# Agenda

## Locality Board – Meeting in Public (on Teams)

Date: 1st September 2025

Time: 4.00 pm – 6.00 pm

Venue: Microsoft Teams

Chair: Dr Cathy Fines

| 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 21st July 2025 and action log | Paper | Approval | Chair |
| 4.0 | | | Public questions | Verbal | Discussion | Chair |
| **Place Based Lead Update** | | | | | | |
| 5.1 | 4.10 – 4.30 | 20 mins | Key Issues in Bury | Paper | Discussion | Will Blandamer |
| 5.2 | | | Place Based Partnerships and NHS Reforms | Presentation | Discussion | Will Blandamer |
| **Locality Board Priorities** | | | | | | |
| **Integrated Delivery Collaborative Update** | | | | | | |
| 6.0 | 4.45-4.50 | 5 mins | Integrated Delivery Board Update | Paper | Discussion | Kath Wynne-Jones |
| 7.0 | 4.50-4.55 | 5 mins | Performance Report | Paper | Discussion | Kath Wynne-Jones |
| 8.0 | 4.55-5.10 | 15 mins | Cancer update report | Presentation | Discussion | Liane Harris |
| 9.0 | 5.10-5.20 | 10 mins | MOU with the Voluntary Sector | Paper | Approval | Kath Wynne-Jones & Helen Tomlinson |

| | | | | | | |
|---|---|---|---|---|---|---|
| 10.0 | 5.20-5.35 | 15 mins | The role of the VCSE in delivering Locality Board Priorities | Paper | Discussion | Jordan Fahy & Helen Tomlinson |
| **Updates** | | | | | | |
| 11.0 | 5.40 – 5.45 | 5 mins | Population Health and Wellbeing update | Verbal | Information | Jon Hobday |
| 12.0 | 5.45-5.50 | 5 mins | Clinical and Professional Senate update<br>• Pharmacy First update | Paper<br>Verbal | Information<br>Information | Kiran Patel<br>Cathy Fines/Fin McCaul |
| 13.0 | 5.50-5.55 | 5 mins | Primary Care Commissioning Committee update | Paper | Information | Adrian Crook |
| **Committee/Meeting updates** | | | | | | |
| 14.0 | Info | info | SEND Improvement and Assurance Board Minutes | Paper | Information | Will Blandamer |
| **Closing Items** | | | | | | |
| 15.0 | 5.50 – 5.55 | 5 mins | Any Other Business | Verbal | | |
| 16.0 | _____ | _____ | **Date and time of next meeting in public - Monday, 6th October 2025, 4.00 - 6.00pm in Committee Rooms A and B, Bury Town Hall** | _____ | | |

**Post Meeting Reflection**

| | | | | |
|---|---|---|---|---|
| | | 5 mins | Post Meeting Reflection | Chair/All |

| Meeting: Locality Board | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **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

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).

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.

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.

Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.

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.

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.

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.

## Recommendations

It is recommended that the Locality Board:-

- Receive the latest Declarations of interest Register;
- Consider whether there are any interests that may impact on the business to be transacted at the meeting on 1st September 2025 and

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

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☐ | **Assurance** ☐ | **Discussion** ☐ | **Information** ☐ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| **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 | ☒ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention | ☒ |
| 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 | ☒ |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☒ |

| **Implications** | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☒ | N/A | ☐ |
| 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 | ☐ | No | ☒ | N/A | ☐ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any financial Implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☒ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☒ |

| 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 | ☒ | No | ☐ | N/A | ☐ |
| | | | | | | |

| 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 sent 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 | | | |
| **Voting Members (Pooled Budget & Aligned & Non-Pooled Budget)** | | | | | | | | | | | | | | |
| 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 | | | |
| | | | | Prestwich Arts College | | X | | Direct | Governor | | Present | | | |
| | | | | Bury Corporate Parenting Board | | X | | Direct | Member | | 15/01/2025 | | | |
| | | | | No Barriers Foundation | | X | | Direct | Trustee | | Present | | | |
| | | | | CAFOD Salford | | X | | Direct | Member | | Present | | | |
| | | | | Caterian Association | | X | | Direct | Member | | | | | |
| | | | | USDAW | | X | | Direct | Member | | | | | |
| | | | | Prestwich 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 | | | |
| | | | | Pretty Little Thing | | | | Indirect | | | Present | | | |
| | | | | Action Together CIC | X | | | Direct | Employed | | 15-Jan-25 | | | |
| | | | | The Derby High School | | | X | 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 | Jun-07 | Present | | | |
| Cllr | Smith | Lucy | Executive Member of the Council for Children and Young People | Bury Council | X | | | Direct | Councillor | | Present | As per policy - see details above | | |
| | | | | Business in the Community | X | | | Direct | | July 2023 | Sep-23 | | | |
| | | | | The Christie NHS Foundation Trust | | | | Indirect | Related to Spouse | | Present | | | |
| | | | | 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 | | | |
| | | | | Catholics for Labour | | | | Direct | Member | | Present | | | |
| | | | | GMB Union | | | | Direct | Member | | Present | | ###### | Y |
| Dr | Fines | Cathy | Associate Medical Director and Named GP | GP Federation | X | | | Direct | Practice is a member | 2013 | Present | Declaration of interest as per policy as detailed above (Y,Y,Y,Y,Y) | | |
| | | | | 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 | Husband is employed | | Present | | | |
| | Jackson | Catherine | Associate Director of Nursing, Quality & Safeguarding | Northern Care Alliance | | | | Indirect | Partner is a Director at the Northern Care Alliance | 2019 | Present | As per policy - see details above | | |
| | Ridsdale | Lynne | Chief Executive for Bury Council | Bury Council | | X | | Direct | Chief Executive | Mar-23 | Present | As per policy - see details above (Y,Y,Y,Y,Y) | | |
| | O'Hare | Simon | Locality Finance Lead | Simkat Shore Holdings LTD | X | | | Direct | Director | Apr-19 | Present | As per policy - see details above. (Y,Y,Y,Y,Y) | | |
| | Kissock | Neil | Director of Finance/Section 151 Officer | None Declared | | | | | Nil Interest | Aug-24 | Present | | | |
| | Heppolette | Warren | Chief Officer for Strategy & Innovation | Greater Sport | | | X | Direct | Trustee | 2018 | Present | As per policy - see details above (Y,Y,Y,Y,Y) | | |
| | | | | FC United | | | X | Direct | Director | 2021 | Present | | | |
| **Voting Members (Aligned & Non-Pooled Budget)** | | | | | | | | | | | | | | |
| Dr | Howarth | Vicki | Medical Director – Bury Care Organisation, NCA | Unilabs 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,Y) | | |
| | | | | Tameside and Glossop Integrated Care NHS Foundation Trust | X | | | Direct | Bank Consultant Histopathologist performing Coronial Post- | 2015 | Present | | | |
| | Fawcus | Joanna | Director of Operations, NCA | None Declared | | | | | Nil Interest | Nov 23 | Present | | | |
| | Parekh | Nina | Divisional Managing Director - Bury Community Services Division | None Declared | | | | | Nil Interest | Nov 23 | Present | | | |
| | Allan | Lorna | Chief Digital and Information Officer Digital Services, NCA | Trustee at St Leonard's Hospice in York | | | X | Direct | Trustee | Dec-23 | Present | | ###### | 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,Y) | | |
| | | | | Bury GP Federation - Enhanced Primary Care Services | X | | | Direct | Medical Director | Apr-18 | Present | | | |
| | | | | Laserase Bolton - Provider of a range of cosmetic laser and injectable | X | | | Direct | Medical Director | 1994 | Present | | | |
| | | | | Laserase Bolton - Provider of a range of cosmetic laser and injectable | | | | Indirect | Spouse is a Shareholder | 2012 | Present | | | |
| | | | | Tower Family Health Care - Primary Care General Practice | | | | Indirect | Spouse is a Director | Jul-18 | Present | | | |
| | Preedy | Sarah | Chief Operating Officer, Pennine Care NHS Foundation Trust | None Declared | | | | | Nil Interest | Nov 23 | Present | | | |
| | Hargreaves | Sophie | 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,N) | | |
| | Tomlinson | Helen | Chief Officer, Bury VCFA | Bury VCFA (Voluntary, Community, Faith & Social Enterprise) | X | | | Direct | Chief Officer in organisation which may seek to do business with health or social care organisations | Nov-21 | Present | As per policy - see details above (Y,Y,Y,Y,Y) | | |
| | Blandamer | Will | Deputy Place Based Lead & Executive Director Health and Adult Care | Ashton on Mersey Football Club Trafford | | | X | Direct | Chairman | 2024 | Present | As per policy - see details above (Y,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 | Jul-25 | Present | | | |
| | Richards | Jeanette | Executive Director of Children and Young People, Bury Council | None Declared | | | | | Nil Interest | Nov 23 | Present | | | |
| | Hobday | Jon | Director of Public Health | None Declared | | | | | Nil Interest | | Present | As per policy - see details above | | |
| | Bulman | Richard | Director of Nursing, Bury Care Organisation | None Declared | | | | | Nil Interest | 2025 | Present | | | |
| | Crook | Adrian | Director of Adult Social Care and Community Services | Bolton Hospice | | | X | Direct | Trustee | Jul-05 | Present | As per policy - see details above (Y,Y,Y,Y,Y) | | |
| **Non-Voting Members** | | | | | | | | | | | | | | |
| | Wynne-Jones | Kath | Chief Officer, Bury Integrated Delivery Collabrative | KWJ Coaching and Consulting | X | | | Direct | Owner | July 21 | Present | As per policy - see details above (Y,Y,Y,Y,Y) | | |
| | | | | Roots and Branches CIC | X | | | Direct | Director | Nov 23 | Present | | | |
| | | | | The University of Manchester - Elizabeth Garrett Anderson programme | X | | | Direct | Tutor | Oct-22 | Present | | | |
| | Richardson | Stuart | Chief Executive, Bury Hospice | None Declared | | | | | Nil Interest | Mar-25 | Present | | | |
| | Beesley | Mark | Chief Officer | Bury GP Practices Limited | X | | | Direct | Chief Officer & Director | Jul-21 | Present | | | |
| | | | | Greater Manchester GP Federation | X | | | Direct | Director | Oct-21 | Present | | | |
| **Invited Members** | | | | | | | | | | | | | | |
| Cllr | Rydeheard | Jack | Attendee of the Locality Board as Conservative Councillor | Conservative Councillors Association | | X | | Direct | Member | | Present | | | |
| | | | | Conservative & Unionist Party | | X | | Direct | Member | | Present | | | |
| | | | | Conservatives for Liberty | | X | | Direct | Member | | Present | | | |
| Cllr | Smith | Mike | Attendee of the Locality Board as Leader of Radcliffe First | Angles and Arches | X | | | Direct | Director | 16/1/2009 | Present | As per policy - see details above (Y,Y,Y,Y,Y) | | |
| | | | | St Philips Community Centre Radcliffe | | X | | Direct | Member of Sub Committee | Jul-24 | Present | | | |
| | | | | Anodising 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 Litter Pickers | | X | | Direct | Member | 2019 | Present | | | |
| | | | | Growing Older Together | | X | | Direct | Member | 2019 | Present | | | |

| Meeting: Locality Board | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Approve |
| **Item No.** | 3 | **Confidential** | No |
| **Title** | Minutes of the Previous Meeting held on 21st July 2025 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 21st July 2025 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:-<br>• Approve the minutes of the previous meeting held as an accurate record;<br>• Provide an update on the action listed in the log. |

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☒ | **Assurance** ☐ | **Discussion** ☐ | **Information** ☐ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| 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 | ☒ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention | ☒ |
| 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 | ☒ |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☒ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☒ | N/A | ☐ |
| 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 | ☐ | No | ☒ | N/A | ☐ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any financial Implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☒ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☒ | No | ☐ | N/A | ☐ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |
| | | |

# Draft Minutes

Date: Locality Board – Meeting in Public (face to face) 21st July 2025

Time: 4.00pm – 6.00pm

Venue: Committee Rooms A & B, Bury Town Hall, Knowsley Street, Bury

| | |
|---|---|
| **Title** | **Draft Minutes of the Locality Board** |
| **Author** | Emma Kennett |
| **Version** | 0.1 |
| **Target Audience** | Locality Board |
| **Date Created** | |
| **Date of Issue** | |
| **To be Agreed** | |
| **Document Status** (Draft/Final) | Draft |
| **Description** | Locality Board Minutes |

**Document History:**

| Date | Version | Author | Notes |
|---|---|---|---|
| | 0.1 | Emma Kennett | Draft Minutes produced |
| | 0.2 | Emma Kennett | Sent to Will Blandamer for review |
| | | | |
| | | | |
| | | | |
| **Approved:** | | | |
| **Signature:** | | | ..... **Add name of Committee/Chair** |

# Locality Board

| MINUTES OF MEETING |
| --- |
| Locality Board<br>Meeting in Public<br>21st July 2025<br>4.00 pm until 6.00 pm<br>**Chair – Dr Cathy Fines** |

## ATTENDANCE

| Voting Members |
| --- |
| Dr Cathy Fines, Senior Clinical Leader in the Borough (Chair)<br>Cllr Eamonn O'Brien, Leader of Bury Council<br>Cllr Lucy Smith, Executive Member of the Council for Children and Young People<br>Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health<br>Ms Lynne Ridsdale, Place Based Lead<br>Mr Simon O'Hare, Associate Director of Finance<br>Ms Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)<br>Ms Lorna Allan, Chief Digital and Information Officer, NCA<br>Ms Winsom Robotham, Pennine Care Foundation Trust<br>Dr Nina Parekh (PhD), Divisional Managing Director Bury Community Services Division<br>Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise)<br>Dr Kiran Patel, Medical Director, IDCB<br>Ms Jeanette Richards, Executive Director of Children and Young People, Bury Council<br>Mr Jon Hobday, Director of Public Health<br>Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care<br>Mr Adrian Crook, Director of Adult Social Services and Community Commissioning |
| **Non-Voting Members** |
| Ms Kath Wynne-Jones, Chief Officer, Bury IDC<br>Mr Andrew Holland, Bury Healthwatch<br>Mr Stuart Richardson, Chief Executive, Bury Hospice<br>Mr Mark Beesley, Chief Officer, Bury GP Federation |
| **Invited Members and Observers** |
| Cllr Mike Smith, Leader, Radcliffe First<br>Ms Ceri Kay, Legal Services, Bury Council<br>Ms Deb Yates, Strategic Lead, Integrated Commissioning, Older People, Ageing Well and Dementia<br>Bury Council<br>Ms Maggie Tiller, Bury Involvement Group<br>Mr Ian Trafford, Head of Programmes, Bury Integrated Delivery Collaborative<br>Mr Dan Nolan, Bury Live Well Service<br>Ms Jannine Robinson, Commissioning Manager - Mental Health, Bury Council<br>Mrs Emma Kennett, Head of Locality Admin & Governance, NHS Greater Manchester (Bury)<br>Ms Chloe Ashworth, Democratic Services, Bury Council |

## MEETING NARRATIVE & OUTCOMES

| 1 | Welcome, Apologies and Quoracy |
|---|---|
| 1.1 | The Chair welcomed all to the meeting. |
| 1.2 | Apologies were received from Mr Warren Heppolette, Ms Sarah Preedy, Mr Neil Kissock, Dr Vicki Howarth, Mr Richard Bullman, Ms Sophie Hargreaves, Ms Catherine Wilkinson, Ms Ruth Passman and Cllr Jack Rydeheard. |
| 1.3 | It was noted that Mr Beesley, Chief Officer, Bury GP Federation and Dr Nina Parekh (PhD), Divisional Managing Director Bury Community Services Division would be attending future meetings of the Locality Board in line with the existing Terms of Reference. |
| 1.4 | The meeting was declared quorate. |

| 2 | Declarations Of Interest |
|---|---|
| 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 | **Declarations of interest from today's meeting 21st July 2025 and previous meeting 2nd June 2025.** |

| ID | Type | The Locality Board | Owner |
|---|---|---|---|
| D/07/01 | Decision | Received the declaration of interest register. | |

| 3 | Minutes Of the Last Meeting and Action Log |
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| 3.1 | The minutes from the Locality Board meeting held on 2nd June 2025 were considered as a true and accurate reflection of the meeting. |
| 3.2 | The status in relation to existing actions was documented as part of the Action Log. |

| ID | Type | The Locality Board | Owner |
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| D/07/02 | 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. | |

| 4 | Public Questions |
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| 4.1 | There were no public questions received. |

| ID | Type | The Locality Board | Owner |
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| D/07/03 | Decision | Received the update. | |

| 5 | Place Based Lead Update |
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| 5.1 | Mrs Ridsdale presented the latest Place Based Lead Update to the Locality Board. It was reported that: -<br><br>• Work was on ongoing in relation to the NHS Structural Changes and plans to develop the ICB operating model in response to the requirement for a 39% running cost reduction to the GM ICB, and in line with the guidance of the NHS ICB Blueprint. This work was continuing with 6 design groups reporting on proposals over the course of July with work to consolidate an overall operating model compliant with new requirements in August and subject to consultation with staff groups in September 2025.<br>• Previous discussions at Locality Board indicated a strong preference to maintain and develop the work Bury colleagues do as a place-based partnership, with confidence in the effectiveness of our joint working and evidence of value and outcomes for residents routinely report to the locality board. Examples included the urgent care system, the model of neighbourhood working, GP strategy implementation, joint work addressing health inequality, effective safeguarding partnership and work on children's services improvement and SEND.<br>• Consequently, local representation to the design groups had sought to recognise the significant and importance of the ICB as a strategic commissioning, and also the commitment of the ICB to place based partnership working. In this it was recognised that place-based working was dependent on the effective contribution of all partners for example NCA, Pennine Care, primary care, Council, VCFA as well NHS GM place-based staff and leadership. For example, GP colleagues from the various constituencies of that sector are working together through the Bury GP leadership collaborative to consider how best to ensure a consistent, strong and influential leadership voice in the borough. |

