standard and how they would use a devolved commissioning budget for outpatients for their population	Discuss with NCA and MFT
Agree a plan for tackling unwarranted variation and improving access to general practice, ensuring core hours requirements as defined in the national GMS contract are met, including the newly introduced urgent access requirements	In progress – GP Board

# Minimum requirements 26/27: Assessing our progress



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PARTNERSHIP

	Bury Status
Confirm plans to meet 18-week community waits and eliminate 52-week waits.	Discuss with NCA and MFT
Confirm how ICBs and local authorities intend to use pooled funding under the Better Care Fund (BCF) in line with BCF guidance (noting that any funding decisions must also be consistent with the national conditions for the fund, including the required increases in ICBs' minimum contributions to adult social care over the next 3 years)	In progress
Continue to improve the primary and secondary care interface in line with the red tape challenge	Discuss with NCA, MFT and PCFT
Confirm organisational ownership of planned deliverables	To be confirmed with IDC Board members - also to consider new archetypes
Confirm plans for having the appropriate data-sharing arrangements in place to do robust patient identification and evaluation	In place – need to check covers all providers

# Risks

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- Lack of shared understanding of the neighbourhood model and left shift approach by all partners
- Capacity to implement the model, especially in the midst of organisational change in a number of key partner organisations
- Lack of resource to invest in preventative services , and lack of financial strategies to support
- Limitations of estates and digital capability to support neighbourhood development: OP focus is key
- Communication and engagement capacity and capability

# Discussion

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- What's our version of 'Left Shift'?
- How do we address the key risks as a system to enable our ambition and the asks of the Neighbourhood Health Framework?

Meeting: Locality Board			
Meeting Date	13 April 2026	Action	Receive
Item No.	9	Confidential	No
Title	Bury Partnership response to SEND Reforms		
Presented By	Will Blandamer – Exec Director Heath and Care, and Deputy Place Lead, NHS GM Jeanette Richards – DCS Bury Council		
Clinical Lead	Dr Cathy Fines		

Executive Summary
The Education White Paper contained details of intended changes to the SEND system. All partnerships are required to develop a SEND plan in response to the changes to be submitted by 19 <sup>th</sup> June. This paper provides an overview of the arrangements to respond to the opportunity in Bury.
Recommendations
The Locality Board is asked to note the update.

Links to Locality Plan priorities	
Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas.	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention.	<input checked="" type="checkbox"/>
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care.	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>



Implications						
affected been consulted ?						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



## SEND Reform

- 1) Locality Board colleagues will be aware of a proposals from Government to significantly change the SEND system to improve outcomes for children, young people and families. Details of the intent is attached as Appendix 1.
- 2) Based on the "Every Child Achieving and Thriving" white paper published on February 23, 2026, the UK government is implementing major, long-term reforms to the Special Educational Needs and Disabilities (SEND) system in England. The proposals, aimed at reducing adversarial "fights" for support, introduce a tiered system of inclusion with a 10-year phased implementation, with major changes not coming into full effect until 2029-2030. There is a strong focus in the plan on the improved support required in mainstream education, and the necessity of desorbing a much more coherent offer around schools.
- 3) The national guidance is accessible here:  
<https://www.gov.uk/government/consultations/send-reform-putting-children-and-young-people-first>
- 4) In Bury we have made significant progress in the development of our SEND partnership arrangements, with a range of new services and strengthened delivery, including for example around the operation of the Graduated Approach, the establishment of the SEND HV services, concerted work on reducing NHS waiting times and improving support whilst waiting arrangements, he establishment of Communities of Practice, and the work of the enhanced Educational Psychologist Team. The partnership also understands where further work is required to strengthen the offer.
- 5) We recently received the monitoring inspection from CQC and Ofsted to test progress on the 6 priority action areas following the full inspection in 2024. We are awaiting the formal confirmation of the outcome of that monitoring inspection.
- 6) It will be noted that the timeline for completion of the SEND reforms business plan is very tight – the plan needs to be submitted by June 19<sup>th</sup> but will need formally approved through a number of governance processes well before that.
- 7) The Bury SEND partnership has convened a business planning group, chaired by Ben Dunne as the Director of Education, and including key stakeholders including representatives from schools, college, the parent carer forum, NHS partners and others. The group will be meeting weekly to develop the submission
- 8) The Bury SEND partnership has already completed a maturity matrix self-assessment, guided by the DfE advisor and the NHSE advisor working with the Bury system. This is a mandatory element of the assessment, and we will revisit this as part of the Bury business planning group.
- 9) The work of the business planning group will be informed by GM wide working seeking to drive some consistency and clarity and additional value from a GM wide perspective on the submissions of all 10 places, for example in work on a parents Charter being led by the 10 GM Parents Carer Forums. There will also need to be a single submission, reflected in all 10 plans from NHS GM as the single strategic commissioning authority in GM
- 10) A draft of the business plan will be available for the consideration of the Locality Board at the May meeting.

## **Recommendation**

The locality board is invited to note the update and receive a draft submission in May for consideration and review.



**UK Government**

To: Lynne Ridsdale, Chief Executive, Bury Council  
Professor Colin Scales, Acting Chief Executive, Greater Manchester Integrated Care Board  
Jeanette Richards, Director of Children's Services, Bury Council

cc. Neil Kissock, Director of Finance, Bury Council

9 March 2026

Dear Lynne, Colin and Jeanette,

Thank you for the work you do across children's services, from early years through to supporting learners in post-16 and on into adult education. For several years, local areas have been operating in a challenging SEND system that has often felt fragmented and difficult to navigate. We recognise that this has placed significant and growing pressures on services, and we do not underestimate the difficult decisions that many have taken to drive support for children and young people.

On Monday, 23rd February, this government published its Schools White Paper, setting out a clear and ambitious plan to create an education system where every child and young person can achieve and thrive. Our ambition is to raise standards, improve inclusion and broaden children's experiences so that every child leaves school with strong foundations for life and work. This is backed by over £7bn of investment over the next 3 years to embed inclusive practice in mainstream schools, deliver easy access without statutory assessments to experts including Educational Psychologists, Speech and Language Therapists and Occupational Therapists and create tens of thousands of new school places for children and young people with SEND in mainstream settings, with thousands of new inclusion bases, and in special schools. The funding and support to deliver these changes begins from 2026/27 and families must correspondingly start to feel this change now. Delivering this

ambition requires strong, transparent system leadership and a relentless focus on children's outcomes at every level of government.

It is important to reflect on what comparable data tells us about how outcomes for children and young people with SEND have played out locally, and what is now needed to drive a step change in transformative improvement. Despite all local areas operating within the same challenging system, we have seen wide variation in local outcomes that cannot be explained by systemic changes alone. We want to ensure that government investment is being spent in a way that delivers the best outcomes for children and all young people have access to local support that meets their needs at the earliest point.

With the Schools White Paper setting out a clear, ambitious plan to reform the education system, our expectations across local services are now unequivocal. We expect every local area to rise to the challenge and embed a robust approach to local system leadership, financial discipline and operational delivery to bring forwards a sustainable system that delivers strong outcomes for children and families. Government officials stand ready to support you in delivering this change.

We are commissioning each local area partnership to develop and submit a Local SEND Reform Plan in June 2026, underpinned by a Local Partnership Maturity Assessment. These documents should be used to clearly set out how you will improve and further strengthen your system, tilting provision towards stronger inclusive practice and early intervention, and ensuring that the conditions underpinning effective long-term outcomes are in place. This will help to identify and spread best practice as we work collectively to reform our SEND system.

For local areas with the most acute performance concerns, officials will be placing heightened scrutiny on the extent to which you are doing everything within your control to implement the reforms effectively. This includes a close examination of leadership capability, the pace and grip with which you act, and clear accountability through a named Senior Responsible Officer. The Department for Education will also use returned Local SEND Reform Plans to assess ongoing performance and delivery, in order to best allocate the support and challenge that we will offer throughout this period of reform.

To support the development of high-quality, ambitious plans, the attached commissioning pack contains the templates and guidance you will need, alongside further detail on timelines, plan expectations, and funding streams to support the delivery of local reform. In the delivery of high-quality plans, you will need to evidence sustained improvement and leadership-backed action to achieve agreed milestones.

As you develop and implement these plans, you will receive ongoing support and challenge from government officials, alongside your assigned SEND Advisers and Financial Advisers. We have asked officials for regular updates on your progress. Where exemplary practice from local areas is seen we will work with you to spread it recognising improvements, even in challenging conditions, are being delivered. Where progress does not materialise the Department for Education will act decisively. When failure is persistent, we will not hesitate to use the full range of intervention powers including removing the licence to deliver SEND services.

All local authorities with a SEND deficit will be eligible in 2026–27 to receive a High Needs Stability Grant covering 90% of their High Needs related DSG deficit accrued up to the end of 2025–26. This grant will only be paid once each local authority has secured approval of their local area's Local SEND Reform Plan. Payments will be made from Autumn 2026 for local authorities whose local area plans are approved in the first round of assessment.

Where a local authority's plan does not meet the threshold for approval, they will be required to revise and improve their plans, with continued support from advisers, to ensure they meet the required standard. Where revised plans meet the required approval threshold, payments will be made in Spring 2027, within the 2026-27 financial year. Local authorities will not receive any payments until their Local SEND Reform Plan has been approved.

For deficits that arise in 2026–27 and 2027–28, local authorities can expect that we will continue to take an appropriate and proportionate approach, though it will not be unlimited. Future support will take into account LAs' successful delivery of their approved Local SEND reform plan, including appropriate use of investment to establish an Experts at Hand offer.

All children with SEND and their families deserve a system that they can trust - one that is responsive, inclusive, and provides the conditions which enable every child to achieve and thrive. This is a shared responsibility across central and local government, working alongside schools, health partners, early years settings and post-16 providers. We are determined to transform our SEND system and to demonstrate the pace, grip and transparency essential for delivering change. We are asking your local area for the same clear commitment and credible action and stand ready to work with you to deliver the changes required to ensure that every child can achieve and thrive.

Yours Sincerely,

Bridget Phillipson

**The Rt Hon Bridget Phillipson MP**  
**Secretary of State for Education**

Wes Streeting

**The Rt Hon Wes Streeting MP**  
**Secretary of State for Health and Social Care**

Meeting: Locality Board			
Meeting Date	13 April 2026	Action	Receive
Item No.	10	Confidential	No
Title	Chief Officer's Report		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

Executive Summary
This paper is intended to provide an update to the Board of progress with the work of the IDC, and progress with the delivery of programmes across the Borough.
Recommendations
The Locality Board are asked to note the report.

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
<b>APPROVAL ONLY;</b> (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	<b>Pooled Budget</b> <input type="checkbox"/>	<b>Non-Pooled Budget</b> <input type="checkbox"/>		

Links to Locality Plan priorities	
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Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
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Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>



Implications						
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		



## Bury Integrated Delivery Collaborative Update

### 1. Context

This report is intended to outline to the Board progress which has been made with the key programmes of work within the IDC.

### 2. Programme Delivery

- The proposals emerging from the ICB are becoming clearer about the formal Place Based Partnership requirements in Localities.
- The process of reorganisation is in progress with the ICB, with many of the new structures now in place .
- The new neighbourhood planning guidance we released on the 18<sup>th</sup> March. We have assessed this guidance against our plan which articulates how we plan to strengthen and deepen the work we are already doing. This is covered within a separate agenda item.
- We were invited to participate in the NHS NW neighbourhood programme however the timing was not felt to be ideal given the midst of organisational change we are currently in.
- We have commenced work to define our programme plan and key milestones from April 2026, based on programmes of work already underway. This will shift and change over coming months as the 4LP and GM programmes and expectations of Place become more clearly defined.
- Work on strengthening communication channels continues, which includes
  - Creation of the Bury Family
  - Creation of the Bury Case Study
  - Videos to describe the work of the virtual hospital and the neighbourhoods.
- We continue to work with VCSE partners to explore opportunities for greater collaboration. We have a development session scheduled for April 2026 with the VCSE leadership team.
- Work has continued supported by place partners to design the place element of the NCA Clinical Leadership Model to be mobilised from April 26. Members of the ID Board are involved in the leadership of the NCA place group to support the effective engagement of place in the transitional arrangements. The detailed proposal was considered by the IDC Board and new Locality contacts are now being determined.
- Engagement event was held at NMGH in March with more than 50 people in attendance to consider how we can strengthen relationships across our programmes of care, with a particular focus on urgent care.
- Persona have received their first stroke patient in our new community rehabilitation pilot. We need to consider the viability of this pilot in the context of demand.