- It was anticipated that an ICB proposition for the NHS GM contribution to place based working imminently with partners would be shared through the Integrated Delivery Board in due course.
- It was recognised that the ICB was not the only partner to place based working in Bury that was subject to organisational change and workforce capacity challenges. The Clinical Leadership Model in development by NCA was on the agenda for today's meeting and there was also uncertainty for Healthwatch Bury colleagues in the light of recent announcement regarding the future of the organisation and functions.
- In terms of the NHS 10-year plan, a synopsis of the plan was included as a paper to this meeting and in essence was felt that the plan reflected many of the key elements of the transformation work and ambition in Bury including the significant progress made to date on integrated neighbourhood working, connected to the reform of wider public services. It was clear that the NHS plan demanded a step change in our collective work including the shift of diagnostic capacity and outpatient provision out of hospital, in the extent to which neighbourhood health teams can be 'turbo charged', in a way that addressing primary care estate capacity as a rate limiting factor and in the deployment of digital capacity in more that an ad hoc project based way. Revised partnership working, formalised by a partnership agreement, and supported by the Strategic Commissioning Function of the ICB, and the organisational wide leadership of all partners would need to respond to these challenges.
- Live Well was a cornerstone of the 10-year Growth & Prevention Delivery Plan and the Greater Manchester Strategy, aimed at reducing health, social, and economic inequalities across Greater Manchester. The vision for Live Well was that by 2030 it would provide, "a comprehensive, connected, and equitable support system for all residents of Greater Manchester, fostering a supportive, inclusive, and thriving community environment. By integrating support, focusing on prevention, and promoting economic and social inclusion, 'Live Well' will ensure that every resident can live as well as possible". The 4 key components of the model were outlined. To support the implementation of this approach NHS GM and GMCA have identified and created a £10m fund. This will sit alongside the £10m regional investment from DWP Economic Inactivity Trailblazer work.
- Bury's implementation allocation for Live Well, based on demographic percentage of the regional population, would be £676k of which at least 50% (£338k) is to be allocated to the local VCFSE sector. In return for the investment there was a need for the locality to sharpen the local vision for Live Well in the context of Neighbourhood working, which locally is through our LET's do it! approach, and specifically identify the location and delivery model of an exemplar/ 'flagship' Live Well centre in the locality with this to be in operation by the end of 2025/26.
- Work was progressing to develop the proposal, intended to response to policy imperatives around:
  - The NHS plan for strengthened capacity of integrated neighbourhood team working and capacity for other community-based provision.
  - A proposal for a family hub
  - The operation of a community hub providing a focal point for community and voluntary capacity in the place.
  - A location for the Bury public service leadership scope.

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| | • The project was being jointly led by Ms Helen Tomlinson from Bury VCFA and Mr Will Blandamer, and work has thus far focused on harnessing community and resident insight and ambition.<br>• On 1st July 2025, the DFE and NHSE led a 'stocktake' meeting reviewing the progress of the Bury SEND partnership and SEND Improvement and Assurance Board in delivering the Performance Improvement Plan priorities. The slide deck that informed the stocktake has been circulated to key operational partners and will be circulated to Locality Board members shortly. The formal feedback from the visit has not yet been received but some key themes from the visit were as follows:<br>- There were many examples of effective action being taken to improve services for children and families.<br>- There was evidence of the voice of children at the heart of the improvement plan.<br>- Further work was required to demonstrate the impact and outcome of those improvements on the lived experience of children and families.<br>- The partnership needed to have more confidence in the presentation of performance and outcomes data.<br>- For the NHS, there was evidence of transformation and improvement activity but for some services the waiting times remain too long.<br>- In addition, NHS services needed to more systematically describe the steps take to support those while waiting.<br>• The formal report of the visit would be circulated when available to Locality Board members and the SIAB would be working to review the actions required in the run up the formal re-inspection due in the autumn. |
| 5.2 | Mr Blandamer welcomed any comments/observations from partner organisations on the proposed NHS Structural Reforms, 10 year plan and place based working. |
| 5.3 | The following comments/observations were made by Locality Board members: -<br>• There were extremely good working relationships in place within the locality however there was a lot of change happening within different organisations at present which could pose a risk to continued momentum of these arrangements.<br>• The locality had been successful with its partnership arrangements for quite some time and partners were good at representing one another at meetings.<br>• There was a need to consider how the Bury locality should be collectively positioning itself in terms of showcasing its achievements and making sure its voice is heard in the wider Greater Manchester context.<br>• Having a robust partnership agreement, revised Locality Plan and good governance in place would be key elements of locality working going forward. |

| ID | Type | The Locality Board | Owner |
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| D/07/04 | Decision | Received the update. | |
| A/07/01 | Action | The formal report of the SEND visit to be shared with Locality Board members when available. | Mr Blandamer |

| 6. | End of Life Care update |
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| 6.1 | Mr Richardson provided an update and shared a set of slides in relation to Bury Palliative End of Life Care. It was reported that: - |

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| | • There were new SRO's/Chairs namely Mr Stuart Richardson (CEO Bury Hospice), Mr Richard Bulman (NCA Director of Nursing and Ms Karen Richardson (Assistant Director Transformation /Delivery)<br>• The Palliative and End of Life (PEoLC) 2024-28 Strategy & Delivery Plan was in place.<br>• The PEoLC Programme Board has been revised, new ToR, membership & meeting schedule.<br>• There was a multi organisational Clinical and Professional PEoLC Working Group (Feb 2025 ) – chaired Dr Caradoc Morris (Bury Consultant in Palliative Medicine).<br>• The Hospice multi agency Bury PEoLC Education and Training Working Group defined priorities.<br>• The vision was for Bury patients, their families and carers receive high quality, timely, effective services that meets needs and preferences as far as possible, ensuring that respect and dignity is preserved both during and after the patient's life.<br>• In terms of performance data, Bury continued to have the highest proportion of deaths in usual place of residence in GM and has done so for c18months. It was noted that Place of death had remained fairly static, Bury had the second lowest proportion of deaths in hospital after Rochdale and there was a static trend of deaths in hospital for Bury residents.<br>• The Greater Manchester All Age Proposed Key Deliverables for PEoLC were outlined.<br>• The main programmes of work for 2025/26 were aimed at increasing the capacity and capability of community based provision and improving care co-ordination.<br>• Priorities included the phased roll-out of an Electronic Palliative Care Co-ordination System [EPaCCS], the delivery of a programme of workforce development and training and a programme of work to improve integrated working and community pathways and for the provision of specialist palliative care.<br>• In terms of Education and Training deliverables for 2024/25, there included Roll out of GM Hospices Palliative Care Education Passport, Evening Teaching Sessions , Advance Care Planning sessions, Gold Standards Framework Meetings/GPs, Link Professionals Group and Registered Nurse Verification of Expected Adult Death.<br>• It is important to emphasise that even though there is frequently a lead organisation facilitating training and education, in reality, it takes a collaborative and co-ordinated approach that works towards progress in Bury<br>• The key challenges and opportunities were also outlined. |
| 6.2 | The following comments/observations were made by Locality Board members: -<br><br>• The recent visit to the Hospice by the Leader of the Council had been beneficial in terms of understanding the wider work of the Hospice and how system working can bring about improvements and alleviate system pressures. It was noted that the ways of working in Bury were different to some other localities in that conversations/care plans were already joined up with strong links to the voluntary sector.<br>• It may be worthwhile exploring whether the Hospice would benefit from the Council's Social Value Strategy<br>• The figure of 8.9% Bury for patients with 3+ admissions to hospital was a huge achievement for Bury which was integrated working at its finest. |

| ID | Type | The Locality Board | Owner |
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| D/07/05 | Decision | Noted the update. | |

| 7 | Mental Health |
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| | Mental Health Service Gap Analysis |
| 7.1 | Mr Blandamer reported that as per action from a previous Locality Board meeting, this action was not yet complete and the Greater Manchester Mental Health Commissioning Team had been asked to respond in relation to this gap. This had been discussed at the recent Locality Assurance meeting and was referenced as part of the Place Based Leads report on today's agenda. |
| | Living Well |
| 7.2 | Ms Robinson was in attendance with other members of the Living Well Team to provide an update on the latest developments. It was reported that: -<br>• Living Well was the Community Mental Health Framework for Adults & Older Adults which provided a new place-based community mental health model for Bury.<br>• There was also a separate 'Live Well' Greater Manchester programme in place focusing on Well being therefore Bury were looking to change the name of its mental health model to prevent the two programmes from being mixed up. It was likely that the service would be renamed 'Bury Neigbourhood Mental Health Service'.<br>• Local areas were being supported to:"redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.<br>• Living Well offered Community mental health support for adults that focuses on people's strengths, to help them recover and stay well as part of their community, a connected front door to community service, offering mental health and practical support (such as housing, employment, financial support), support for people who may have previously been excluded from services because their needs are too complex for primary care and not complex enough for traditional secondary care services, a multi-disciplinary neighbourhood approach, with additional mental health expertise and support for primary care professionals and an approach to fulfilling the expectations of the National Community Mental Health Framework, adopted from Lambeth who launched the model 15+ years ago.<br>• Daily multi-disciplinary huddles took place to discuss any referrals received.<br>• The vision was outlined.<br>• Bury Living Well Service was delivered by partners from the NHS and Voluntary sector<br>• The Service went live in January 2025 and Bury was one of the lase phases along with Stockport to go live with the service.<br>• Referrals from GP's and health & social care professionals were accepted.<br>• Daily multi-disciplinary huddles took place to discuss any referrals received.<br>• The achievements, gaps and challenges were discussed as outlined within the slides<br>• In terms of Next steps, there was ongoing work to establish links with Bury's neighbourhood model and active case management and identifying gaps – preparing a case for investment.<br>• Ongoing work was underway to secure access to NHS case records for voluntary sector staff.<br>• The team were moving into shared office space at 3 Knowsley Place in November 2025.<br>• Further information, could be found at penninecare.nhs.uk/bury-living-well |

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| 7.3 | The following comments/observations were made by Locality Board members: -<br><br>• This was a very welcome approach in Bury in navigating the Mental Health services available to patients.<br>• A query as to how this service could be widened in terms of the housing and probation service sectors. It was noted that there were already close working relationships with these sectors and referrals were generally accepted from all avenues.<br>• There was a need to consider how to communicate better in terms of what services are available for patients. It was noted that when designing services a single point of access/simplicity was the key.<br>• Having a daily huddle was a massive achievement. It was highlighted that Bury was one of the only areas to have secondary care in attendance as part of its huddles.<br>• This approach was helpful in terms of A&E attendances for mental health issues.<br>• It would be helpful to produce some patient/resident communications around services available which could link into the neighbourhood working approach and the existing Bury Directory work. This also linked to the gap analysis work and unmet need therefore was a need to manage expectations accordingly. Mr Trafford commented that he was reasonably confident that the Bury Directory was up to date and that the key gaps were known.<br>• There would be a focus on Mental Health at the next GP Engagement Event on the 11th September 2025<br><br><u>Mental Health Commissioning Intentions/contract</u> |
| 7.4 | Mr Trafford presented a report that set out the specific contract intentions in relation to a range of mental health services funded through the locality NHS budget allocation. This represented an updated position with finalised costs following the in principle approval of the commissioning intentions by the Locality Board in September 2024. |
| 7.5 | The paper also described where commissioning and contracting proposals have changed subsequent to that earlier paper and the reasons for this. |
| 7.6 | Under the Scheme of Delegation expenditure between £500,000 and £5,000,000 requires approval from the authorised committee in localities [the Bury Locality Board]. Although not all the of projected contract values fall within this range approval by the Locality Board and would require the required locality governance to progress the contracting process. |
| 7.7 | The table included at Section 4 of the report included the Contract award intentions with the relevant supporting detail. |
| 7.8 | In terms of risk, the following risks have been identified: -<br>• Adult ASD assessment and ADHD assessment & treatment – following the approval to make an urgent award to Optimise this financial year there remains no agreed approach to commissioning arrangements for subsequent years. The need to resolve this is urgent and the need for a decision was escalated again at the Local Assurance Meeting in June 2025.<br>• Capacity – there was limited capacity across commissioning, finance and procurement teams centrally and locally. This was creating delays in progressing award decisions through the required governance processes. It also created a risk in |

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| | relation to any services that may require procurement through a competitive process for 2026.27.<br>• VCSE stability and sustainability – VCSE organisations have been impacted by the delays in finalising contract awards and this has created some uncertainty. In most cases providers have received a formal letter setting out the intention to commission. In addition providers have been engaged in the process and kept informed.<br>• VCSE providers have experienced significant financial pressures in recent years and historically uplifts to contract values have not kept pace with inflation. There was a proposed uplift of 2.15% on NHS GMICB contracts for 2025.26 which was higher than in recent years but it was recognised that this will not in all cases cover the actual increase in costs experienced by organisations. Bury has not imposed a cost improvement plan on any VCSE mental health providers in the current year with the required savings having been met by the decommissioning of the Getting Helpline. |
| 7.9 | The following comments/observations were made by Locality Board members: -<br>• Mr Trafford was commended for all of his hard work in relation to these contracts. |

| | | The Locality Board | |
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| D/07/06 | Decision | Noted the Mental Health gap analysis update | |
| A/07/02 | Action | Noted the health scrutiny meeting has asked for consideration of improved confirmation of access points to services in the borough which could link into the neighbourhood working approach and the existing Bury Directory work. | Mr Blandamer |
| D/07/07 | Decision | Noted the Living Well update. | |
| D/07/08 | Decision | Noted the highlighted changes to the original commissioning intentions. | |
| D/07/09 | Decision | Approved the intention to contract with the named providers at the contract values indicated. | |

| 8. | Dementia Strategy |
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| 8.1 | Mr Crook presented a report which provided an overview of Dementia in Bury, current position and future aspirations as detailed within the Dementia Strategy and Programme Delivery Plan. Ms Deb Yates was also in attendance to support this item. It was reported that: -<br>• Dementia was the leading cause of death in the UK. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world.<br>• In England it was estimated that around 676,000 people have dementia. In the whole of the UK, the number of people with dementia is estimated at 850,000. Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years. However, for some, dementia can develop earlier, presenting different issues for the person affected, their carer and their family<br>• In 2040, 8% of Bury's population will have dementia.<br>• Bury has 3rd highest mortality rate from Dementia in its group of statistical neighbours. |

- The Bury Dementia Strategy 2024-2029 sets out the commissioning intentions and key priorities based on several national, Greater Manchester and locality programmes, these being:
  - The NHS well pathway for Dementia
  - GM Dementia United brain health delivery plan and associated Quality Standards
  - NICE guidelines
  - Dementia right care
  - Dementia training standards framework
  - Discharge Integration Frontrunner
- The strategy also incorporated key information from the Care Quality Commission's State of Health and Adult Care first phase analysis 2025, and also the Healthwatch report on Dementia in Bury 2023.
- There were significant gaps in knowledge and awareness across the system. The aim of the Strategy was to work to improve the health, wellbeing, and quality of life for people living in Bury living with a Dementia. It places a strong emphasis on prevention and early intervention by taking a strength-based approach –identifying an individual's strengths and capabilities and to support people to maximise those strengths to promote independence and improve quality of life.
- Highlight reports would be submitted to the Ageing Well Partnership Board and onwards to the IDC board with an accompanying risk register to raise awareness of key challenges, risks and also to celebrate and recognise good practice. The initial work of the Dementia Programme Delivery Group will be to condense the work into themes and then risk stratify these in order to manage the large portfolio of work required over the next 5-years. Engagement and commitment from across all system partners is paramount to ensure that the gaps are joined up and that there is clear communication between ourselves which is disseminated to Bury residents, to support people living with dementia and their carers and families.
- The Dementia Strategy priorities and intentions have been developed through the refreshed Dementia Programme Delivery Group, through wider engagement with the Mental Health Partnership Board, and through our established partnership working with colleagues across the system.
- The strategy and delivery plan would be further enhanced throughout 2025 by working in co-production with our Bury Older People's Network, and the Dementia co-production network which is to be established later this year. This will enable us to fully work in partnership and in true co-production, through full and meaningful participation and input by all those in the adult care sector to achieve the outcomes required for Bury residents.
- The Dementia Strategy highlights 7 key priorities in which the commissioning intentions are set namely: -
  - Priority 1: Promoting Health and Wellbeing, we need to help people to stay healthy to reduce the risk of getting Dementia and the illness progressing.
  - Priority 2: Ensuring People with Dementia have equitable access to appropriate Health and Care Services
  - Priority 3: Supporting People Affected by Young Onset Dementia
  - Priority 4: Supporting Carers of People with Dementia
  - Priority 5: Preventing and Responding to Crisis
  - Priority 6: Developing Dementia-Friendly Communities
  - Priority 7: Establishing a Dementia Co-production Network.