### 3. IDC Programme Highlights:

#### 3.1 Primary Care

##### Prog.1 - Alternative at Scale Solutions

- Winter schemes continue to support practices and are well utilised, in place till 31 March 2026

##### Prog.2 – Communications and Engagement

- GM Portal – limited number of registrations of concern given this will be the main method of communication moving forward. We will continue to signpost people rather than repost articles where possibly to encourage sign up.

##### Prog.3 – Data and Digital Ambition

- Continue to promote NHS App usage through PLO work.

##### Prog.4 – Effective Pathway Navigation

- Risk - Community Services
  - Self-referrals no further progress made
  - No examples received where internal referrals had been requested or where A&G have advised a community services referral to be made which is subsequently rejected.

##### Prog.5 – Current and Future Estate

- UMF schemes for both 25/26 and 26/27 continue to progress
- Successful visit to Radcliffe PCCC with the aim of seeking funding from CHP to convert unused rooms in support of PC clinical space

##### Prog.6 – Integration (Wider PC/Neighbourhoods/PSR)

- Neighbourhood data packs discussed, further considerations needed as to how these are used.
- Patient-led ordering on set to go live in Whitefield practices 1<sup>st</sup> April. Comms & engagement with Whitefield community pharmacies complete.

##### Prog.7 – Quality and Assurance

- Quality Visits – Outstanding action plans from Fairfax, Longfield and Greyland
- PCN DES:
  - Q3 assurance return received only from Horizon (deadline was 13<sup>th</sup> Feb)
  - ARRS 24/25: Bury PCN March 24 claims outstanding finance ratification and payment
  - ARRS 25/26: All PCNs submitted claims to October 25 for ratification and payment:
    - Bury PCN will be paid for first 6 months of 2526
    - HPW PCN Claims paid to August 26
  - Enhanced Access data received up January for HPW and December for Bury PCN
  - Confirmation received that Bury PCN will cover Highbank Care Home
- Bury LCS
  - Additional requested PCN/MOT meetings completed –quarterly data sets due March (continued significant improvements made with AMS targets). Another round of reminders for GM AMS & locality submissions
  - LTI/PLT changes discussed with GP Board in February however, group did not support. Feedback given to DMOG reflecting this

##### Prog. 8 – System Leadership

- Awaiting outcome of GM discussions regarding which scenario will be implemented and feedback regarding Pillar 1 funding value.

#### Prog.9 – Workforce (recruitment/development and retention)

- Draft strategy and delivery plan shared with PCN CDs / INT GP Leads for feedback

#### **3.2 CVD / Diabetes**

- Patient event to increase uptake of structured diabetes education (SDE) in Bury was held in February. The event saw collaboration from the VCFA, Live Well Service, NCA Community Diabetes Team, The GP Federation and other partners. Patients were able to access SDE and opportunistic foot checks, diabetic eye screening, BP checks, smoking cessation and lifestyle advice.
- Protocol in EMIS systems developed with the Data Quality Team to prompt clinicians to refer for SDE when coding a new T2 diabetes diagnosis. The protocol should streamline the SDE process for clinical staff and improve coding.
- Bury CVD/diabetes work was spotlighted on the GM LTC Operational and Information Exchange Group, with lots of positive feedback from attendees.

#### **3.3 Cancer**

- Upper and Lower GI session delivered by NCA Consultant/ Lead Cancer Clinician - Dr Prudham in the Clinical Masterclass. As a Locality we were able to extend the session out to Primary Care clinical colleagues across the NCA footprint.

#### **3.4 Complex Care**

- Performance >80% for past 7 quarters for 28d standard.  
Q1 25/26 – 90%  
Q2 25/26 – >80%  
Q3 25/26 – 85%  
Q4 – on track  
No long waits.
- Recovery plan for financial recovery in place, challenged due to prior year pressures, increasing costs of packages and patient numbers. CHC 29 more patients this year compared to last year due to a reduction in deceased patients.
- Robust scrutiny from GM ICB.
- Jointly funded children's list agreed with CSC.
- Workforce modelling provided to GM ICB AACC.

#### **3.5 Adult Social Care**

##### Progress and Challenges

- Extra Care Strategy presented at Cabinet on 15th January 2026 and approved
- Care at Home - Project Group re-established and timeline for tender 2026 commenced, pre-market engagement completed
- Older Peoples Co Production Network Away Day successful, will result in a refreshed Action Plan for 2026/2027, to feed into the core priorities of the Ageing Well Strategy - Together Towards Ageing Well 2025-2030

- Recruitment for Commissioning Manager (Older People, Ageing Well) completed.

#### Planned Actions

- Commissioning Manager starts 1st February 2026
- Ageing Well Partnership Board 25th February 2026
- Annual Commissioning Intentions to support the Strategies for Ageing Well, Dementia, Extra Care and Intermediate Tier
- Update Commissioning Business Plan and actions and review risk register to reflect this.

### **3.6 LD and Autism**

- First resident moved into Willow St - supported living accommodation for 13 people with learning disabilities
- Market engagement planned for specialist Care Providers (autism and young adults); enabling detailed understanding of specialist care available.
- Senior leadership Team approved arrangements to employ up to 4 people with Learning Disabilities to be employed as part of our quality checking team for Care Providers: “Experts by Experience”

### **3.7 Urgent and Emergency Care**

- GP Out of Hours Commissioning - Completed and submitted GM STAR form GM STAR form rejected by GM as they are doing a single GM form Notification that GM STAR form has been submitted, instructed to commence PSR Part C Offer and DMR
- Better Care Fund - Completed Q3 UEC Metric performance review
- Bury NMGH Discharge Event (Neighbourhood and Easter Planning – meetings taken place with colleagues from NMGH to plan event. Agreed style, format, location and time of the event.
- Urgent primary care streaming service and urgent care pathway review – further to receiving revised advice, current position discussions taken place with BARDOC and NCA. Revised plan for delivery agreed.
- Healthwatch “enter and view team” – Bury Healthwatch performed a review of FGH A&E across two visits in November and December. The report has been compiled and is due for release. Plan FGH review at A&E
- Stroke Recovery update – star form completed and sent to finance for financial information to be added.

## **4. Recommendations**

The Board are asked to note the progress and risks outlined within this paper.

#### **Kath Wynne-Jones**

Chief Officer – Bury Integrated Delivery Collaborative

[kath.wynnejones@nca.nhs.uk](mailto:kath.wynnejones@nca.nhs.uk)

March 2026

Meeting: Locality Board			
Meeting Date	13 April 2026	Action	Receive
Item No.	11	Confidential	No
Title	Primary Care Commissioning Committee update		
Presented By	Adrian Crook, Director of Adult Social Services and Community Commissioning		
Author	Zoe Alderson, Head of Primary Care (Bury)		
Clinical Lead			

Executive Summary
The Primary Care Commissioning update is provided as a highlight report from the meeting held on the 30 <sup>th</sup> March 2026.
Recommendations
The Locality Board is asked to note the highlight report from the last Primary Care Commissioning Committee.

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
<b>APPROVAL ONLY;</b> (please indicate) whether this is required from the pooled (£75) budget or non-pooled budget	<b>Pooled Budget</b> <input type="checkbox"/>	<b>Non-Pooled Budget</b> <input type="checkbox"/>		

Links to Locality Plan outcomes	
To support a local population that is living healthier for longer and where healthy expectancy matches or exceeds the national average by 2025.	<input checked="" type="checkbox"/>
To achieve a reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction.	<input checked="" type="checkbox"/>
To deliver a local health and social care system that provides high quality services which are financially sustainable and clinically safe.	<input checked="" type="checkbox"/>
To ensure that a greater proportion of local people are playing an active role in managing their own health and supporting those around them.	<input checked="" type="checkbox"/>

Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Primary Care Commissioning Committee	30/03/2026	Highlight report attached.

# Bury Primary Care Commissioning Committee (PCCC) Highlight Report

<p><b>Chair:</b> Will Blandamer  <b>Reporting period:</b> March 2026  <b>Attendance:</b> <del>Excellent</del> / <del>Acceptable</del> / Unacceptable</p>	<p>This report updates / informs the NHS Greater Manchester PCCC on the Bury PCCC work to date. It also provides an opportunity to raise any issues and inform of any changes that may affect the progression of work.</p>
<p><b>Part A</b>  <b>OOH Contracting</b> – Monthly reporting received for information only.  <b>Primary Care Programme</b> – A high-level overview of progress against the GP Strategy programmes was presented to the committee. The highlight report contained several performance indicators being used to monitor delivery against the programme.  <b>BeCCoR 26/27 (including retained/pillar 1 Bury Specification)</b> – The committee received the draft specification which has been submitted to GM PCCC for approval. The committee recognised the 26/27 scheme as a real opportunity to standardise and care and investment across GM however concerns remain regarding confirmation of funding for retained and pillar 1 services.  <b>APMS Contracts</b> - The committee received and supported the recommendation to award both APMS providers with a 12 mth contract rather than undertake a procurement exercise given the changes currently taking place due to the reforms  <b>GM Policy Practice Learning Times</b> – The committee received and supported the policy</p> <p><b>Part B</b>  <b>Enhanced Access</b> – The committee received and supported proposed changes to the delivery models for Horizon, Prestwich and Whitefield PCNs. The committee requested that utilisation monitoring continue to ensure there was no inadvertent impact of splitting the PCNs models.  <b>Unwarranted Variation</b> – The committee received a report noting several performance improvements delivered through the unwarranted variation programme. The committee were keen for this work to commence into 26/27 in some way shape of form as it was showing demonstrable improvements.</p>	<p>The committee has been stood down in line with new operating model however priorities for the forth coming period include:</p> <p><b>BeCCoR 26/27</b> – Launch  <b>Bury General Practice Strategy</b> – a review and refresh in line with the new 10year plan  <b>PCNs</b> - Ongoing work to improve Enhanced Access utilisation and ensure maximum ARRS spend  <b>MOT</b> – Continue to roll out patient led ordering in addition to supporting CIP delivery</p>

**Decisions made: (this committee was not quorate and therefore several papers will be submitted to GM PCCC for ratification)**

- **APMS Contracts** - The committee supported the recommendation to award both APMS providers with a 12 mth contract rather than undertake a procurement exercise given the changes currently taking place due to the reforms
- **Enhanced Access (part b)** – The committee supported the recommendation to change the delivery models as proposed for Horizon, Prestwich and Whitefield.

**Top 3 Risks:**

Risk Identified	Mitigating Actions	Likelihood	Impact	Score
IF: the apportionment of delegated PC monies is insufficient to cover local elements unique to Bury (such as dementia, ring pessaries, bloods etc) THEN: services may need to be stopped limiting what gps support/deliver LEADING TO: Wider provider pathway pressures which cost more & may lead to poorer outcomes for patients	1. Ongoing discussions via phase 3 BeCCoR to secure equitable/sufficient funding from 26/27 onwards 2. System partners fully aware of position and risks associated	4	4	16
IF: The locality does not have a clear roadmap for increasing community self-referral pathways as per NHS England’s Delivery plan for recovering access to primary care THEN: practices ability to triage and deflect/direct appropriately to other more appropriate services will be limited LEADING TO: delays in patients being seen by the appropriate service, more general impact on GP access and potentially poorer outcomes for everyone as a result.	1. Repeated attempts have been made to engage with the Community Services Provider 2. Follow up workshop to be arranged	4	3	12

**Any other information:** **Key escalations for NHS Greater Manchester PCCC:** The funding currently earmarked to be retained/pillar 1 services is insufficient to continue with all transactional requirements of the Bury LCS. This has been flagged with various colleagues within the central teams

Meeting: Locality Board			
Meeting Date	13 April 2026	Action	Receive
Item No.	13	Confidential	No
Title	SEND Improvement and Assurance Board Minutes – 16 <sup>th</sup> February 2026		
Presented By	Will Blandamer, Deputy Place Based Lead		
Author			
Clinical Lead	N/A		

Executive Summary
The minutes from the SEND Improvement and Assurance Board held on the 16 <sup>th</sup> February 2026 are attached for information.
Recommendations
It is recommended that the Locality Board note the minutes.