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| 8.2 | The following comments/observations were made by Locality Board members: -<br><br>• The next steps would be to move the strategy into the delivery and implementation phase.<br>• There was a need to consider the current quality contract funding as part of the primary care arrangements and how to manage this risk if this transfers to Greater Manchester.<br>• Healthwatch were thanked for their support with the strategy.<br>• The strategy appeared to focus on post diagnosis however it may be helpful to link to the prevention agenda however was acknowledged that this may lead to increased risk in terms of costs so an appropriate balance was required.<br>• It may be helpful to produce an 'easy read' version of the strategy as well. |

| ID | Type | The Locality Board | Owner |
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| D/07/10 | Decision | formally agreed the Dementia Strategy for Bury for 2025 – 2030 including the programme delivery plan. | |
| D/07/11 | Decision | supported system wide engagement to action work relating to Dementia, to ensure that Bury is improving outcomes for the residents of Bury across Health and Adult Care. This will also mitigate risk and provide a planned approach to the increased need, cost and demand for services to support those living with and caring for someone with Dementia | |

| 9. | Integrated Delivery Board Update |
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| 9.1 | Ms Wynne-Jones presented the latest Integrated Delivery Board update to the Locality Board. It was reported that: -<br><br>• Expressions of interest were being sought from localities in respect of a new DHSC/NHSE Neighbourhood Health Improvement Programme where there may be an opportunity to gain new skills and different perspectives within this area. Members were asked their views on whether or not this should be pursued. This programme was aimed at giving neigbourhood leads more dedicated leadership time and providing some rigour and pace around work that was already ongoing in Bury. It was anticipated that there would be two sites in Greater Manchester selected from the expressions of interest received. It was agreed that the locality should look to express an interest in this programme however and should work in partnership with the NCA to avoid any duplication in terms of submissions for different sites. There was a need to ensure that this programme was beneficial and did not create additional burden on time/resources without a positive impact being seen within the locality. It was highlighted that as part of the expression of interest, that the strong working relationship/neighbourhood working in Bury should be emphasised.<br>• Tower Healthcare had recently received a 'highly commended' award' in respect of its Care navigation tool it had developed. Members commended Tower Healthcare for this achievement. |

| ID | Type | The Locality Board | Owner |
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| D/07/12 | Decision | Noted the update | |

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| D/07/13 | Decision | Supported the expression of interest being submitted in relation to the new primary care neighbourhood working development programme | |

| 10. | Performance Report |
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| 10.1 | Members received copies of the latest Performance report |
| 10.2 | There were no comments/observations made in relation to the report. |

| ID | Type | The Locality Board | Owner |
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| D/07/13 | Decision | Noted the Performance report. | |

| 11 | Clinical Led Model (CLM) Model from the NCA |
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| 11.1 | Ms Allan submitted a set of slides in relation to the Clinical Led Model (CLM) from the NCA. It was reported that: -<br><br>• There were a number of drivers for change in respect to this work.<br>• The proposals would not erode the need for continued 'place' based working.<br>• The Design Stage was almost complete with 25 design templates created including all corporate and clinical services<br>• Specific consideration had been given to how to develop leaders and teams to work across and with our communities<br>• On the 2nd July 2025, the NCA Board agreed the blueprint to move to a Clinical Group structure.<br>• 6 Groups have been confirmed, providing services across all our sites and localities<br>• How the NCA would move to the new Clinical Groups was outlined including the Mobilisation and Transition Timeline<br>• This was the first Locality Board that the NCA had brought a CLM update to and would be important to have further discussions in other localities in due course.<br>• CLM would allow the NCA to: -<br>- Standardise pathways to improve patient experience and value for money<br>- Make certain community voices are heard in all our services<br>- Deliver the ambitions of Darzi<br>- Ensure cultural readiness and simplified processes |
| 11.2 | The following comments/observations were made by Locality Board members: -<br><br>• This update was welcomed by the Locality Board.<br>• There was some anxiety about the proposals but reassuring that 'place' would still continue albeit maybe slightly differently.<br>• There was a need to ensure that place wasn't seen as a project within this programme of work.<br>• There would be a need for the Locality Board to receive regular updates on the Clinical Led Model going forward to provide assurance on the role of place over the coming months. |

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| D/07/14 | Decision | Noted the update. | |

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| A/07/03 | Action | Regular updates on the Clinical Led Model to be provided to the Locality Board in the coming months. | Ms Allan/Mrs Kennett |

| 12. | Strategic Finance Group |
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| 12.1 | Mr O'Hare presented the latest Finance report to the Locality Board. It was reported that: -<br><br>• The purpose of the report was to update the Locality Board on the financial position of all partners, with specific focus upon the budgets delegated to the locality board by NHS Greater Manchester (GM) both in year in 2025/26, to sign off the locality opening budgets for 2025/26 and to give delegated authority to the Council Chief Executive / Place Based Lead to agree the 2025/26 section 75 pool budget agreement.<br>• Due to the timing of the meeting, only month 1 data was available from NHS Greater Manchester. At month 1 NHS GM position was a £21.4m deficit versus a planned deficit of £19.5m, giving a £1.8m adverse variance. This position was driven by pressures in NHS providers, driven mainly by pay pressures and under delivery of savings. There was also evidence of pressures in non provider budgets but these were currently being offset by underspends in other areas. Within this position, the Bury locality budgets, for which this board was responsible for were breaking even, which was the expected position, any deviation from this would lead to the locality being placed back in to escalation meetings.<br>• The Northern Care Alliance (NCA) have a £3.45m deficit at month 1 versus a deficit plan of £3.3m and have forecast to achieve their agreed deficit of £110m. Pennine Care NHS Foundation Trust (PCFT) are reporting a £1m deficit at month 1 versus a £1.5m deficit plan, and have forecast to achieve their agreed deficit of £17.5m.<br>• The overall efficiency target for NHS GM for 2025/26 is £656.0m, split £175m non providers and £481m GM providers. As at Month 1, providers were £3m behind the YTD plan with non providers reporting delivery in line with the plan of £36.4m. The CIP delivery plan for the locality delegated budgets was £2.79m, which was full identified and there had been delivery of £0.4m at month 1.<br>• In the April SFG paper to this meeting it was suggested that the final values for the Bury locality healthcare budgets for 2025/26 would be £71.98m. There have been a small number of changes to the budget, with responsibility passing to other finance teams, therefore the opening budget value for healthcare budgets is £70.65m, this is after the removed of a 4% savings target of £2.8m. This budget will be challenging to achieve but given the financial pressure upon NHS GM and the whole of the NHS, the award of this budget is not significantly more challenging than any other locality. Further work and conversations are required with NHS GM before the staffing budgets can be approved.<br>• Each year, going back to 2018/19 and the CCG, the local NHS commissioning organisation and the local authority have operated a pooled budget arrangement, governed by a section 75 agreement. The pooled budget will continue in the same manner as previous years, with the maximum amount of budgets that can be pooled by both organisations being pooled and as in previous years there is no risk share arrangements, with the resolution of any underspends being the responsibility of the relevant organisation. The Better Care Fund (BCF) remains included within the pooled fund even though elements of this do not sit at locality level as they are intra NHS GM, as the inclusion of all BCF budgets is mandatory.<br>• The specific documentation around the section 75 had been standardised across the whole of NHS GM and therefore was different to that agreed in previous years. This documentation had been shared and approved by all parties.<br>• In 2025/26 the opening NHS GM contribution to the pooled budget is £223.83m, made up on £70m of budgets formally delegated to the locality and £6.85mm of intra NHS GM BCF budgets held centrally in NHS GM budgets with the council opening contribution pooled budgets is £146.94m |

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| 12.2 | Mr Blandamer reminded the Locality Board of its different governance responsibilities from both a pooled and non pooled budget perspective (as outlined within the Terms of Reference) with the Locality Board operating as both a Joint committee with Bury Council and a Sub Committee of NHS Greater Manchester. |

| ID | Type | The Locality Board | Owner |
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| D/07/15 | Decision | Noted the updates on financial positions for 2025/26 | |
| D/07/16 | Decision | Approved the opening health care budget delegated from NHS GM to this board for 2025/26 | |
| D/07/17 | Decision | Gave delegated authority to the Chief Executive of the council to sign the documentation with respect to council budgets and a member of the NHS GM Executive Team to sign the documentation with respect to the NHS locality budgets. | |

| 13 | Better Care Funding Update |
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| 13.1 | Please see Finance report above. |

| ID | Type | The Locality Board | Owner |
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| D/07/18 | Decision | Noted the update | |

| 14 | Clinical and Professional Senate update |
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| 14.1 | Dr Patel presented the latest highlight report from the Clinical and Professional Senate. |
| 14.2 | Dr Fines provided an update on the discussions that had taken place in relation to weight management prescribing in Greater Manchester and how this would be implemented within primary care localities from a clinical, quality and finance perspective. |

| ID | Type | The Locality Board | Owner |
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| D/07/19 | Decision | Noted the update | |

| 15 | Population Health and Wellbeing update |
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| 15.1 | Mr Hobday submitted the latest update report in respect of Population Health and Wellbeing. |

| ID | Type | The Locality Board | Owner |
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| D/07/19 | Decision | Noted the update | |

| 16 | SEND Improvement and Assurance Board Minutes |
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| 16.1 | Members received minutes from the SEND Improvement and Assurance Board held on the 28th May 2025. |

| ID | Type | The Locality Board | Owner |
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| D/07/20 | Decision | Noted the minutes | |

| 17. | Any Other Business |
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| 17.1 | There were no items raised. |

| ID | Type | The Locality Board | Owner |
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| D/07/18 | Decision | Noted the information | |

| 18 | Date and time of next meeting |
|---|---|
| 18.1 | **Date and time of next meeting in public - Monday, 1 September 2025, 4.00 - 6.00pm On Microsoft Teams** |

# Locality Board Action Log – July 2025

**Status Rating:** - **In Progress** **Completed** - **Not Yet Due** **Overdue**

| Date | Reference | Action | Lead | Status | Due Date | Update |
|---|---|---|---|---|---|---|
| 4th November 2024 | A/11/07 | Chair of the Send Improvement and Assurance Board could be invited to a future Locality Board meeting. | Dr Fines | | TBC | It was noted that Mr Blandamer had mentioned to the Chair of the Send Improvement and Assurance Board and this would be picked up in due course.<br>It was agreed at the agenda setting meeting that this action would be picked up via the Health and Wellbeing Board. |
| 3rd February 2025 | A/02/03 | Mr McCaul agreed to provide some further detailed Bury specific Pharmacy First data to the Locality Board in due course. | Mr McCaul | | September 2025 | Consider inviting to September meeting. Cathy Fines to pick this up. |
| 7th April 2025 | A/04/02 | It was proposed that an Executive Summary of the Locality Plan be produced and that further detail around the priority areas be brought back to a future Locality Board meeting | Mr Blandamer | | September 2025 | Update to provided in September in the context of the 10 year plan |
| 7th April 2025 | A/04/03 | A need to further review the Locality Plan from a mental health perspective given the discussions at today's meeting. | Mr Blandamer | | June 2025 | Link to A/04/02 |
| 2nd June 2025 | A/06/01 | Mr Woodhouse to obtain the latest figures for people accessing the Ingeus Neighbourhub in the | Mr Woodhouse | | July 2025 | August 2025 – update - Tracey Flynn is picking this up with Ingeus and will provide data in due course. |

BURY INTEGRATED CARE PARTNERSHIP

**Status Rating:** - **In Progress** **Completed** - **Not Yet Due** **Overdue**

| Date | Reference | Action | Lead | Status | Due Date | Update |
|---|---|---|---|---|---|---|
| | | Millgate and circulate to Locality Board members for information. | | | | |
| 2nd June 2025 | A/06/02 | Further report in relation to PSR/Live Well to be brought back to the Integrated Delivery and Locality Board meetings in a few months time. | Mr Woodhouse | | October 2025 | |
| 2nd June 2025 | A/06/03 | To consider sighting the Health and Wellbeing Board on the some of the content covered as part of this presentation particularly the health inequality elements. | Ms Wynne-Jones | | July 2025 | Dr Fines and Ms Wynne-Jones to pick this up. It was noted that the Primary Care Strategy had already been shared at the Health Scrutiny Committee |
| 21st July 2025 | A/07/01 | The formal report of the SEND visit to be shared with Locality Board members when available. | Mr Blandamer | | July 2025 | Circulated to members on the 19/8/25 |
| 21st July 2025 | A/07/02 | Noted the health scrutiny meeting has asked for consideration of improved confirmation of access points to services in the borough which could link into the neighbourhood working approach and the existing Bury Directory work. | Mr Blandamer | | July 2025 | |

**Status Rating:** - **In Progress** **Completed** - **Not Yet Due** **Overdue**

| Date | Reference | Action | Lead | Status | Due Date | Update |
|---|---|---|---|---|---|---|
| 21st July 2025 | A/07/03 | Regular updates on the Clinical Led Model to be provided to the Locality Board in the coming months. | Ms Allan/Mrs Kennett | | October 2025 | Added to Forward Plan |

| Meeting: Locality Board | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Receive |
| **Item No.** | 5 | **Confidential** | No |
| **Title** | Place Based Lead Update - Key Issues in Bury | | |
| **Presented By** | Will Blandamer - Deputy Place Based Lead | | |
| **Clinical Lead** | Dr Cathy Fines | | |

| **Executive Summary** |
|---|
| To provide an update on key issues of the Bury Integrated Care Partnership. |
| **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. | ☒ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention | ☒ |
| 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. | ☒ |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☒ |

| **Implications** | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☐ | No | ☐ | N/A | ☒ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Are there any financial Implications? | Yes | ☐ | No | ☐ | N/A | ☒ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☐ | N/A | ☒ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☐ | No | ☐ | N/A | ☒ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |
| | | |

1. **NHS Reform**

Locality Board colleagues may be aware that the ICB has indicated a temporary pause in the process of transition to the new operating model, including running cost reductions, until such time as there is national clarity on funding for redundancy, either voluntary or compulsory. The ICB will pursue a twin track approach of maintaining focus on delivery – performance, quality and financial improvement, as well as continuing to refine and develop some of the new ways of working for the ICB proposed as part of the transition . I would however like to pay tribute to NHS GM staff who continue to work hard and diligently despite the uncertainty that commenced in February.

As indicated at the last meeting a high level proposal for the formalisation of place based partnership working has been develop and is subject to the next discussion on the agenda.

In updating on the potential changes in the ICB I am of course conscious of the process of transition that has been on going in MFT and the clinically led model of restructure being proposed in NCA and reported on in the last meeting. I recognise periods of uncertainty for all colleagues in those organisations and others and would hope that the locality board in Bury continues to be a focal point of high quality partnership working in this interdependent system regardless of individual organisation complexity
I would

**2. Council Childrens Services Improvement – Ofsted inspection.**

Locality Board colleagues will recall that Ofsted visited the Council Childrens Service between 9th and 20th June 2025 to conduct an inspection. The report was published on 28th July and circulated to locality board members shortly after. The overall judgment was 'requires improved' which is progress against the previous 'inadequate' rating. Jeanette Richards as DCS commented "it is pleasing to see that HMI recognised the positive improvements made since the last inspection, with HMI stating that children are mostly receiving the right support at the right time and great to see the partnership contribution being acknowledged with reference to effective partnership arrangements".

On behalf of the Council can I thank members of the Locality Board for their contribution to this evident progress. I am conscious we have drawn heavily on the time and commitment of a range of partners in the health and care system– NCA, Pennine Care, GPs, NHS GM (Bury , I very much look forward to our continued collaboration to ensure that all children receive consistently good services.

**3. Adults CQC inspection**

Locality board colleagues may be aware that CQC have confirmed their visit to Adult Care Services to review its ability to meet its statutory duties in the Care Act , with an initial on site visit on 11th September and the full visit commencing 6th October. All necessary evidence and case files were submitted in accordance with CQC timetable and we are aware a number of key stakeholders have already had contact with CQC.

For the benefit of Locality Board members a self assessment against the CQC standards have been on this page Health and adult strategies and policy - Bury Council. In addition Locality Board colleagues will recall the LGA peer review of adult services from February and this information is accessible here.
Peer Review of our Adult Social Care Services - Bury Council

If any partners have questions about this process please don't hesitate to contact Adrian Crook – Director of Adult services, and in the meantime thankyou to locality board colleagues for continued high quality partnership working.