<b>OUTCOME REQUIRED</b> <i>(Please Indicate)</i>	<b>Approval</b> <input type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Discussion</b> <input type="checkbox"/>	<b>Information</b> <input checked="" type="checkbox"/>
<b>APPROVAL ONLY</b> ; (please indicate) whether this is required from the pooled (£75) budget or non-pooled budget	<b>Pooled Budget</b> <input type="checkbox"/>	<b>Non-Pooled Budget</b> <input type="checkbox"/>		

Links to Locality Plan priorities	
Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas	<input checked="" type="checkbox"/>
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	<input checked="" type="checkbox"/>
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care	<input checked="" type="checkbox"/>
Optimise Care in institutional settings and prioritising the key characteristics of reform.	<input checked="" type="checkbox"/>

Implications						
Are the risks already included on the Locality Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

# Minutes (Anonymised)

## SEND Improvement & Assurance Board Meeting 16<sup>th</sup> February 2026

1	<p><b>WELCOME &amp; INTRODUCTIONS</b></p> <p>The Chair welcomed the group and thanked all for attending online before apologies were shared.</p>
2	<p><b>MINUTES FROM THE PREVIOUS MEETING</b></p> <p>The Board members reviewed the minutes from the previous meeting held on the 13<sup>th</sup> of January. The minutes were agreed to be an accurate record of the meeting.</p>
3	<p><b>ACTIONS AND RISKS LOG</b></p> <ul style="list-style-type: none"> <li>- Action 259 – Ongoing comms support for Workforce Strategy Board.</li> </ul> <p>Plans around workforce strategy and training are being developed, this will continue to progress as plans develop.</p> <ul style="list-style-type: none"> <li>- Action 292 – Provide updates on timeframes for Comms work (including Instagram, requested by the Changemakers), for Board assurance.</li> </ul> <p>This is being progressed alongside the Data meetings. This interlinks with Action 211, an attendee updated on the creation of a Changemakers Instagram account, they are building a bank of content before posting begins.</p> <ul style="list-style-type: none"> <li>- Action 288 – Distribute comms relating to the "Reasonable Adjustments" report from B2G.</li> </ul> <p>The action owner confirmed the team are looking to issue communications but there have been discussions with schools, and a future update is required from another Board member.</p>

The Chair discussed the deadlines allocated to actions to ensure that realistic targets are being set going forward and that there is due process followed to agree any new timelines.

- Action 110 – Look at options for communications to be available in different formats (e.g. different languages, braille, a visual format).

An attendee **noted this wasn't due until** March but asked the action owners for update on how communications are being made accessible.

One of the action owners advised they have an option that would bring the Local Authority into basic compliance but that this was pending a budget code and partnership approval before further progression.

- Action 211 – Develop a social media presence for the Changemakers.

The action owner updated on the creation of a Changemakers Instagram account, they are building a bank of content before posting begins.

- Action 309 – Update on work opportunities explored for SEND students, and to provide information on what has been done to improve this.

The Chair asked Board members to update on progress made.

One attendee spoke of the Bury Employment services team also recommended another Board member consult with the team, the Changemakers group and the Bury Employment Services team to uncover employment opportunities, particularly given their good relationship with NCA in providing opportunities.

Another attendee discussed opportunities for work experience within the Early Years department adding that staff in Family Hubs have offered work experience previously and that this has garnered positive feedback from children and families in the past.

An attendee discussed putting the Care Leavers team in touch with the HR manager at Tower Family Healthcare, creating opportunities within their own practice first before hopefully rolling out opportunities across Primary Care.

Another noted they had collaborated with another to circulate materials to primary and secondary schools. There is potential for SEND students at college level to host drop-in sessions at schools to provide mentorship, particularly for children with similar needs.

Another **advised that the Council's Corporate Plan** is being finalised for 2026-27 and that neurodiversity and workforce representation is included as a focus under the banner of equalities and inclusion. This will enable

	<p>process changes to how we advertise, recruit and support in the workplace.</p> <p>Another added that colleagues at Persona have restructured their recruitment processes to facilitate a wider diversity in recruitment.</p> <p>The Board was then updated on the supported internship program for 16-25 year olds, adding that another Board member has been asked to review commissioning arrangements and uptake alongside the National Development team for Inclusion.</p> <p>The Chair asked that updates are put in writing when confirmed and subsequently shared with an attendee working in this area, who will then speak to Bury College students and the Changemakers to update on progress.</p> <ul style="list-style-type: none"> <li>- Action 195 - Ensure parents understand the support available, keep them informed on changes and manage expectations.</li> </ul> <p>The action owner recognised Bury2Gether feedback following the recent questionnaire, and while there are good examples it is recognised parents are not feeling or reporting the benefit of the work yet.</p> <p>Action Points:</p> <ol style="list-style-type: none"> <li>1. Action 316 – An Ofsted engagement letter is to be shared, for review ahead of the next Board on 24<sup>th</sup> March.</li> <li>2. Action 317 - The Chair requested a full review of risks at the next Board on 24<sup>th</sup> March.</li> </ol>
4	<p>CONTRIBUTIONS FROM, AND ENGAGEMENT WITH, CHILDREN AND YOUNG PEOPLE</p>
	<p>The Board was provided with a presentation on recent Changemakers activity.</p> <p>This included discussions around the use of AI, in which young people implied the use of AI feels less personal and signified a lack of effort if not personalised.</p> <p>Plans for a Changemakers Instagram page have been finalised, and a member has been selected within the group to act as their social media representative for the year.</p> <p>In relation to the SEND Charter review, the young people highlighted areas of concern and suggested amendments. The group also discussed their feelings about working with adults versus young people with positives and negatives highlighted.</p> <p>Staff training, the Changemakers completed a staff training practice run. The presenter referenced the following communication on the training.</p> <p><a href="mailto:burycouncil.cmail19.com/t/y-e-awlydt-hdulkhnkt-g/">burycouncil.cmail19.com/t/y-e-awlydt-hdulkhnkt-g/</a>.</p>

	<p>The speaker asked Board members, particularly those involved with schools and trusts, to potentially host training sessions. School representatives in attendance both confirmed they would be happy to host, it was noted that they would also like to work with another Board member on these following previous discussions.</p> <p>A 'you said, we did, we are doing', event is being planned, and it was suggested that this may be delayed until after March. The speaker asked for input from young people for the event, there is a spreadsheet for the event which requires updates from CAMHS and education as well as updates on post-16 options.</p> <p>They then updated on Voice mapping, outlining where contact has been made and responses have been received so far.</p> <p>The Board were advised that the speaker would be stepping away from their current areas of work for several months as they work on a Department for Education funded project to develop a SEND Commissioner role in Bury. They added that a new colleague, had been appointed to take over their responsibilities in the interim, adding that they will also attend the board in their place during this time.</p> <p>The speaker continued to briefly outline the proposed SEND Commissioner role and added that a working group has formed, made up of SEND ambassadors from the wider Greater Manchester area and that the role is still being designed currently.</p> <p>The Chair suggested that a different job title may be useful to avoid negative connotations with other job roles. The speaker clarified that the role title is currently tied into the funding, but that the title will be workshopped with young people.</p> <p>Action points:</p> <ol style="list-style-type: none"> <li>1. Action 318 - Representatives to provide an update on voice mapping when more responses are received at the next Board on 24<sup>th</sup> March.</li> </ol>
5	<p><b>NEURO DEVELOPMENT PATHWAY UPDATE</b></p>
	<p>The presenting Board member referenced papers C1 &amp; C2, indicating there are several updates to the pathway. The proposed neuro development pathway has been widely discussed in several forums including the January SIAB and has been used to inform how the model will be implemented locally. Also highlighting the importance of the support during and after the triage process.</p> <p>The importance of co-production was highlighted, with reference to collaboration with Bury Youth Watch, a youth focused version of Bury Health Watch and with the Health Scrutiny Committee, who have reviewed and performed a detailed overview of the work. Discussion with the Changemakers has also continued with workshops to inform Hub development.</p>

They continued to address **Bury2Gether's concerns around co-production**, noting that meetings have taken place with First Point and thanked B2G for the involvement in that work and looks forward to establishing how the work is fully connected between all parties. They added that the triage process is under review with key partners, to challenge and ensure that the process is transparent and is convergent with all support available. A couple of other localities are further ahead with the process but added this would present an opportunity to review how this works elsewhere to improve our own development. The Hub is still in the early stages of development, but thanked all parties for working together with children and young people and families to inform development.

Another attendee spoke about communications, stating that families feel there has been discussion, but that there has not been effective co-production so far. Highlighting that families have asked for clarification on CAMHS age groups and of the other categories for qualification. They added that families were concerned that the triage process would work differently in other areas, rather than in a consistent service across Greater Manchester. Also citing families concerns with communications from the ICB and from Bury Council.

The speaker confirmed **from Bury Council's perspective**, their update at this Board speaks to this, with further update to follow from their colleague. They added that this is not presented as a finished piece.

Another Board member updated on the discussion of the Hub pathway and wider around SEND to feed into the GMCA support officer to highlight issues around the pathway and wider SEND issues, they asked The Chair, and other attendees for updates that they could then take to the group in the short term to clarify Bury's position with the hope of GM acceleration around any blockages. The speaker added that they will be chairing the GM SEND Board for the next few months and will continue to work on this all the while.

Another Board member thanked the speaker for their update and echoed **another attendee's** point, questioning who would be prioritised and how they would be selected. The speaker added that work is ongoing to clarify these priorities moving forward and that this is the current focus.

**The speaker's colleague** then presented to the group and highlighted the neuro development support offer, setting out what has been developed on a GM level, showing systems in place and systems currently under development. They continued to provide a delivery update on recruitment and sessions delivered. Also adding that First Point have set up a number of focus groups which work with the Changemakers group, noting that the first session was well attended and received positive feedback. They continued with an update on engagement work that had been done with Bury Autism Co-production Network and Bury Youth Watch.

An attendee added that Bury2Gether had not been involved with the Hub name, logo or strapline as had been mentioned in the paper. Adding that this should read **'Neurodiverse' rather than 'Neurodivergent needs'**. The current speaker apologised, noting they had mistakenly thought a

	<p>meeting had taken place between First point and Bury2Gether to discuss this already.</p> <p>The Chair stressed this was a point of concern has been raised before and there is a need to co-produce more effectively.</p>
6	THEME 3 PAPER REVIEW
	<p>A new speaker explained that the theme 3 paper brings together priorities <b>across critical points in a child’s journey, including transitions, preparation</b> for adulthood, annual reviews, alternative provision, and education otherwise than at school.</p> <p>They noted that a draft transitions guide had been created alongside a one-page version for parents and carers, which is an easy to digest summary, explaining what to expect at transition points.</p> <p>Speaking of the ‘6-7’ transition, they explained there has been sustained multi-agency progress on transition pathways. Adding that engagement with the 6-7 process remains high, though sustainability is recognised as a risk. They added that 6-7 is not yet fully trusted as a single information-gathering point, citing some technical problems and deadlines being close to major assessments that take place in schools.</p> <p>Improved multi-disciplinary working practices were then highlighted. With Preparation for Adulthood being embedded more consistently through revised EHCP documentation and planning processes, this has been supported by recent training with preparation for adulthood partners.</p> <p>It was noted that revised alternative provision and EOTAS processes are now fully operational, with evaluation planned in the near future.</p> <p>Annual reviews were then discussed, citing statutory compliance has improved, now around 51% completed within the last 12 months. Over 3150 EHCOs are currently being maintained. A major achievement was reaching 100% compliance on key stage transfer reviews. With 182 nursery-reception and year 6 into 7 transitions, 170 of which were in line with parental preference. It was noted that this is expected to reduce mediation.</p> <p>They continued to update on quality assurance, highlighted a new QA tool which has launched to grade plans, grading 65% Silver and 35% Bronze. Stressing that annual reviews are the primary mechanism for improvement to plan quality over time whilst recognising this was a small sample size so far.</p> <p>It was also noted that overall, SEND need has reduced compared with the previous year, with positive feedback from parents reporting increased confidence, understanding and practical strategies which could be implemented at home.</p> <p>The Chair thanked the speaker for their update and recognised the positive responses from the Board.</p>