**4. SEND Stocktake – NHSE/Dfe**

**The previous locality board received informal feedback from the DfE/NHSE Stocktake meeting held on 1st July. The formal letter was received and subsequently circulated to Locality Board members. An extract of the report is replicated here as a summary.**

*The evidence and presentation shared before and during the meeting reflected encouraging progress in implementing the PIP, with various actions being carried out within the agreed timelines. The local area continues to show a shared commitment to making lasting improvements to SEND services and to the well-being of children and young people with SEND. Leaders communicated the next steps outlined by the partnership, which align with the existing plan and are expected to further sustain ongoing improvements. The update you gave us suggests confidence that the governance framework is now well-established to oversee the PIP, and actions are aligning with the plan's expectations and timelines. As partners, you have worked hard to establish strong relationships, and these continue to improve since inspection. The collegiate approach is supporting the entire partnership to check and challenge itself. There is particular emphasis placed on the voices of children and young people which is a notable strength of the partnership's efforts. We welcomed and enjoyed hearing the presentation from the Changemakers reflecting their views of priority and progress.*

*The partnership has clearly recognised the need to move the focus from planning and action to gathering tangible impact and improving delivery. This is where we will concentrate our support and challenge in the coming months, with the support of the SIAB, to support you in providing more compelling evidence of this impact ahead of the next stocktake.*

*The progress you showed in the six priority areas and three areas for improvement demonstrates a more collaborative approach across the partnership, enriching the collective understanding of how different system elements interconnect and influence each other. This strategic alignment has been pivotal in building stronger partnerships, offering both support and challenge, and transforming a culture of siloed working into one of more genuine collaboration. The successful completion of the vast majority of the phase transfer reviews within statutory timelines and the enhanced engagement in annual reviews exemplify the partnership's collective commitment to improving EHCP quality and ensuring smoother transitions for children and young people. Furthermore, you discussed the development of a comprehensive workforce strategy and the roll-out of targeted training programs that showcases the partnership's proactive efforts to strengthen capacity and build skills within the system.*

*However, there are aspects that require continued focus to sustain and build upon the actions delivered. It remains essential to enhance data reporting capabilities and establish clear, measurable outcomes to better monitor and demonstrate the impact of your actions. Overcoming challenges related to workforce capacity and consistency of skills is critical to delivering sustainable, transformational change. Once a data system of routine and robust partnership wide assurance is in place you will be able to more easily show the difference you are making whilst clearly identifying pressures, progress and risk. Additionally, expanding communication and engagement with a broader range of children, young people, and families will help ensure that their voices influence coproduction and service design.*

For NHS partners the focus continues to be largely on waiting times, transparent of waiting time reporting (for example focusing on not only time to first appointment but subsequent stages of assessment and treatment), support to families whilst waiting, and co-production of service design and transformation with children, young people and families.

## 5. Primary Care Estate Improvement

I am pleased to confirm that under the primary care utilisation and modernisation scheme, 6 practices in Bury received a total of £250k to upgrade and improve facilities.

In addition I am delighted to confirm that the Council and NHS Property Services have exchanged contracts on the Whitefield library site intended to support the resolution of the long standing problems with the quality of the estate at the Uplands medical centre in Whitefield. The practice and practice patient participation group are sighted and positive about the opportunity, and work continues on finalising planning application and tender documentation for construction

I would also like to recognise the work Council and NHS GM colleagues both corporate and locally have been doing to realise the ambition for improved health care facilities in the centre of Prestwich and the potential to replace failing accommodation of the Prestwich health centre

## 6. Neighbourhood bid

To confirm that further to the agreement at the last meeting, Bury did submit a proposals to the national neighbourhood development programme. The bid reflected the positive progress in establishing and operating the integrated neighbourhood teams in Bury, the coterminous public service leadership teams in Bury that are beginning to really support health and care system prevention and early intervention, the roll out of family hubs, and the emergent vision for the live well implementation in Bury with a proposed first new live well centre in one neighbourhood by March 2026.

Thankyou to all colleagues for their support for what I think was a strong bid, and thanks to Kath Wynne Jones for co-ordinating the submission. We are awaiting the outcome and will work with GM colleagues through the newly established GM neighbourhood governance and co-ordination group to share learning and best practice whichever GM scheme/s is chosen.

## 7. GM Accord

Colleagues will note the Bury VCSE accord on the agenda for this meeting. This is intended to be a Bury specific version of the principles of the GM accord agreed in 2022, and reflecting the ambition of Lets Do It, and the Locality plan. In the meantime the GM accord itself is due for a refresh and there is an opportunity for all partners to contribute to the consultation of the GM Accord.

The wider consultation is now open to shape a refreshed GM VCFSE Accord agreement from 1st April 2026. We are keen to hear from local community VCFSE networks and organisations, and public sector colleagues to help shape the refresh to further develop how we work together cross-sectors to improve outcomes for Greater Manchester's communities and citizens.
There are multiple ways to take part in the consultation:

- Online 'mural': This is an online space where you can leave post it-notes under the different areas for consultation. You will need to create an account to make changes.
- Online survey

- Open online workshop September 2025 – further details to follow
- Open in-person workshop October 2025 – further details to follow
- Someone from the team can attend network/team meetings where appropriate. Interested parties can get in touch with anna.cooper@vsnw.org.uk to organise a conversation.

The deadline for all consultation is Friday 31st October.

**Lynne Ridsdale**
**Place Lead NHS GM (Bury)**
**Chief Executive Bury Council**

| Meeting: Locality Board | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Receive |
| **Item No.** | 5.2 | **Confidential** | No |
| **Title** | Place Based Partnerships and NHS Reforms | | |
| **Presented By** | Will Blandamer, Deputy Place Based Lead | | |
| **Author** | | | |
| **Clinical Lead** | | | |

**Executive Summary**

This presentation outlines proposals for partnerships at place, following NHS England's 2025/26 reform narrative and the evolving Model ICB Blueprint. It is designed to support conversations with staff and wider stakeholders. This is a GM wide proposal for the establishment of a consistent model of place based partnership working.

**Recommendations**

Locality Board members are asked to:

Note the contents of the report.

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☐ | **Assurance** ☐ | **Discussion** ☐ | **Information** ☐ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| **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 | ☐ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention | ☐ |
| 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 | ☐ |

| Links to Locality Plan priorities | |
|---|---|
| | |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☐ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☐ | N/A | ☐ |
| 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 | ☐ | No | ☐ | N/A | ☐ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Are there any financial Implications? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☐ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☐ |
| 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 | ☐ | No | ☐ | N/A | ☐ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |
| | | |

# Proposals for Place Partnerships : NHS Reform

| | |
|---|---|
| **Author** | Claire Connor<br>Director of Communications & Engagement<br>claire.connor@nhs.net<br><br>Jonathan Kerry<br>Interim Deputy Place Lead (Wigan)<br>jonathan.kerry@nhs.net |
| **Date** | 28th July 2025 |
| **Audience (choose one)** | All NHS GM staff / general circulation |
| **Meeting/ purpose** | Update on the development of Place Health and Care Partnerships |
| **Status** | Final |
| **Version** | 3 |

## Notes on use or sharing

This presentation outlines proposals for partnerships at place, following NHS England's 2025/26 reform narrative and the evolving Model ICB Blueprint. It is designed to support conversations with staff and wider stakeholders by:

- Providing a clear snapshot of national direction and local ambition for integrated health and care
- Sharing our proposed approach to strengthening place-based partnerships across Greater Manchester
- Inviting feedback to help shape the next phase of development through lived experience, practical insight, and collaborative dialogue

The slides are intended as an update and stimulus for discussion, offering space to test and refine together.

NHS
Greater Manchester

# Proposals for Place Partnerships
# NHS Reform

July 2025

Part of Greater Manchester
Integrated Care Partnership

# Background to NHS Reform

NHS Greater Manchester

## Integrated Care Boards

- On 1 April 2025, NHS England wrote to ICB and provider leaders outlining how we will work together in 2025/26 to deliver our core priorities, laying the foundations for reform in preparation to deliver the ambitions of the 10 Year Health Plan
- Delivering the 10 Year Health Plan will require a leaner and simpler way of working, where every part of the NHS is clear on their purpose, what they are accountable for, and to whom. Our focus is to deliver the three strategic shifts:
  - **Treatment to prevention** – stronger emphasis on preventative health and wellbeing, addressing the causes of ill health before medical intervention is needed
  - **Hospital to community** – reducing reliance on acute care by building more joined up, person-centred care closer to home in local neighbourhoods
  - **Analogue to digital** – Using technology and data to make healthcare smarter, faster, and more tailored to each person's needs
- NHS England has worked with ICB leaders across the country (including some of our own) to co-produce a **draft Model ICB Blueprint** that clarifies the role and purpose of ICBs, our core functions and what needs to be in place to ensure success:
  - **ICBs will continue to play a vital leadership role**, focused on understanding population health needs, planning for the long term, reducing health inequalities and ensuring access to consistently high quality and efficient care
  - **Our functions will be more focused**, with some responsibilities moving to providers or regional/national teams over time. We will need to streamline in places and do some things differently, more efficiently and/or at scale
  - **Not all changes can be done this year** as some need legislation and some functional changes/transfers will need time to be done safely
  - **There will be a national support offer**, including advice on voluntary redundancy/mutually agreed resignation schemes (MARS), guidance on redeployment, training and help with career transitions if necessary. The detail of this is still TBC

# Background to locality working within the ICB

Since the establishment of the NHS Greater Manchester, Locality teams have been a key part for the ICB by providing;

- **Local Accountability**: place-based partnerships are rooted in their communities, ensuring decisions reflect local needs and priorities
- **Integrated Services**:  connecting health and care with wider public services like housing, employment, and education to tackle the **social determinants of health**
- **Tailored Care**: designing services to reflect the **identity, strengths, and challenges** of each locality, whilst attempting to maintain consistent standards across GM
- **Leadership**: with each place having a **Place Lead for Health and Care Integration**, responsible for coordinating efforts, driving improvements, and representing the locality within the wider GM system

Place is not just a programme! It's a living, breathing network of people, capabilities, behaviours and purpose

The Reform modelling for place must ensure that we as build on the success of the locality model to date and learn from what hasn't been as effective as intended.

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It is proposed that a ‘Place Health and Care Partnership’ (PHCP) be established in each of GM’s ten places to transform shared purpose into powerful, practical change - enabling us to work together with communities to shape health and wellbeing.

# Place Health and Care Partnerships (PHCP)

NHS Greater Manchester

It is proposed that PHCPs will:

• **Improve population health, wellbeing and tackle inequalities** maximising the opportunities of Live Well through a community-first mindset connecting to wider public service reform and neighbourhood working .

• **Integrate services across NHS, local government, VCFSE and wider public service** at strategic at place and neighbourhood levels.

• **Deliver proactive, equitable, accessible, high quality and person-centred care** using population health management to tailor approaches.

• **Shift from reactive support to prevention and early intervention, hospital to community and analogue to digital**, reducing need, promoting independence and avoiding escalation.

• **Align and oversee total health and care spend**, enabling joint commissioning and the use of pooled/aligned budgets to optimise impact.

• **Drive effective partnership working** through shared strategy, integrated delivery models, collaborative leadership, and an inclusive and supportive culture.

# Common Ambition

NHS Greater Manchester

It is proposed that;

All PHCPs will work to the same shared ambition focussed around improving health; reducing inequalities; and providing seamless, person-centred care for all members of their population

Each PHCP will bring together place-based partners to collectively determine what should be done to achieve this ambition for their people

All PHCPs will ensure that their plans achieve the following outcomes;

- **A narrowing of the healthy life expectancy gap between the most and least advantaged communities, alongside a general uplift for all residents**, measuring this through locally meaningful indicators of inequality, prevention, and early years development, anchored in what matters to people, and also ensuring the future sustainability of the NHS and support economic growth.
- **Increased proportion of care delivered in neighbourhood settings**, reducing health inequalities, reliance on emergency services and enabling earlier support.
- **Improved workforce wellbeing and retention** across sectors, as a marker of a compassionate, sustainable and inclusive local system.
- **More effective use of local partners' collective resource to achieve shared outcomes**; evaluating impact and taking an approach of continuous improvement.

# PHCP Agreement

NHS Greater Manchester

It is proposed that each PHCP signs up to an Agreement, committing that they will work within the following principles;

- **Strategic Alignment**: a framework will be developed by each PHCP which aligns local priorities with GM's wider health and care mission.
- **Collaborative Delivery**: clear expectations for joint action across NHS GM, councils, VCSE, providers, and public voice (anchored in co-ownership and mutual accountability) will be agreed
- **Integrated Governance**: a PHCP Board will be convened in each place, where partners will collectively steer strategy, set priorities, manage aligned budgets, and coordinate delivery
- **Responsive Planning**: business plans will be created by each PHCP which reflect both national guidance and local ambition - driving measurable outcomes through joined-up services
- **Defined Roles**: partners remain accountability to their employing organisations but work together (through agreed escalation and decision-making mechanisms) to contribute to the shared goals of their PHCP
- **Cultural Transformation**: all work is underpinned by strong cultural principles which are rooted in compassion, equity, and innovation - breaking down boundaries and embedding resident voice into design and delivery.

# What does this mean in reality?

It is proposed that places

- will be drawn from the strength of the partnership, not just from those who are NHS GM directly funded, but in the opportunity to bring resource together from across all partners and by maximising the products/resources available to be deployed from the NHS GM Strategic Commissioner function
- will return to ‘Outcomes Based Commissioning’ – with the measure of success shifts away from what is being done, to what is being achieved
- will ensure that every £ is being spent most wisely and achieving best value

# Core Capabilities in Place

NHS Greater Manchester

Building a robust place partnership team hinges on blending technical, relational, and adaptive capabilities that cut across sectors and enable a team to lead with clarity, credibility, and creativity.

| Capability | Skill Example | Why It Matters at Place |
|---|---|---|
| **Data and Insight Application** | Ability to build and interpret population health dashboards within Tableau | Turns intelligence into planning power at the neighbourhood level |
| **Community Engagement** | Skilled in facilitation, lived experience inclusion, social marketing techniques | Moves the model from “about people” to “with people” |
| **Co-Design and Service Pathway Mapping** | Use of tools to support process and journey mapping | Clarifies responsibilities and simplifies delivery for integrated teams |
| **Programme Delivery** | Ability to scope, plan, and execute delivery of multi-agency programmes | Operationalises priorities with pace and accountability |
| **Financial Acumen** | Ability to model aligned budgets, monitor spend, and support value-based decision-making | Enables shared investment logic and anchors delivery in sustainability |
| **Strategic Communications** | Skilled in crafting key messages, infographics, or briefing packs for diverse audiences | Builds shared understanding across sectors and up/down governance tiers |
| **Relationship Building and Brokering** | Ability to build trust and align actions across VCSE, NHS and local authority | The oil in the system that enables collective problem solving |
| **Negotiation and Influencing** | Particularly across matrix structures or with providers | Supports integrated decision-making with buy-in |
| **Population Health Literacy** | Understanding inequalities drivers, protective factors, and assets | Reframes delivery to prevention, outcomes and impact, not just service metrics |
| **Clinical Leadership/Influence** | Ability to lead strategy, align clinical priorities, and drive service improvement | Ensures credibility, quality, and integration across multidisciplinary teams and delivery models |
| **Change Management** | Basic fluency in managing resistance, securing buy-in, leading iterative improvement | Enables adaptation and learning across cycles |

# Expected benefits

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It is expected that by establishing a PCHP places will achieve;

- the ability to focus on making the biggest difference to their local population
- a clearer distinction between the role and responsibility of the strategic commissioner and role and responsibility of place
- consistency on priorities and focus across all places - but the freedom for each place to be able to respond to the challenge and priorities of the diverse communities within place
- more demonstrable overview across the life course - designing inclusive models that respond to early years, working-age adults, and ageing well, reducing inequalities through locally connected interventions
- better use of intelligence - using place-level data, lived experience and population health tools to inform planning and action, not just reports, but decisions
- better conditions for improvement - facilitating planning, policy and culture that enable iterative learning, system change and confidence across teams

# Expected benefits (cont…)

- more joined up leadership : Building alignment between NHS, Council, VCSE, housing, education, policing and business, advancing shared priorities through matrix working.
- more empowered residents voice - enabling the population to take action on what matters to them, not just what services deliver, from co-design to co-production and community activation.
- a shift to prevention & early support - reshaping investment logic to move resources upstream, reducing reliance on reactive services and strengthening independence.
- more robust collaborative governance to anchor delivery to - integrating joint commissioning, aligned budgets and strategies,  tying money to purpose and holding one another to account for delivery of shared outcomes/goals
- better connection of physical assets to health creation - co-locating care, prevention, and support in familiar, trusted spaces across neighbourhoods.

# Next steps

NHS Greater Manchester

**Still to be agreed:**

- Funding methodology for the NHS GM direct contribution to the place team
- Finalise most effective Employment Model
  - remain employed by the ICB in some way
  - transfer to another NHS organisation (likely in place)
  - transfer to Local Authority within place
- Scope and methodology for the NHS GM place commissioning budget

**Ongoing development:**

- Continued work with all NHS GM Design Groups to ensure a robust Operating Model
- Place Model refinement to ensure inclusive of the broader opportunity to Place Partners
- Establishment of Place Structures, recognising strengths/opportunities/challenges within each place

| Meeting: Locality Board | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Receive |
| **Item No.** | 6 | **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** |
| |

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☐ | **Assurance** ☐ | **Discussion** ☒ | **Information** ☐ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| 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 | ☒ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention | ☒ |
| 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 | ☒ |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☒ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☒ | No | ☐ | N/A | ☐ |

| 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 | ☒ | No | ☐ | N/A | ☐ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☒ | No | ☐ | N/A | ☐ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Are there any financial Implications? | Yes | ☒ | No | ☐ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☐ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☐ |
| 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 | ☐ | No | ☒ | N/A | ☐ |
| | | | | | | |

| 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. Key strategic developments

- An implementation workshop with the GP neighbourhood leads and the INT leads was held on the 30th of July to agree the next stage delivery plans for neighbourhood working. We have expressed an interest to become a neighbourhood demonstrator site, which was supported by all partners. The application is attached.