	<p>An attendee noted that participation for 16 &amp; 17 year-olds had dropped and added they hoped to confirm this group is well looked after and that this would be an area to monitor.</p> <p>The Chair added a potential need to widen the scope of the report, to meet all young <b>people's</b> needs regarding the Preparation for Adulthood core elements. Another attendee seconded this, noting that not all that is going on is being captured.</p> <p>Another attendee asked that the dates within the report are reviewed to ensure they are up to date and truly reflective of progress made.</p> <p>The Chair added that some RAG ratings at the end of the report may need to be reviewed, suggesting areas <b>marked 'Red'</b> may be ongoing or simply missing data, noting that <b>marking areas 'Red'</b> may be unnecessarily harsh on what is being achieved and not reflective of the actual progress made.</p> <p>Action points:</p> <ol style="list-style-type: none"> <li>1. Action 319 – To ensure oversight of all young people, and to improve the sufficiency of offer, to converse with other members and providers with update at the next Board on 24<sup>th</sup> March.</li> </ol>
7	<p><b>ISF IMPLEMENTATION UPDATE</b></p>
	<p>A Board member updated on the Intervention Support Fund (ISF), a grant which is open to all Local Authorities under intervention.</p> <p>An area of focus was to extend the reach of the Changemakers group, an appointment has been made for this purpose. This new colleague is currently going through induction and has already met with the Changemakers group. They also have plans to take a number of Changemakers to the National Conference in Birmingham.</p> <p>A scoping exercise was undertaken in January 2026, in coalition with Bury Young Cabinet and our Changemakers group, and by the end of February 2026 a draft toolkit will have been created.</p> <p>A SEND Improvement Delivery Officer was onboarded in December but due to onboarding and notice period, will not be starting until March 2026. In their absence work around Annex A has been distributed across the team in preparation of the monitoring inspection.</p> <p>The team have now created a single point of entry into the SEND team, still being rolled out currently but we are meeting the five-day response time scale, with an aim to reduce this further.</p> <p>Also spoke of the development of the Beebot platform which will be hosting our Local Offer. They continued to update the delay getting the local offer updated, an alternate delivery plan has now been established to extradite the work being reviewed to enable upload to the system.</p>

	<p>The team are also in the early testing period of VITA, which is an AI tool for Education, Health and Care plans and corporate templates. Work is ongoing with the provider Invision, to increase the efficiency of this integration. Additional funding has also been secured to support this from the NWADCS.</p> <p>One of the greater challenges faced has been in effort to implement the TESSA model, which is based on a St Helens model. This is still being assessed with a view to widening our communities of practice approach, with a view to a single referral point into SEND services. It is hoped that this can be adapted to fully utilise the opportunity that the ISF has provided.</p> <p>The Chair noted that we are unsure of additional funding for ISF coming from the Treasury of DfE in April 2026 yet. The Chair also asked to check the time scale around the local offer system migration.</p> <p>Another attendee updated on this, noting that the Beebot team have had the material for a week, they quote two to three weeks for review. They have also been asked to prioritise this work ahead of other work.</p>
8	<p>Inspection readiness:</p> <ul style="list-style-type: none"> <li>• SEF update/Position Statement</li> <li>• Full PIP review (summary slides on key improvement areas and PSV KPI s included)</li> </ul> <p>Annex A update</p>
	<p>A Board member reviewed the delivery and impact milestones, there has been a focus on wider inspection readiness and a SEF/Position update, a narrative document which has been reviewed by the speaker, another senior Board member and colleagues from Bury2Gether. It was noted that Bury2Gether had some feedback on this, so the document is not ready to be shared currently.</p> <p>They continued to speak of planning in relation to SEND reforms and considered what the White paper is likely to say, noting that the DfE have supported this with by creating a maturity assessment tool, used to measure Local Area partnerships against the seven pillars of the SEND reform.</p> <p>The current phase has involved multiple board members to shape the tool, the next phase of which will be to include colleagues at Bury2Gether.</p> <p>Listing the Pillars of reform as follows:</p> <ul style="list-style-type: none"> <li>- Pillar 1, Co-production, with parents &amp; carers, children and young people.</li> <li>- Pillar 2, Effective system leadership and governance,</li> <li>- Pillar 3, An accurate understanding of needs through data.</li> <li>- Pillar 4, High quality service delivery at universal, targeted and specialist levels to promote inclusion.</li> <li>- Pillar 5, Effective partnership working across education, health and social care.</li> </ul>

- Pillar 6, Skilled workforce across the partnership.
- Pillar 7, Targeted, judicious and sustainable use of resources.

The speaker emphasised the scale of the work ahead, adding that the work is ongoing, with work on the maturity assessment tool, planning for SEND reforms, and the cessation of project safety valve. They noted that many of the Pillars are interwoven with the current improvements.

A DfE SEND financial advisor has been appointed to support in these areas going forward.

The Chair asked to review areas of concern highlighted in amber and red.

Another attendee noted that within the pillars there was no mention of the inclusion of the entire 0-25 remit. The speaker confirmed that when speaking of 'young people', this is in reference to the 0-25 age group.

The Chair welcomed the integration of the seven pillars with the Priority Impact Plan, working to integrate the seven pillars and multiple areas, into one coherent plan.

The speaker added that the activity is being geared to simultaneously improving the offer whilst maintaining inspection readiness. Suggesting, the system has matured and now needs to respond to emerging challenges, being SEND reform and inspection ready.

The Chair noted that reforms may not come in for several years, suggesting focus needs to remain on the Monitoring Inspection and delivery against the Children and Family Act 2014 and the SEND Code of Practice. The speaker agreed but noted that Department for Education colleagues had asked for a plan for local area reform to be ready for Autumn. And suggested a cross reference with the milestones and the priority impact plan to assess current positions.

They then updated on Paper E, the milestone review. Noting that many of the milestones have now been met with a need to now focus on impact.

It was noted that Bury2Gether colleagues had answered a short survey in relation to priority areas which have been tentatively shared.

It was suggested that a line-by-line review of the document be undertaken, with focus on any actions and impact highlighted red.

Co-production is ongoing and needs to remain fundamental with more work to be done in this space. The Council for Disabled Children is providing support.

Communication, the need to improve daily communication between teams and to reach a broader range of people using existing and alternative methods. Positive feedback on the weekly Leadership Matters briefing to education setting leaders was highlighted.

In relation to Quality Assurance, the more effective monitoring of quality across the system, the further embedding of quality frameworks and the improvement of outputs.