- A development programme has been designed and commissioned through the GP Federation for our GP leaders. We are hoping to commence this in October.

- Work has continued supported by place partners to design the place element of the NCA Clinical Leadership Model. The ambition is to mobilise the new model from April 26. Key members of the IDC Board are involved in the leadership of the NCA place group to support the effective engagement of place in the transitional arrangements.

- In response to the national planning guidance, the proposals emerging from the ICB are becoming clearer about the formal Place Based Partnership requirements in Localities. The IDC Board have agreed that the structure of the IDC Board switches to bi-monthly development sessions until March 26.

- Development work on the Live Well proposal for Whitefield continues at pace.

- A positive discussion happened with the VCSE leadership group, considering the next stage of the Memorandum of Understanding and how organisations may be able to engage more strongly with our model of neighbourhood working and specific offers for complex service users. A workshop between IDC partners and the VCSE has been arranged in Whitefield on the 30th September 2025 connected to the Live Well proposals

- The senior leadership will be presenting to the CQC team everything we do to support our Bury residents on 11th September, and then the CQC will come and assess in the week of 6th October.

- We have commenced discussions with partners relating to the implementation of Children's MDT's in line with national planning guidance

- Key recommendations have been supported in principle by partners relating to the review of Primary Care within A&E at Fairfield General Hospital. The feasibility of implementation of the proposed model of care is now being investigated before formal approval.

- We are about to commence a review of our bed base across FGH and the community, to determine how we maximise flow, whilst ensuring that the patient is treated at the right time in the right place. We are making good progress with this as a system, with us regularly utilising our capacity within the virtual ward, and reducing the number of patients who should be recovering at home rather than in hospital. Since April 22 to June 25, we have increased the number of patients over 65 who

are discharged to their home (some with reablement capacity) from hospital as opposed to another care setting from 84% to 95%. This is testament to innovative ways of working across health and social care.

## 3. IDC Programme Highlights:

Mental Health:

- Work is on track for the opening in September of a new 14 apartment mental health supported living scheme in Bury called Scott & Rosse Place. Rethink Mental Illness has been appointed as the care provider. Staff will be available 24/7 and provide emotional and practical support to residents.
- There has been positive progress in reducing the number of inpatient bed days occupied by people who are clinically ready for discharge with the number of bed days for Bury patients below target for the last three months.
- A funding package has been agreed to sustain the delivery of myHappymind mental wellbeing programme in Bury primary schools for the next academic year but the continued delivery of the equivalent high school's programme is at risk with no funding identified at this point in time.
- The contract with Optimise Healthcare for the delivery of adult neurodevelopment services has finally been signed off by NHSGM and the provider. Work is underway to agree referral criteria for the limited number of commissioned ASD and ADHD assessments.
- Work on the development and implementation of an early help neurodevelopment hub for the Borough has commenced.

Elective Care/Community

- Awaiting final sign off for the revised Bury Cardio pathway referral templates, working toward implementations.
- Starting the mobilisation of the new GM Derm MOC community services within the 10 localities, working with incumbent providers on their exit plans, Bury's incumbent provider is NCA.
- GM Eye Care Navigation Service - New electronic referral system (ERS) for GPs and optometrists launches on Monday 18th Aug 2025
- A&G Digital Platform - The new digital A&G model has governance approval; a contract is expected by late August; Service launches in late September with a £20 payment per episode for GPs. Specialties to be identified.
- BeCCor Evaluation (unwarranted referral variation) – Bury GP Practices had an 100% Action Plan submission rate.
  GM MSK Think Tank - Bury engaged at a recent MSK think tank event had good attendance and engagement. Feedback will be used to inform a new MSK strategy. NCA and the locality development work is on hold until the completion of the Strategy.
- Commissioning and Referral Issues – Bury has had recurring issues with unclear commissioning responsibilities and Hospital trusts rejecting referrals has been raised with GM.
- Moving forward with the implementation of NICE TA tirzepatide in Primary care - GM's aspiration is to commence by the end of August.
- Commenced the service review of the Community Anti – Coagulation Service provided by Intrahealth.

Cancer/CVD/Diabetes

- Lung cancer screening will be coming to Bury for Bury and Horizon PCNs at the end of August. Confirmed sites are Asda Radcliffe and Matalan Bury

- Locality education session has been held for lung cancer in the GP Webinar with local Respiratory Consultant Dr Naseer Rehan
- Feedback has been given from a locality perspective to support the GM review of Prehab4Cancer
- CVD Work is underway with GP practices to implement risk stratification (identification and coding) in support of continuity of care requirements as part of the Modern General Practice, starting with the CVNeed tool
- Hypertension and lipid management education session to take place in one of the October GP Clinical Masterclasses to increase awareness of the pathways.
- Diabetes, 17k funding was secured for NCA across Bury, Rochdale and Oldham to support the roll out of Hybrid Closed Loop 5-year Implementation Strategy. A delivery group has been established and delivery of the funding is underway in collaboration with Rochdale and Oldham colleagues.
- A project is underway to increase the uptake of structured diabetes education for type 2 diabetes patients with a focus on hard-to-reach groups. The funding has been shared between the GP Fed, VCFA and Live Well Service.

Palliative and EoLC

- Implementing a co-designed system wide referral Pathway for Community Specialist Palliative Services.
- Engaging with staff to have a single location for Community Specialist Palliative Care services.
- HLR re EPaCCS, Progress remains on track for a soft launch date of 1st November 2025.Training for GP practice staff is scheduled for October 2025.

Adult Social Care

The senior leadership will be presenting to the CQC team everything we do to support our Bury residents on 11th September and then the CQC will come and visit us for a few days in the week of 6th October.

The CQC assesses local authority adult social care services based on how well they meet their duties under the Care Act 2014
This assessment uses a single framework with quality statements across four themes: working with people, providing support, ensuring safety, and leadership and workforce.
The CQC's aim is to ensure people receive the care and support they need, and that local authorities are effectively managing their responsibilities.

*Quality Statements:*
- The framework uses a subset of quality statements that focus on key areas of adult social care, such as working with people, providing support, ensuring safety, and leadership.

*Four Themes:*
The quality statements are grouped under four key themes:

- *Working with people:* This focuses on how the local authority assesses needs and supports individuals to live healthier lives.
- *Providing support:* This looks at how the authority provides care, ensures continuity of support, and works with partners and communities.
- *Ensuring safety:* This assesses the safety systems, pathways, and safeguarding measures in place.
- *Leadership and workforce:* This examines governance, management, sustainability, learning, improvement, and innovation within the local authority.

*Purpose of Assessment:*
The CQC's assessments help ensure that local authorities are effectively delivering their adult social care duties and that people are receiving the care they need.

*Focus on Outcomes:*
The CQC's assessment framework considers the outcomes of care, including social care-related quality of life, according to the government.

LD & Autism

- Feedback gathered from Bury People First on Learning Disability strategy -making sure our action plan is co-produced.
- 2 houses for people with complex behaviour opening in Bury (GM complex cases programme), enabling people who have been in hospitals for a long time are supported to live in the community.

Social workers, Care partners have worked together to develop options for payment (people with complex behaviour) – reviewing our ways of working to make sure we support the best outcomes.

Primary Care:

General Practice received letter from Wes Streeting noting improvement on access and proposing a review of the core contract for General Practice. GPs now in hiatus awaiting details of operationalisation of 10-year plan.

Bury GP Leadership Program will commence in September/October to create a GP leadership team for the future.

Neighbourhoods:

1. Partnership application submitted to take part in the DHSC National Neighbourhood Health Implementation Programme.
2. Workshop delivered with key partners to reset the Bury Neighbourhood model in line with the NHS 10 Year Plan.
3. Stakeholder questionnaire launched to review the operation of Active Case Management MDTs
4. Engagement work with NCA FGH Geriatrician to identify opportunities for consultant geriatrician input into Active Case Management MDTs.
5. Engagement work with practices to support delivery of the Neighbourhood health improvement priorities in the LCS.
6. Commencement of Presentations to Neighbourhood meetings to raise awareness of EPaCCS as part of implementation plan.
7. Continued work to raise awareness and develop a multiagency response to hoarding in East Neighbourhood.

Complex Care:

Performance >80% for past 18 months for 28d standard.
Q1 2025-26 – 90%
Q2 2025 – has dipped due to holidays and Social Worker availability. Team focusing on 28-day MDTs. No long waits.

Recovery plan in plan for financial recovery in place, challenged due to increasing costs of packages

and patient numbers.

Reconciliation of Adults and Children's list – work underway to ensure the LA invoice as per funding agreements set out in Complex Case Panel applications.

Urgent and Elective Care:

FGH report 4-hour performance.

| | |
|---|---|
| April 2025 – 68.89%<br>May 2025 – 66.98%<br>June 2025 – 66.37%<br>July 2025 – 74.06% | YTD – 69.12%<br>(5.2% higher than 24/25) |

*21 + LOS - Commentary*
Achieved Trajectory for April, May 2025, June, and July 2025

*FGH 12 Hours in Department - Commentary*
Achieved Trajectory for April, May, June and July reduced by 245.

Workforce:

SEND training mapping is being undertaken in August with partners across health/care and education sectors to understand our current training provision, our trained workforce and identify any gaps. A SEND partnership training plan will be developed with partners using this data to identify the training priorities across our workforce and opportunities for collaborative delivery to any address gaps.

Strategic Workforce Group have agreed to develop an annual plan of jobs/careers events and to look at how this could be approached on a whole system basis moving forwards. Partners are actively sharing their approaches and best practice around supported employment, work experience to enable the system to provide quality placements and opportunities across all sectors.

## 4. Performance - August 2025

- % of Patients aged 14+ with a completed LD health check - the performance figures for LD health checks have reset for 2025/26 reporting year, which accounts for significant decline in observed data.

  In June 2025, 14.1% of patients aged 14 and over received an LD health check. This represents an increase where the figure stood at 13.3%. Bury is currently reporting a percentage almost in line with Greater Manchester (GM) average of 8.7%, ranking 5th among the GM localities.

- Access to Children and Young People MH Services - there were 3470 accesses to Children and Young Peoples Mental Health Services for Bury registered patients in June 25, lower than May 25 (3475) and 3675 recorded the same period last year. Bury currently has 76.5 accesses made per 1000 population and has the 5th highest rate per 1000 for localities within GM.

- Dementia: Diagnosis Rate (aged 65+) As of May 2025, 76.4% of patients aged 65 and over in Bury have received a dementia diagnosis. Bury's diagnosis rate is higher than GM average, which stands at 74.5%, and ranks 3rd highest among GM localities.

- Inappropriate adult acute mental health out of area placement (OAP bed days) – In June 2025, Bury recorded 2870 inappropriate adult acute mental health OAP bed days, representing a 7.7% reduction since May 2025. When compared to June 2024, this reflects a significant decrease of 1,055 (337%) bed days. Despite year-on-year improvement, Bury reported the highest rate among GM localities in May 2025, with 13.49 bed days per 100,000 population.

- Number of MH Patients with no criteria to reside - The metric is monitored on a daily basis to ensure timely oversight and responsiveness. As of July 2025, the number of mental health patients with NCTR in Bury was 8, the same as the previous month. Bury currently reports 0.038 NCTR patients per 1,000 population, which is about in line with the GN averaged of 0.039. Among GM localities, Bury ranks as having the 3rd lowest rate.

- Percentage of MH Patients with no criteria to reside – As of July 2025, 8.5% of mental health patients in Bury with NCTR representing a notable decrease from 17.4% in July 2024 up from 8.3% in June 2025. Bury's current percentage is lower than the GM average which stands at 11.9%. Among GM localities, Bury ranks as having the 4th lowest NCTR.

- Access to community MH services for Adults and other Older Adults with Severe Mental Illness - In June 2025, 2070, Bury registered patients with severe mental illness received two or more contacts from Adult Mental Health Services. This represents an increase from 1,545 contacts recorded in June 2024. Bury currently reports 12.4 contacts per 1,000 population, ranking as the 4th lowest rate among GM localities.

- Talking Therapies Access Rate – In June 2025, there were 275 recorded accesses to NHS Talking Therapies by Bury registered patients, lower than the same period the previous year (310). Bury currently reports an access rate of 1.3 per 1,000 populations, which ranks as the lowest among the GM localities.

- Women Accessing Specialist Community Perinatal MH Services – During the 12-month period ending June 2025, 215 women registered in Bury accessed Perinatal Mental Health Services. This represents a notable increase from 160 accesses recorded in the equivalent period ending June 2024. Bury currently reports an access rate of 5.2 per 1,000 population, which is the highest rate among GM localities.

- Length of stay adults: Mental Health Patients – In June 2025, 50% of MH patients discharges in Bury involved a long length of stay (LOS), and reduction from 57.1% recorded in June 2024. Bury currently has the 5th lowest proportion of LOS discharges in GM localities. The GM average for the same period is 53.1%. Both Bury and GM exceed the national target which is set at 0%.

- GP appointments – percentage of regular appointments within 14 days - In June 2025, 79.8% appointments for Bury registered patients were made within 14 days. This reflects a slight decrease compared to 80.5% in June 2024.

  Bury currently ranks as the 2nd lowest locality in GM for this metric. The GM average stands at 83.2%, indicating that Bury is performing below the regional benchmark.

  The Board should note that this includes "all" appointments, including those that can be prebooked in advance such as annual reviews, smears etc. When filtering the data to just those not typically scheduled in advance 98% of Bury's patients are seen within 14 days in comparison with a GM 87%

- E. Coli Blood Stream Infections – in the 12-month period ending June 2025, 136 cases of E. Coli bloodstream infections were recorded among Bury registered patients. This represents a decrease from 139 cases in May 2025 and 159 cases in June 2024. Bury currently reports an infection rate of 0.64 per 1,000 population, ranking at the 6th lowest among the GM registered localities.

- Antimicrobial resistance: total prescribing of antibiotics in Primary Care – In May 2025, 69.8% of total antibiotic prescribing in primary care for the Bury population met the relevant criteria. This reflects a significant improvement compared to 88.7% in May 2024. Bury currently reports the lowest percentage among GM localities and has successfully achieved the national target of 87.1%.

- Antimicrobial resistant proportion of broad-spectrum antibiotic prescribing in Primary Care – Bury's rate of broad-spectrum antibiotic prescribing in May 2025 is 5.6%, showing the same as the previous month. Bury currently reports the lowest percentage of broad spectrum prescribing among GM localities.

- % of patients describing their overall experience of making a GP appointment at good – Bury currently has the 8th highest percentage of GM localities with 71.4% of patients describing their overall experience of making an appointment as good.

- A&E 4-Hour Performance – This metric is monitored on a daily basis to support timely performance oversight. In July 2025, Bury achieved a 4-hour emergency care performance rate of 75%, representing an improvement from 69.7% in June 2025. This also reflects a notable increase compared to 65.3% in July 2024. Bury's performance is currently above the GM average of 70.1%, ranking as the 2nd highest among GM localities.

- A&E Attendances – In July 2025, there were 7294 A&E attendances recorded for Bury registered patients. This represents increase from 7036 attendances in July 2025 and from 7212 attendances in July 2024. Bury currently reports an attendance rate of 34.3 per 1,000 population, ranking as the 5th lowest among GM localities.

- Percentage of Patients with no criteria to reside as % of occupied beds – this metric is monitored daily to support ongoing performance oversight. In July 2025, the NCTR percentage for Bury was 17% reflecting a slight increase from 16.1% in June 2025, and an improvement compared to 19.2% in July 2024. Bury's rate remains above the GM average of 13.9% and currently ranks as the 8th lowest percentage among GM localities.

- Total number if specific acute non-elective spells – In Julye 2025, there were 1870 specific acute non elective spells recorded for Bury registered patients. This reflects a decrease from both 2067 spells in July 2024 and 1915 spells in June 2025. Bury currently ranks as having the 5th lowest rate of specific acute non-elective spells among GM localities.

- Diagnostics Waiting 6 weeks + - In June 2025, 10.6% of patients in Bury were waiting more than six weeks for a diagnostic test. This represents a notable improvement from 16.4% in June 2024. Bury's performance is greater than the GM average, which stood at 15.4% in June 2025. Bury and GM are both above the less than 1% target.

- RTT Incomplete 65+ weeks – As of June 2025 there were 4 patients from Bury experiencing waits of 65 weeks or more, representing a decrease from 7 patients in May 2025. However, this reflects a significant reduction to June 2024 when 218 patients were recorded – an overall decrease of 214 patients. Bury currently holds the position of having the 3rd lowest number of 65+ week waits among the GM localities.

- 28-day wait from referral to faster diagnosis (all patients) – In June 2025, 79.6% of patients in Bury were informed of their cancer diagnosis outcome within 28 days of a two week wait (2WW) referral. This represents an increase from 77.8% in May 2025. Bury currently ranks 4th lowest performing locality within GM. The GM average from June 2025 stands at 79.9%, which is also below the national target of 80%. Both Bury and GM are performing below the national target standard for timely cancer diagnosis.

- 2-hour UCR referrals – In June 2025, 97.2% of UCR referrals for Bury registered patients received a response within the two-hour standard. This represents a slight improvement from 96.5% in May 2025. Bury currently holds the 3rd highest performance among the GM localities and exceeds the national target of 70%.

- Breast Screening coverage, females aged 53-70 screened in last 36 months - The 3-year breast screening coverage to December 24 for the Bury population was 73.3% for eligible females.
  Bury locality currently has the 2nd highest percentage out of all the GM localities and is higher than the GM percentage of 68.1%.

- COVER immunisations MMR2 uptake at 5 years old - As of March 2025, the MMR2 uptake rate at age five years in Bury stands at 84.8%, representing a decline from 86.7% in December 2024.

  Bury currently exceeds the Greater Manchester (GM) average, which is 75.8%.
  Among the GM localities, Bury ranks sixth. However, both Bury and GM remain below the national target of 95%.

- Females, 25-64 attending cervical screening within target period (3.5 or 5.5 year coverages %) - The GM Cancer Screening Dashboard, shows cervical screening coverage for Bury patients in June 2025 was 69.1% among individuals aged 24 to 49 years, and 74.2% among those aged 50 to 64 years. Both figures fall below the efficiency target of 80%.

- % 2 hour urgent community response (UCR) first care contacts – In June 2025, 97.2% of Urgent Community Response (UCR) referrals for Bury-registered patients received a response within the two-hour standard. This represents a slight improvement from 96.5% in May 2025.

  Bury currently holds the third-highest performance among the Greater Manchester (GM) localities and exceeds the national target of 70%.

- Talking Therapies Recovery Rate – June 2025 data shows a recovery rate with 48% the same as the previous month. This is lower than the performance in the same period last year, which was 53%. Currently, Bury ranks as the 7th lowest among the GM localities in terms of the talking therapies recovery rate.

- % of people with SMI to receive all six physical health checks in the preceding 12 months – Mental Health Patients – Published data indicates that, as of June 2025, 54% of individuals registered in Bury with a serious mental illness (SMI) had completed all six recommended physical health checks within the preceding 12 months. This equates to 1,079 out of 1,997 eligible patients. In comparison, the Greater Manchester (GM) average for the same period was 60.4%, indicating that Bury is currently performing below the GM average.

- Talking Therapies 6 Week Waits – the percentage of patients that wait 6 weeks or less from referral to entering the IAPT treatment in June 2025 is 62.5%. This reflects a decline for the fifth month in

a row and a decrease in performance from 69.4% in May 2025. Bury's performance is currently below both the GM average of 77.5% and the national average target of 75%.

- Talking Therapies 18 Week Waits – in June 2025 there were 97.5% of patients that waited 18 weeks or less from referral to entering IAPT treatment. This represents a marginal increase from 97.2% in May 2025 but a more notable decline from 100% in June 2024. Bury's performance remains above the national target of 95% and is also higher than the GM average of 96.5%. However, Bury ranks as the 7th lowest among GM localities.

- Talking Therapies Second Treatment Waits – in June 2025 24.4% of patients in Bury attended their second appointment within 90 days of their first, reflecting an increase since May 2025. This performance is below the GM average of 39.1% and Bury currently ranks as the lowest among all the GM localities for this measure. Both Bury and GM remain above the national target of 10%.

- CYP Eating Disorders Routine - % within 4 weeks - Data taken from the Greater Manchester Eating Disorder Dashboard, shows 43% of patients with routine eating disorders in the Children and Young People (CYP) category were seen within four weeks during June 2025. Specifically, 3 out of 7 patients received care within the four-week target timeframe.

- CYP Eating Disorders – Urgent % Percentage within 1 week - Data from the GM Eating Disorder Dashboard indicates that there were no Children and Young People (CYP) with an urgent eating disorder requirement in June 2025.

- Access to individual Placement and Support Services – Mental Health Patients – Access to Individual Placement and Support services (IPS) increased to 150 in June 2025, up from 90 in May 2025 and from 65 in June 2024. Bury currently reports a rate of 0.71 per 1,000 population ranking 5th among GM localities in terms of access rates.

- Appointments in General Practice - The planned number of GP appointments in June 2025 was 80,731, representing an increase from May 2025, when 75,490 appointments were recorded. This is also a large increase in June 2024 when 69,836 were recorded.

- These figures encompass all appointment types, including face-to-face consultations, home visits, telephone appointments, and others.

- Number of GP Appointments per 10,000 weighted patients - In June 2025, the number of GP appointments per 10,000 weighted patients was 379.4, equating to a total of 80,731 appointments. This represents an increase from May 2025, when the rate was 354.8 per 10,000 weighted patients, with 75,490 appointments recorded.

- % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins - The proportion of patients identified as having 20% or greater than 10yr risk of developing CVD in March 2025 was 64.2%, which is higher than December 2024 which was 63.2%.

  Bury currently has the 3rd lowest % of the GM localities. GM has a proportion of 67%. Bury and GM are above the national target of 62.5%.

- Number of People in Care Homes - As of 14th August, there were 1,308 patients residing in care homes, representing a slight increase from 1,306 patients recorded on 10th August. Among the Greater Manchester localities, Bury currently has the lowest number of patients in care home settings.

- Number of People in Care Homes - As of 14th August, there were 1,488 patients receiving home care services, reflecting a decrease from the previous week, when 1,517 patients were recorded. Among the Greater Manchester localities, Bury currently has the lowest number of patients receiving home care.

## 5. 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
August 2025

Department of Health & Social Care

NHS

# Application to take part in the National Neighbourhood Health Implementation Programme

All fields in this document should be completed. THE QUESTIONS AND YOUR ANSWERS CONSTITUTE THE CRITERIA UPON WHICH YOUR APPLICATION WILL BE JUDGED

Applications should be emailed to england.neighbourhoodhealthserviceteam@nhs.net by 8 August 2025.

## Place details

### 1. Current ICS your Place is part of: Greater Manchester ICS

In GM, neighbourhood health sits as a key part of a wider neighbourhood and prevention model – GM 'Live Well' which is a core component of GM strategy and foundation for the Prevention Demonstrator. Through Live Well communities will benefit from better health, improved economic activity, better employment, housing, early years support, and have a greater involvement in changes to their neighbourhoods and services.

### 2. Full name of the Place on which the project will focus

(Please include details on footprint including population size, local authority alignment and

number/configuration of any integrated neighbourhood teams):

This project will focus on Bury, which is a Borough in Greater Manchester, made up of 5 neighbourhoods reflecting 6 distinct towns, and is home to 190,000 residents. The population of Bury is growing and ageing. The proportion of the population aged 65 and over is projected to grow from 18% to 21% (a relative increase of 16%) by 2040, and the proportion of the population aged 80 and over is projected to from 5% to 7% (a relative increase of 40%) by 2040. Over the same time the proportion aged under 20 is projected to fall from 25% to 23%. Reducing future demand on public sector services has been the focus of our attention through our neighbourhood working arrangements since 2019.

The leading causes of death in Bury are cardiovascular diseases and cancers. The main causes of disability are musculoskeletal conditions and mental illnesses. Diabetes and liver disease are increasing rapidly as causes of disability and death, respectively. Health in Bury is somewhat less equal than across England as a whole. This likely reflects the diversity of population that Bury contains, ranging from urban to rural and affluent to deprived.

Within Bury there is a strength of individual identities within our towns and neighbourhoods, and an overarching sense of community across the Borough that exists from the energy of over 26,229 volunteers and 1,249 voluntary groups, working with integrated public services across our neighbourhood teams. A recent Local Government Association review described integration between health and social care at operational and strategic levels, and our current model of neighbourhood working as “both enviable and exemplary”, and “the best any of us have seen and something to promote beyond Greater Manchester”. We have a history of high-quality partnership working between public services, with business, with the voluntary, community and faith sectors, and with residents. We call this ‘Team Bury’ who are responsible for delivering our locality ‘Let’s Do It’ strategy.

## 3. Neighbourhoods within the Place

(please include whether each neighbourhood has a clinical lead, managerial lead and admin support identified):

In April 2019, we established 5 Integrated Health and Social Care Neighbourhood Teams comprising the Adult Social Care and Adult Community Nursing workforce. Each Neighbourhood has a part-time GP Clinical Lead, a full-time Professionally Registered Neighbourhood Lead (Social Worker, Nurse or Therapist) and a clerical Neighbourhood Support Officer.

**Prestwich**
GP Neighbourhood Lead – Dr Richard Deacon
Neighbourhood Lead – Clare Rayson

**Whitefield**
GP Neighbourhood Lead – Dr Alistair Webley
Neighbourhood Lead – Jane Wilson

**North**
GP Neighbourhood Lead – Dr Wissam el Jouzi
Neighbourhood Lead - Linda Prescott

**West**
GP Neighbourhood Lead - Ade Rotowa
Neighbourhood Lead – Janet Stanton

**East**
GP Neighbourhood Lead – Dr Fazel Butt
Neighbourhood Lead – Gemma Iliadis

Since 2019, the neighbourhood teams have expanded to include Prevention Services, Mental Health Professionals, Allied Health Professional's, Pharmacists, Care Homes and the Voluntary Sector.

Each Neighbourhood also has a Public Service Leadership Team including Housing, Wider Council Services, the Police, the Fire and Rescue Service, the Voluntary sector, and increasingly schools. who focus on addressing the wider issues impacting on neighbourhood health. The coterminous PSLTs ensure the health and care integrated teams can access wider public service and voluntary sector.

Within Bury, there are coterminous boundaries of PCN's and neighbourhoods in 2 towns, and 2PCNs serving 3 towns/neighbourhoods. Our PCN CD's and GP Neighbourhood leads work closely together to ensure alignment of agendas. We are currently developing a joint leadership development programme to strengthen these arrangements.

**4. ICB Chief Executive and Local Authority Chief Executive who will act as the co-sponsors:**

(full name, title and contact details)

As a requirement of this application, systems will be expected to:

- fund a co-ordination function for each neighbourhood (named clinical lead, managerial and administrative support)
- provide essential backfill for staff and similar expenses (travel, accommodation, venues) to participate in the National Neighbourhood Health Implementation Programme
- provide enabling support to progress Neighbourhood Health e.g. analytical support (see FAQs)
- provide a Neighbourhood Health implementation coach and project lead

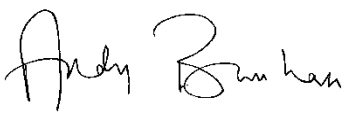
Lynne Ridsdale, Chief Executive
Bury Council and Bury's Placed Base Lead for Health and Care in GM Bury
L.ridsdale@bury.gov.uk

Mark Fisher, CBE, Chief Executive
NHS Greater Manchester Integrated Care
mark.fisher11@nhs.net

**5. Mayoral combined authorities**

If you are in a mayoral combined authority, please confirm that the mayor is aware of and supportive of your proposal.

Andy Burnham, Mayor of Greater Manchester, is aware and supportive of this proposal.

Signed: 

**6. Neighbourhood Health implementation coach and project lead:**

(full name, current role and contact details)

Each Place will need to supply a person who has existing improvement, collaboration and leadership skills and is able to work with their own initiative (see role description in the FAQs). They will be assigned full time for 12 months to act as the local Place coach, as part of the national network of Neighbourhood Health project leads, supported by the national team.

Kath Wynne-Jones
Chief Officer - Bury Integrated Delivery Collaborative
Kath.wynnejones@nca.nhs.uk

Kath currently leads on a full-time basis, the Bury Integrated Delivery Collaborative, which is our vehicle for the delivery of Integrated Health and Care in the Borough. She meets the requirements set out in the role description.

## Place background information

**7.** Does your Place have a devolved budget from the ICB? If so, how is this organised and what scope of services does it cover? (max 150 words)

The locality has a budget of £70m devolved from NHS GM, which is encompassed within a section 75 agreement with Bury Council. The Locality Board is a delegated sub-committee of the NHS GM board (as well as operating as the apex of senior partnership leadership in the health and care system, jointly chaired by the Leader of the Council and the Senior GP in the borough) and receives monthly budget updates and formal quarterly reporting. The budgets cover Community Services including the Better Care Fund, inpatient and community Mental Health services, Continuing Healthcare and Primary Care.

**8.** Do you have existing data sharing agreements between the constituent statutory organisations in this application, and if so, what do they cover? (max 150 words)

To support neighbourhood working the following data sharing agreements are in place: -

- Between the Bury GP Federation and Northern Care Alliance NHS Foundation Trust (NCA) to support the delivery of the Hospital at Home (virtual ward) services.
- Between the NCA and Bury Council covering the delivery of a range of integrated services including intermediate care, the hospital discharge team and Integrated Neighbourhood Teams.
- Between the GP Federation and all GP practices

The Greater Manchester (GM) ICS has Information Governance documentation in place that supports data sharing for direct care and secondary use purposes via the GM Care Record and GM Analytics and Data Science Platform (ADSP). This includes Data Protection Impact Assessments for the Care Record and ADSP, and a Controller Agreement signed by GM Data Controller's (GP Practices, Hospitals, Community Health, Mental Health Providers, hospices and Local Authorities). All key providers in Bury are signatories to those agreements.

**9.** Do you have a risk stratification tool rooted in primary care data that would enable you to identify the adults with multiple long-term conditions and rising risk within the Place that will be the focus of this early work? Please describe (including if you have a section 251 agreement for use of linked patient level data for population health i.e. for both direct care and secondary use)? (max 150 words)

Practices have access to the Ardens GEM risk stratification tool. The GP record (EMIS) can be used to identify cohorts of need and apply tools such as QRISK, the Electronic Frailty Indec (eFI) and EARLY (patients who require palliative care).

NHS GM ICB has S251 approval to process GP and Social Care records to national secondary care and mental health datasets from Secondary Uses Service. This has been used to build a longitudinal patient record which can segment the GM population into various groups eg adults with multiple long-term conditions. NHS GM ICB have implemented tools such as the Combined Predictive Model, QRISK, Cambridge Multi Morbidity Score and the eFI. Work is underway to use the Analytics and Data Science Platform to support a Population Health Management approach.

The GP Federation employs someone who can access GP databases, and has expertise to identify specific cohorts of patients, once defined.

**10.** Describe any existing forum for CEOs of the different statutory organisations and partners (e.g. VCSE, providers) in your Place that meets regularly to support the implementation of Neighbourhood Health (ways of working, function, responsibilities, frequency). (max 150 words)

We have 2 key Partnership Boards in our Locality responsible for Health and Care, which meet monthly (the Locality Board and the Integrated Delivery Collaborative Board) and include senior leadership from all our partner organisations, who are signatories to this proposal and have been engaged in the development of this submission.

The Locality Board is a delegated sub-committee of the NHS GM Board and has the following priorities which connect to our broader Borough 'Let's Do It' strategy:

- Scale our work on population health management to improve health and reduce health inequality of those in the most disadvantaged areas
- Drive prevention, reduce prevalence and improve proactive care
- Transform community care in neighbourhoods with a focus on the assets of residents and communities
- Optimising Care in institutional settings through reform

The Integrated Delivery Collaborative Board is our vehicle for the delivery of our priorities on behalf of the Locality Board.

**11.** Describe existing examples of integrated working in your Place or Neighbourhood and the results obtained. (max 500 words)

Since 2018, we have established 5 neighbourhood teams including health, social care and voluntary, community and faith sector professionals, who are working together to deliver more joined up care and support.

As well as having adult social care and community nursing services co-located in neighbourhoods, a weekly Active Case Management (ACM) meeting is held in each neighbourhood, where practices attend a Multidisciplinary discussion for their patients, to determine keyworker arrangements across a range of health, care and voluntary providers. There are approximately 150 patients reviewed through the ACM process each month.

We have established a robust tier of intermediate tier services to support people in crisis or being discharged from the hospital in the community and their own homes. We have a high performing crisis response team responding to 98% of the circa 500 calls per month within 2 hours, and circa 70 patients per day being managed through the virtual ward. We have established a falls service, which supports circa 75 patients per month and has reduced ambulance usage.

Through our Local Primary Care Quality contract, we have focused on delivering improvements in neighbourhood priorities:

- A proactive frailty pilot with Prestwich PCN and the Live Well Team identified at-risk individuals. Participants received functional MOTs, exercise, medication reviews, and nutrition guidance, yielding an 87.5% improvement in Rockwood scores.
- SafeSteps, a digital falls prevention app piloted with care homes and Primary Care, enabled early deterioration detection. Integrated into ward rounds, it reduced ambulance callouts by 57% and won a digital health award, now recognised as a model for GM-wide adoption.
- Neighbourhood Teams are identifying adults with mild/moderate frailty and offering annual reviews and medication checks. Neighbourhoods reported reduced emergency admissions for falls and fractured neck of femur in 2024-25.