Following discussion with the speaker, The Chair asked another attendee to present the document for the Board to review.

The attendee noted the main action still outstanding was around the workforce learning and development plan, but noted this is ongoing work. They added that every other action has been reviewed and they are confident that the first stage of the plan has been completed.

The speaker continued to go through actions marked amber and red in detail. Speaking of the Priority Impact Plan and asked the Board to sense check and reflect on the coherence of the plan, to determine where we currently sit as a system.

The Chair noted there may be a need to address some of the language used when updating the progress of actions, to better indicate where work is underway and better reflect progress.

Another attendee added the need to reframe the wording to better highlight positives and progress already achieved.

The speaker progressed onto an area highlighted red, the effective communication of strategy, noting that it is a key priority to ensure consistent feedback of understanding is confirmed going forward.

They suggested the next update should come as a single document to better indicate progress. The Chair agreed on the importance of a single update but asked for co-production to be considered, potentially creating the update alongside schools, who might better provide analysis ahead of the monitoring inspection.

The speaker agreed and said **Bury2Gether's feedback will be noted and will be included when received.**

An attendee noted the availability of waiting time data, suggesting this should be amended within the document to at least '**amber**', as progress is now regularly updated. They suggested some other health centered actions may also need to be updated due to recent progress. The speaker agreed, suggesting work should be measured against the Priority Impact Plan.

A new speaker then updated on Annex A, noting this is constantly changing with around 120 documents currently, 50 of which were received in the previous week. They added that an update will be distributed to allow Board members to provide their own update and perspective, to better reflect progress and ensure it is evidenced for the purpose of quality assurance to ensure the best update is provided to inspectors.

Key updates have been received in the last week from Health which will be added soon. They added that the document is still a work in progress and will continue to change ahead of submission.

The Chair suggested it might be useful to review Oxfordshire's monitory inspection as this could prove to be a useful point of reference, linked below.

<https://files.ofsted.gov.uk/v1/file/50291349>

The Chair recommended that due to potential changes to the framework of full inspection at the three-year point, the Board should broaden following inspection to include the wider SEND system.

The first speaker added that this is being considered. Noting the many interlinked areas within the wider system. Adding that they are keen to ensure we move to think in a wider system context after the focus shifts from the priority impact plan review.

Another attendee updated, speaking of ongoing training of the workforce and an improved relationship with the EHCP team, amid a shifting wider focus on the long-term outcomes of young people.

An attendee added that in the context of Education providers, they are hearing positive feedback from schools around progress made. Another attendee also noted an improvement in communication to schools, which has helped to build a more trusting relationship between schools and the Local Authority, **fostering improved relations between SENDCO's and educational psychologists.**

The Chair asked the Board to consider how to ascertain feedback from schools moving forward.

The speaker welcomed the positive feedback, noting improvements in engagement from schools, particularly around young people with complex needs and feels this speaks to the work being done. They added this ensures the authority continues to work with schools whilst changes are being made. It was also noted that engagement is being tracked with the aim of ensuring that schools not engaging currently will start to do so.

The Vice Chair agreed, knowing who is not engaging currently would be useful and would enable them to better approach these schools to determine why they might not be engaging. Suggesting that as Vice Chair they would be able to approach schools on behalf of the Board.

Another attendee noted an increase in Designated Clinical Officer queries coming directly from schools for support, which they believe to be a direct impact on the communities of practice.

Another member echoed the need for SEND and EHCP teams to work cohesively to provide support, praising the support received at their own school.

	<p>The Chair asks for a section in the next update, on the work being done in Early Years settings specifically in her next report.</p> <p>Action points:</p> <ol style="list-style-type: none"> <li>1. Action 320 – Bury2Gether have feedback on the SEF/Position update. The document is to be reviewed again before presentation at the next Board meeting on 24<sup>th</sup> March.</li> <li>2. Action 321 – An update is required on specific work being done in Early Years settings in the next report before the Board on 24<sup>th</sup> March.</li> </ol>
9	AOB
	<p>The Chair discussed representation from the voluntary sector at the Board and clarified that the suggestion of further voluntary sector representation would be in addition to Bury2Gether. An attendee suggested representation could come from <b>Barnardo's</b>, <b>The Chair asked</b> how this could link in with the SENDIASS element of the Board.</p> <p>Another attendee advised they held half-termly meetings with representatives from Barnardo's. Noting that Barnardo's receive information from Bury families and that they do hold useful information which they have agreed to share to better serve the working relationship moving forward.</p> <p>The Chair recognised an opportunity now to address Board membership ahead of changes in focus, ensuring that we are not missing any voices, with potential for a reset with some members joining the Board and others no longer being required to attend.</p> <p>Another attendee clarified that the umbrella organisation for the voluntary and community sector in Bury is known as the VCFA, the Voluntary Community Faith Alliance.</p> <p>Another attendee asked the Board if there was enough representation for people aged 17-25 on the Board. The Chair noted this had felt absent in recent meetings, the Chair was assured that representatives for 17-25-year-olds were very engaged with what is happening at Board, also noting that a present attendee oversees this presence and brings this to the Board. They continued to speak of the improved work of the transitions team and noted that the team works within that age demographic, suggesting a future update from them would be helpful.</p> <p>The Chair agreed that there may be more work ongoing in the background and that this should be brought to the Board to strengthen the Preparation for Adulthood element.</p> <p>It was agreed that an agenda item on the demographic would be welcomed by the transitions team, with the Chair noting that an update would be beneficial.</p> <p>The Chair thanked everyone for their contributions, noting how positive it is that school representatives were able to attend during half term.</p>

	<p>Action points:</p> <ol style="list-style-type: none"> <li>1. Action 322 –Transitions team to provide an update on preparation for adulthood at the next board on 24<sup>th</sup> March.</li> </ol>
10	<p>Upcoming meeting dates:</p> <ul style="list-style-type: none"> <li>- 24<sup>th</sup> March 10.00 – 13.00 Town Hall</li> <li>- 14<sup>th</sup> April 10.00 – 13.00 Town Hall</li> <li>- 12<sup>th</sup> May 10.00 – 13.00 Town Hall</li> <li>- 23<sup>rd</sup> June 10.00 – 13.00 Town Hall</li> <li>- 14<sup>th</sup> July 10.00 – 13.00 Town Hall</li> </ul>