Two care homes have piloted a proactive approach involving geriatricians, mental health consultants, pharmacy, and Primary Care, centred on medication reviews, mental health input, end-of-life planning, and staff training. The project aims to reduce admissions and promote person-centred care.

Fairfield Hospital's Same Day Emergency Care complements out of neighbourhood development programme, with the hospital ranking first regionally since December 2022 and now second nationally. Frail patient discharges within three days have increased while in-hospital deaths have declined. A dementia-friendly ward has led to reduced sedation, lower antipsychotic use, and better outcomes, including reduced length of stay by 2–6 days, 50% fewer ward moves, and reduced readmissions.

As a Borough we have a shared ambition to deliver integrated, responsive, and person-centred care. There is a clear strategic shift from hospital-based care towards proactive, personalised support within the community, which is underpinned by our Borough's prevention strategy. At the heart of our work is ensuring that lived experience from frontline staff to residents, guides our transformation efforts. We have used organisations such as Bury Carers Hub, Healthwatch and Age UK to support our engagement. Staff and patient feedback, including surveys, have informed service enhancements.

## Your application in local context

Please specify the following on this application form **(strictly no attachments or presentations)**.

**12.** What do you hope to achieve from being part of the National Neighbourhood Health Implementation Programme? (max 150 words)

We are already on our journey locally of deepening our neighbourhood delivery arrangements in line with the ambition of the 10-year plan and in the context of the Greater Manchester Live Well agenda. Bury's five neighbourhood teams are already working with system partners to reduce health inequalities and improve outcomes.

With support from the National Neighbourhood Health Implementation Programme, we believe we would have access to expertise and opportunities, particularly relating to enablers such as risk stratification, financial frameworks, digital capability and outcome measurement where we are currently limited on expertise locally. We would also benefit from shared learning and networks with other implementation sites.

Neighbourhood delivery is a key local priority. During a time of transition across the ICB and organisational change within some of our provider partners, the structure of the programme will ensure we retain a clear focus on neighbourhoods through our partnership arrangements.

**13.** What will you contribute to the National Neighbourhood Health Implementation Programme that other Places can learn from? Please provide details of the specific interventions that have delivered results. (max 200 words)

Section 11 outlines some of our successes. Key areas of learning we feel we can contribute to include:

- Implementing models of neighbourhood working across a range of demographics within one Borough: identifying and delivering on local neighbourhood priority areas
- Our approach to prevention and population health management which has been referenced by the Kings Fund. This is the foundation on which we are implementing the GM Live Well model.
- Creating the environment for integrated care to flourish within health and care and beyond: it's about trust and relationships as well as structure and process
- Supporting delivery of neighbourhood working where PCN and neighbourhood boundaries are not coterminous
- Sharing implementation of new models of care that have supported demand reduction
  - The Active Case Management process
  - Having an integrated tier of intermediate services including falls, intermediate care, rapid response and the virtual ward that support admission avoidance and smooth discharge
  - Wrap around support to care homes
  - Local neighbourhood targets that have driven improvement
  - Streaming to Primary Care from A&E
- Using quality improvement, programme methodology and data to drive improvement

**14.** How will you share learning within your System? (max 200 words)

To ensure learning is shared across the locality, we will build on established communication and engagement methods including our existing governance arrangements and forums such as the GP webinars and partner organisation team brief sessions. We will host dedicated workshops and community cafes to spread learning, and utilise digital platforms to support our ambitions. Ensuring our Bury workforce are bought into our ambition for neighbourhood health, has been and will continue to be our key to success.

Using evidence (qualitative and quantitative) we will proactively share success stories and learning though our local partnership arrangements, Greater Manchester ICS forums, and regional and national forums where appropriate, through tools such as NHS Futures and Communities of Practice. We will use social media to build momentum and inspire wider adoption.

We have a unique opportunity to share learning across multiple Boroughs quickly, as our Acute and Community and Mental Health providers, both operate across multiple localities. We have a specific vehicle called the 4 Localities Partnership which operates across the footprint of the Northern Care Alliance, which will enable spread and learning across 4 of 10 GM localities at pace.

**15.** How will you reach, engage and improve outcomes for the 20% most deprived population as identified by the Index of Multiple Deprivation (IMD)? (max 200 words)

To improve outcomes for the 20% most deprived populations identified by the Index of Multiple Deprivation (IMD), we have already started to adopt a targeted, community-led approach, in part through the development of the Live Well programme which includes:

1. Mapping and understanding need using IMD data and layering it with health, housing, and access data to identify local challenges and assets in neighbourhoods.
2. Strengthening trust through local partnerships by building on relationships with community groups, faith networks, and voluntary sector organisations. Community connectors and health champions are supporting co-design and delivery for selected conditions eg CVD and diabetes
3. Delivering tailored services in familiar, accessible settings such as schools and community centres which are culturally appropriate and also address wider issues like housing, employment, and food insecurity.
4. Empowering communities through co-production and investing in leadership, skills, and capacity with support from the VCSE infrastructure body. This is at the heart of the GM Live Well model
5. Monitoring, evaluating, and adapting solutions using real-time data and feedback. Outcomes will be shaped around what residents value, not just traditional service metrics.

This approach will ensure equitable, locally informed solutions that reflect and respond to the needs of communities

**16.** Please tell us about any other enablers you have implemented or are progressing to support sustaining or scaling neighbourhood working. For example, shared digital patient record, pooling of resources or estates, supporting GPs to work at scale and the development of neighbourhood and multi-neighbourhood providers, left shift of funding, training and development, Neighbourhood Health approaches with other specific population cohorts. We would be grateful if you could provide specific information on any local assets, you have already that could support meeting the commitment to have a Neighbourhood Health Centre in every community, as set out in the 10 Year Health Plan. (max 300 words)

**Strong primary care supporting the left shift agenda**

A strong, resilient collaborative General Practice that interacts effectively as a partner across the health and care system, is at the heart of model for neighbourhood health delivery. We have had demonstrable success of providing new services across the Borough such as the women's health and respiratory hubs and providing additional roles within primary care to support the left shift of services.

**Digital**

Bury is aiming to deliver a digitally enabled, neighbourhood-led model of integrated care. Through EPACCS rollout, and NHS app-driven patient-led ordering across neighbourhoods, we are advancing digital self-care and system efficiency. 65% of 13+ are now registered for the NHS App and Bury is ranked eighth out of 27 localities within the Northwest for uptake.

**Workforce**

We have a Borough wide workforce strategy codesigned by all our partner organisations across health and care, including the VCSE. We have aimed to engender a focus on prevention across our neighbourhood teams, with more than 1000 people across our neighbourhoods participating in strengths-based training. We have a workforce model whereby GP's are providing in-reach to the Hospital site for same day emergency care and intermediate care.

Consultant Geriatricians are leading the Home First model and contributing to neighbourhood MDTs. We are working closely with our VCSE sector to identify opportunities to do things differently and are currently exploring models of investment and delivery to support this, in conjunction with implementation of the GM Live Well model.

**Estates**

We have Borough wide estates strategy, which is supportive of our ambition of neighbourhood working, ideally through neighbourhood hubs. Though our implementation of our Live Well model in Whitefield, we are exploring the establishment of a Live Well centre in a currently disused building, connected to other spaces and offers.

**17.** Please list any other national pilots or initiatives you are involved in. (max 150 words)

There are a number of national pilots and GM initiatives that we are involved in that connect closely to this application. These include:

- Implementation of the GM Live Well Programme which aims to reduce health, social and economic activities across Greater Manchester. We are progressing work at pace in our Whitefield neighbourhood as our exemplar site, working closely with VCSE partners
- Increasing usage of the local GM Care Record
- Improving early cancer diagnosis working in conjunction with the GM Cancer Alliance
- Working with Safe steps to extend our pilot work to expand falls prevention
- Launch of Fairfield Hospital's specialist dementia unit to reduce delayed discharge and improve outcomes through NHS England's Discharge Frontrunner
- Two PCNs selected for GM's CLEAR frailty and High Intensity Use initiative.
- Building Better Places and Live Well front door programme for Adult Social Care which is a collaboration between GM and Social Care Futures

**18.** Please identify any particular aspects of Neighbourhood Health (in addition to the initial shared priority of adults with LTCs and risking risk) that you are particularly interested in developing or contributing to (either specific population cohorts, or enabling agendas such as financial flows, digital, workforce, estates, supporting GPs to work at scale and the development of neighbourhood and multi-neighbourhood providers). (max 150 words)

Areas where we would be interested in sharing and learning include:

- Population segmentation and stratification, and the associated models of care delivery. Given our neighbourhood demographics, we have an interest in the population with increasing frailty and multiple conditions, and those who are high users of services with co-occurring conditions including mental health and substance misuse
- Measuring outcomes of neighbourhood health delivery
- Financial flows and contractual models including the development of new provider models
- Innovative workforce models
- Opportunities for digital solutions and data sharing that optimise models of delivery
- Delivering neighbourhood health through providers that deliver across multiple provider footprints: How you tailor service delivery, enable engagement and spread learning, whilst at the same time ensuring equality across a provider footprint. This is a key focus for us as our Acute and Community provider and Mental Health providers both operate across multiple Boroughs

## Declaration

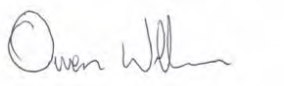
This is to be completed by all CEOs (or equivalent) and PCN clinical directors in each constituent organisation in your Place.

We collectively agree to:

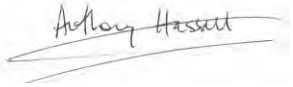
- endorse this application to join the National Neighbourhood Health Implementation Programme
- support the Place team to deliver the objectives of the programme
- contribute to nationwide learning, sharing and capability building for Neighbourhood Health

We commit to the continued implementation of Neighbourhood Health, including assisting other Places in subsequent phases of the work.

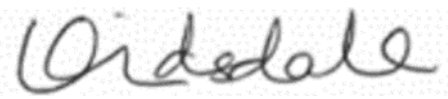
**1.**

| | |
|---|---|
| Constituent organisation | Northern Care Alliance |
| Name and role | Owen Williams, Chief Executive |
| Signature |  |
| Date | 04.08.25 |

**2.**

| | |
|---|---|
| Constituent organisation | Pennine Care NHS Foundation Trust |
| Name and role | Anthony Hassall, Chief Executive |
| Signature |  |
| Date | 01.08.25 |

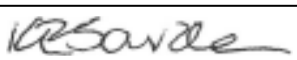
**3.**

| | |
|---|---|
| Constituent organisation | Bury Council |
| Name and role | Lynn Ridsdale, Chief Executive/ Bury's Placed Base Lead for Health and Care in GM Bury |
| Signature |  |
| Date | 01.08.25 |

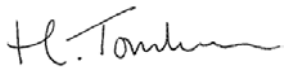
**4.**

| | |
|---|---|
| Constituent organisation | BARDOC |
| Name and role | Zahid Chauhan, Chief Executive |
| Signature |  |
| Date | 01.08.25 |

**5.**

| | |
|---|---|
| Constituent organisation | Persona Care and Support Ltd |
| Name and role | Kat Sowden, Managing Director |
| Signature |  |
| Date | 04.08.25 |

**6.**

| | |
|---|---|
| Constituent organisation | Bury VCFA (Voluntary Community & Faith Alliance) |
| Name and role | Helen Tomlinson, Chief Officer |
| Signature |  |
| Date | 01.08.25 |

**7.**

| | |
|---|---|
| Constituent organisation | Bury GP Federation |
| Name and role | Dr Kiran Patel, Medical Director |
| Signature |  |
| Date | 01.08.25 |

**8.**

| | |
|---|---|
| Constituent organisation | Bury Hospice |
| Name and role | Stuart Richardson, Chief Executive Officer |
| Signature |  |
| Date | 01.08.25 |

**9.**

| | |
|---|---|
| Constituent organisation | Bury PCN |
| Name and role | Dr Fazel Butt, Huntley Medical Centre, Bury PCN Clinical Director |
| Signature |  |
| Date | 01.08.25 |

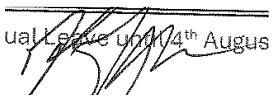
**10.**

| | |
|---|---|
| Constituent organisation | Horizon PCN |
| Name and role | Dr Victoria Moyle, Tower Healthcare, Horizon PCN Clinical Director |
| Signature |  |
| Date | 01.08.25 |

**11.**

| | |
|---|---|
| Constituent organisation | Prestwich PCN |
| Name and role | Dr Dan Cooke, GP Partner, Prestwich PCN Clinical Director |
| Signature |  |
| Date | 01.08.25 |

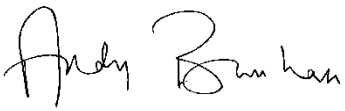
**12.**

| | |
|---|---|
| Constituent organisation | Whitefield PCN |
| Name and role | Dr Ben Shafar, Whitefield PCN Clinical Director |
| Signature |  |
| Date | 04.08.25 |

**13.**

| | |
|---|---|
| Constituent organisation | |
| Name and role | Mark Fisher, Chief Executive Officer |
| Signature |  |
| Date | 08.08.2025 |

**14.**

| | |
|---|---|
| Constituent organisation<br>Name and role | Andy Burnham, Mayor of Greater Manchester |
| Signature |  |
| Date | 07.08.2025 |

| Meeting: | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Receive |
| **Item No.** | 7 | **Confidential** | No |
| **Title** | Bury ICP Locality Performance Report August 2025 | | |
| **Presented By** | Kath Wynne- Jones | | |
| **Author** | Kath Wynne- Jones | | |
| **Clinical Lead** | | | |

| **Executive Summary** |
|---|
| The presentation provides a performance update for Bury Locality for August 2025. |
| **Recommendations** |
| Receive the information provided. |

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☐ | **Assurance** ☐ | **Discussion** ☒ | **Information** ☒ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| **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 | ☐ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention | ☐ |
| 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 | ☐ |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☐ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☐ | N/A | ☐ |
| 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 | ☐ | No | ☐ | N/A | ☐ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Are there any financial Implications? | Yes | ☐ | No | ☐ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☐ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☐ |
| 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 | ☐ | No | ☐ | N/A | ☐ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |
| | | |

# Locality Performance Report August 2025

Part of Greater Manchester Integrated Care Partnership

BURY INTEGRATED CARE PARTNERSHIP

**Presentation by**:

# Bury - Oversight Metrics

Show Definitions

| Domain | Code | Measure | Frequency | Date | Latest | Previous | Change | Target/Median | Numerator | Denominator | Quartile |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cancer | N/A | Cancers Diagnosed At Early Stage using Full Registration Data | Annual | Dec 21 | 53.7% | 51.7% | ↗ | 75.0% | 514 | 957 | Inter |
| Mental Health & Learning Disabilities | S030a | % of patients aged 14+ with a completed LD health check | Monthly | Jun 25 | 14.1% | 8.0% | ↗ | 75.% | 168 | 1,191 | Inter |
| | EH09 | Access to Children and Young Peoples Mental Health Services | Monthly | Jun 25 | 3,470 | 3,475 | ↘ | 5,695 | N/A | N/A | Lower |
| | EAS01 | Dementia: Diagnosis Rate (Aged 65+) | Monthly | Jun 25 | 76.4% | 76.5% | ↘ | 66.7% | 1,876 | 2,455 | Upper |
| | S086a | Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 3 month total) | Monthly | Jun 25 | 2,870 | 3,090 | ↘ | 0 | N/A | N/A | Lower |
| | N/A | Number of MH patients with no criteria to reside - number of beds occupied by mental health patients who are ready to be discharged | Monthly | Jul 25 | 8 | 8 | | N/A | N/A | N/A | Inter |
| | N/A | Percentage of MH patients with no criteria to reside (NCTR) | Monthly | Jul 25 | 8.5% | 8.3% | ↗ | N/A | 8 | 94 | Inter |
| | S110a | Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses | Monthly | Jun 25 | 2,070 | 1,995 | ↗ | 4,115 | N/A | N/A | Lower |
| | S081a | Talking Therapies: Access Rate | Monthly | Jun 25 | 275 | 335 | ↘ | N/A | N/A | N/A | Lower |
| | S131a | Women Accessing Specialist Community Perinatal Mental Health Services | Quarterly | Jun 25 | 215 | 215 | | N/A | N/A | N/A | Lower |
| | S125a | Long length of stay for adults (60+ days) | Monthly | Jun 25 | 50.0% | 66.7% | ↘ | 0.% | 15 | 30 | Inter |
| | N/A | Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18 | Monthly | May 25 | 78.0% | 78.0% | ↘ | N/A | 78 | N/A | Inter |
| Primary Care | S053b | % of hypertension patients who are treated to target as per NICE guidance | Annual | Mar 24 | 69.6% | 66.6% | ↗ | 77.% | 21,821 | 31,355 | Inter |
| | S053c | % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins | Quarterly | Mar 25 | 64.2% | 63.2% | ↗ | 63.9% | 6,900 | 10,740 | Inter |
| | S129a | GP appointments - percentage of regular appointments within 14 days | Monthly | Jun 25 | 79.8% | 80.2% | ↘ | 81.8% | 64,458 | 80,731 | Inter |
| Quality | S042a | E. coli blood stream infections | Monthly | Jun 25 | 136 | 139 | ↘ | N/A | N/A | N/A | Upper |
| | S044a | Antimicrobial resistance: total prescribing of antibiotics in primary care | Monthly | May 25 | 69.8% | 71.3% | ↘ | 87.1% | N/A | N/A | Upper |
| | S044b | Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care | Monthly | May 25 | 5.6% | 5.6% | ↘ | 10.% | 5,358 | 96,168 | Upper |
| | S037A | % of patients describing their overall experience of making a GP appointment as good | Annual | Mar 23 | 71.4% | | | 72.9% | N/A | N/A | N/A |

# Bury

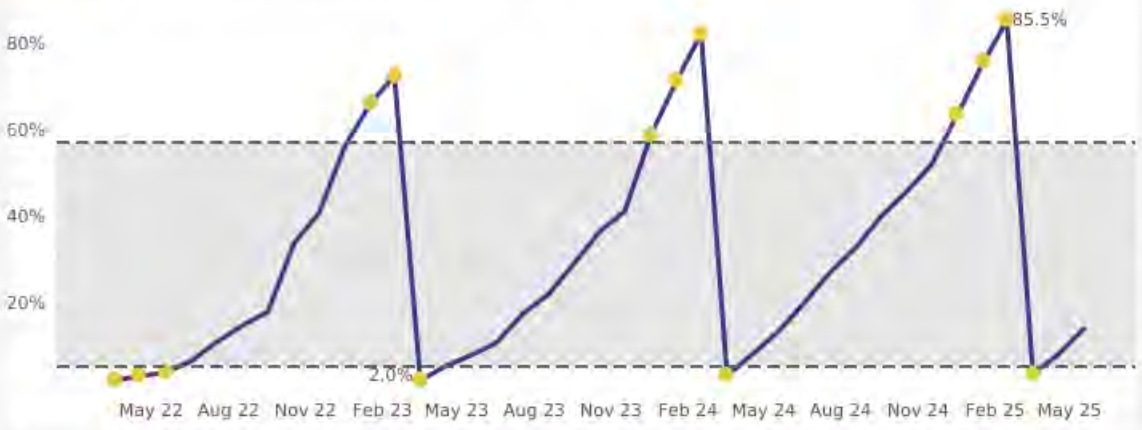
**% of patients aged 14+ with a completed LD health check**

The % of people on the QOF Learning Disability Register who received an annual health check between the start of the financial year and the end of the reporting period

Source: Learning Disabilities Health Check Scheme (Monthly)

| 14.1% | 8.0% | 36/106 | 75.% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Inter Quartile | National Target |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 2.0% | 3.1% | 3.9% | 6.5% | 10.9% | 14.8% | 18.0% | 33.8% | 40.8% | 56.4% | 66.4% | 72.7% |
| 2023-24 | 2.0% | 5.4% | 7.9% | 10.8% | 17.5% | 22.0% | 29.1% | 36.5% | 41.3% | 58.9% | 71.7% | 82.5% |
| 2024-25 | 3.2% | 8.1% | 13.3% | 19.8% | 26.9% | 32.7% | 39.9% | 45.8% | 52.1% | 63.7% | 75.9% | 85.5% |
| 2025-26 | 3.6% | 8.0% | 14.1% | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 2 period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*

| | | |
|---|---|---|
| 4 | Trafford | 20.9% |
| 7 | Stockport | 20.0% |
| 10 | Wigan | 18.6% |
| 14 | Bolton | 17.6% |
| 36 | Bury | 14.1% |
| 52 | Rochdale | 12.8% |
| 63 | Manchester | 12.5% |
| 65 | Oldham | 12.3% |
| 79 | Tameside | 11.5% |
| 96 | Salford | 9.6% |
| 7 | NHS Greater Manchester Integrated Care Board | 14.7% |

Narrative

- The performance figures for LD health checks have reset for the 2025/2026 reporting year, which accounts for the significant decline observed in the latest data.
- In June 2025, 14.1% of patients aged 14 and over received an LD health check. This represents an increase from May 2024, where the figure stood at 13.3%.
- The locality of Bury is currently reporting a percentage almost in line with Greater Manchester (GM) average of 8.7%, ranking 5th among the GM localities.

# Bury

## Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

| 3,470 | 3,475 | 94/115 | 5,695 |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | National Median |

more than 1 standard deviation from the mean


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-25 | 3,645 | 3,680 | 3,675 | 3,635 | 3,570 | 3,565 | 3,585 | 3,560 | 3,525 | 3,485 | 3,510 | 3,515 |
| 2025-26 | 3,500 | 3,475 | 3,470 | | | | | | | | | |

Selected measure at June 2025 has continuously decreased for 3 period(s) of time

## Latest Value GM Benchmarking

*Rate per 1000 | Count (National Rank based on count)*

| | | |
|---|---|---|
| Manchester | 106.6 | 15,760 (20) |
| Tameside | 103.4 | 5,015 (67) |
| Trafford | 90.6 | 4,905 (72) |
| Rochdale | 81.4 | 4,785 (75) |
| Bury | 76.5 | 3,470 (94) |
| Salford | 73.1 | 4,820 (74) |
| Oldham | 61.3 | 3,915 (89) |
| Wigan | 61.2 | 4,330 (78) |
| Stockport | 60.5 | 4,065 (84) |
| Bolton | 57.5 | 4,425 (77) |

The rate is calculated using the 0-17 registered population figure for each locality | Bury: 45,310

Narrative

- In June 2025, there were 3,470 recorded accesses to Children and Young People's Mental Health Services by patients registered in Bury. This represents a decrease compared to 3,475 accesses recorded in May 2025 and 3,675 recorded in the same period last year.
- Bury currently reports 76.5 accesses per 1,000 population, ranking 5th highest among the Greater Manchester localities in terms of access rate per 1,000 population.

# Bury

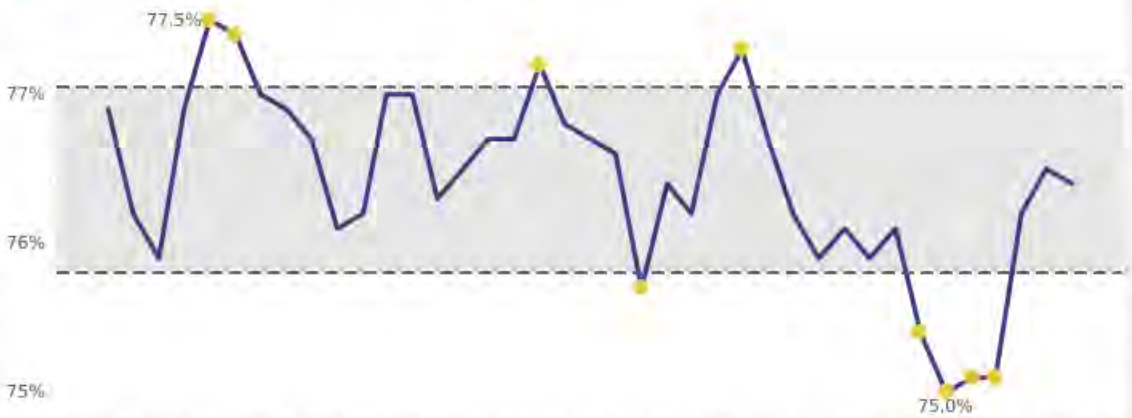
**Dementia: Diagnosis Rate (Aged 65+)**

Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.

Source: Primary Care Dementia Data (Monthly)

| 76.4% | 76.5% | 7/106 | 66.7% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Upper Quartile | National Target |

outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 76.9% | 76.2% | 75.9% | 76.9% | 77.5% | 77.4% | 77.0% | 76.9% | 76.7% | 76.1% | 76.2% | 77.0% |
| 2023-24 | 77.0% | 76.3% | 76.5% | 76.7% | 76.7% | 77.2% | 76.8% | 76.7% | 76.6% | 75.7% | 76.4% | 76.2% |
| 2024-25 | 77.0% | 77.3% | 76.7% | 76.2% | 75.9% | 76.1% | 75.9% | 76.1% | 75.4% | 75.0% | 75.1% | 75.1% |
| 2025-26 | 76.2% | 76.5% | 76.4% | | | | | | | | | |

Selected measure at June 2025 has continuously decreased for 1 period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*

| | | |
|---|---|---|
| 4 | Salford | 78.7% |
| 5 | Rochdale | 78.2% |
| 7 | Bury | 76.4% |
| 10 | Manchester | 75.7% |
| 11 | Oldham | 75.3% |
| 12 | Stockport | 75.2% |
| 20 | Wigan | 73.4% |
| 25 | Tameside | 73.1% |
| 29 | Bolton | 72.3% |
| 45 | Trafford | 68.3% |
| 2 | NHS Greater Manchester Integrated Care Board | 74.5% |

Narrative

- As of May 2025, 76.4% of patients aged 65 and over in Bury have received a dementia diagnosis.
- Bury's diagnosis rate is higher than the Greater Manchester (GM) average, which stands at 74.5%, and ranks 3rd highest among the GM localities.
- Both Bury and GM exceed the national target for dementia diagnosis, which is set at 66.7%.

# Bury

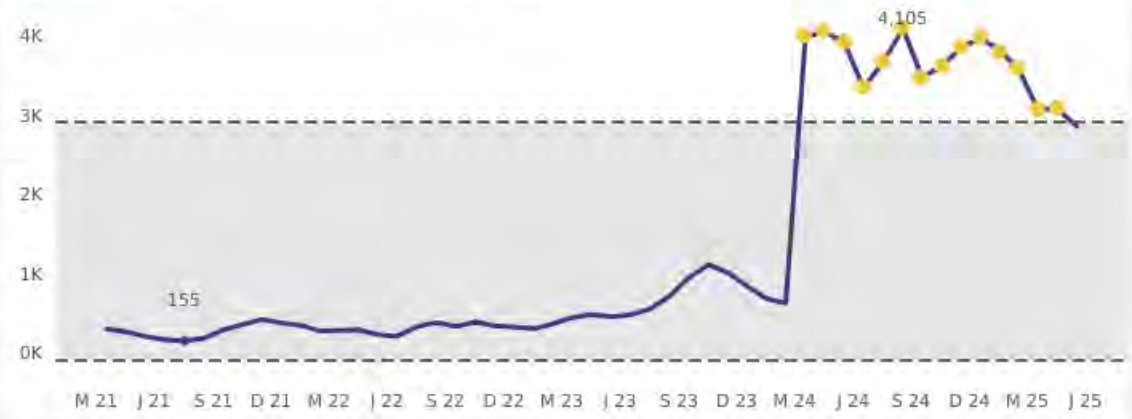
**Inappropriate adult acute mental health Out of Area Placement (OAP) bed days**

Number of inappropriate OAP bed days for adults that are either 'internal' or 'external' to the sending provider

Source: Out of Area Placements in Mental Health Services Official Statistics (Monthly)

| 2,870 | 3,090 | 90/105 | 0 |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | National Target |

outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 305 | 270 | 210 | 170 | 155 | 190 | 295 | 365 | 425 | 380 | 350 | 280 |
| 2022-23 | | 295 | 230 | 215 | 340 | 385 | 340 | 395 | 345 | 330 | 310 | 370 |
| 2023-24 | 450 | 490 | 460 | 485 | 560 | 720 | 955 | 1,120 | 1,020 | 845 | 685 | 635 |
| 2024-25 | 4,000 | 4,065 | 3,925 | 3,360 | 3,680 | 4,105 | 3,490 | 3,630 | 3,865 | 3,985 | 3,815 | 3,600 |
| 2025-26 | 3,080 | 3,090 | 2,870 | | | | | | | | | |

Selected measure at June 2025 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

*Rate per 1000 | Count (National rank)*

| | | | |
|---|---|---|---|
| 1 | Tameside | 1.20 | 275 (27) |
| 2 | Rochdale | 1.32 | 335 (34) |
| 3 | Oldham | 1.58 | 425 (41) |
| 4 | Stockport | 1.85 | 610 (56) |
| 5 | Wigan | 2.61 | 920 (68) |
| 6 | Trafford | 2.79 | 695 (60) |
| 7 | Bolton | 3.24 | 1,085 (72) |
| 8 | Salford | 3.32 | 1,075 (71) |
| 9 | Manchester | 4.78 | 3,585 (98) |
| 10 | Bury | 13.49 | 2,870 (90) |

The rate is calculated using the registered population figure for each locality | Bury: 212,757

Narrative

In June 2025, Bury recorded 2,870 inappropriate adult acute mental health out of area (OAP) bed days, representing a 7.7% reduction since May 2025.

When compared to June 2024, this reflects a significant decrease of 1,055 (-37%) bed days.

Despite the year-on-year improvement, Bury reported the highest rate among Greater Manchester (GM) localities in May 2025, with 13.49 bed days per 100,000 population.

# Bury

**Percentage of MH patients with no criteria to reside (NCTR)**

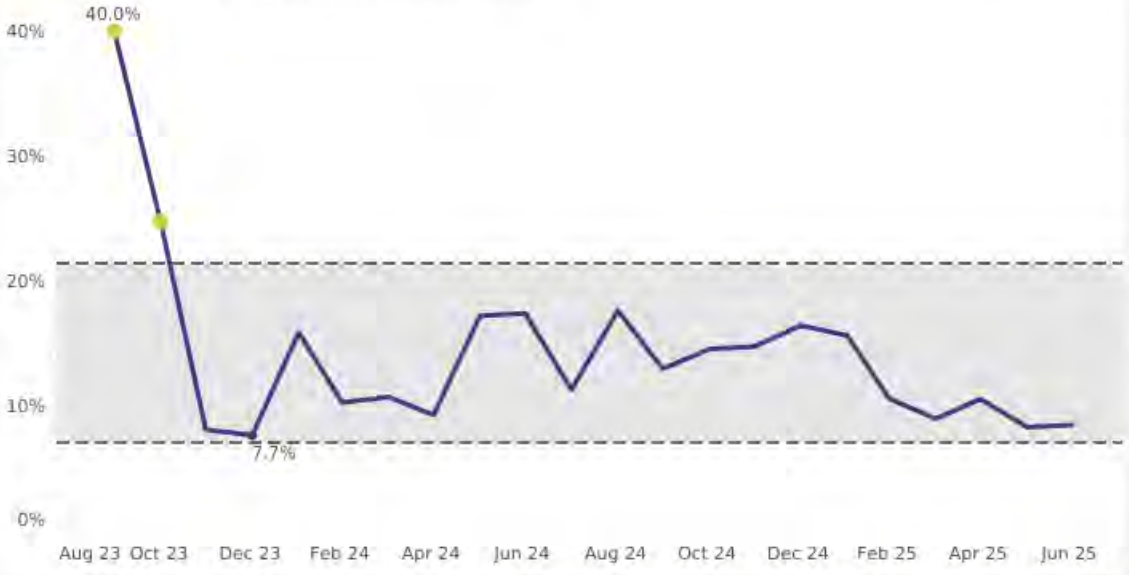
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

**8.5%**
July 2025

**8.3%**
June 2025

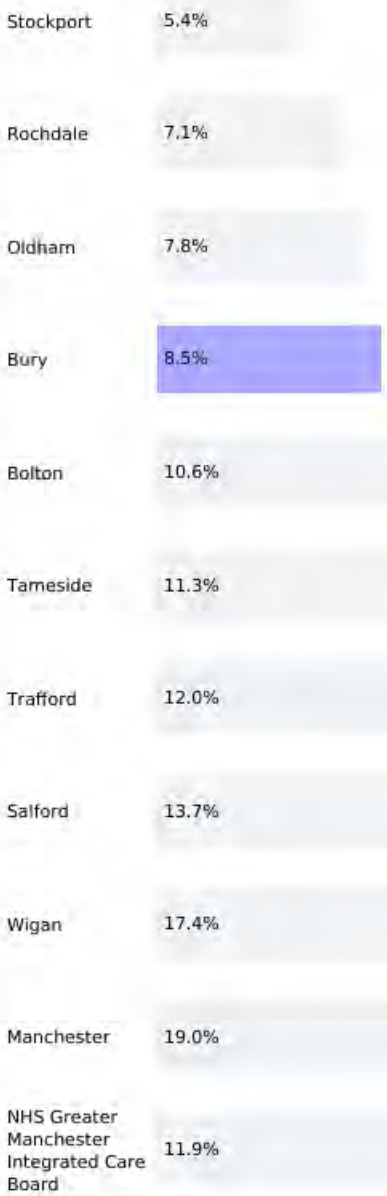
more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-24 | | | | | | | 40.0% | 24.7% | 8.1% | 7.7% | 15.9% | 10.3% |
| 2024-25 | 10.8% | 9.3% | 17.2% | 17.4% | 11.3% | 17.6% | 13.0% | 14.6% | 14.8% | 16.5% | 15.7% | 10.6% |
| 2025-26 | 9.0% | 10.6% | 8.3% | 8.5% | | | | | | | | |

Selected measure at July 2025 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking




Narrative

- As of July 2025, 8.5% of mental health patients in Bury with no criteria to reside (NCTR), representing a notable decrease from 17.4% in July 2024 but marginally up from 8.3% in June 2025.
- Bury's current percentage is lower than the Greater Manchester (GM) average, which stands at 11.9%.
- Among the GM localities, Bury ranks as having the 4th lowest NCTR percentage.

# Bury

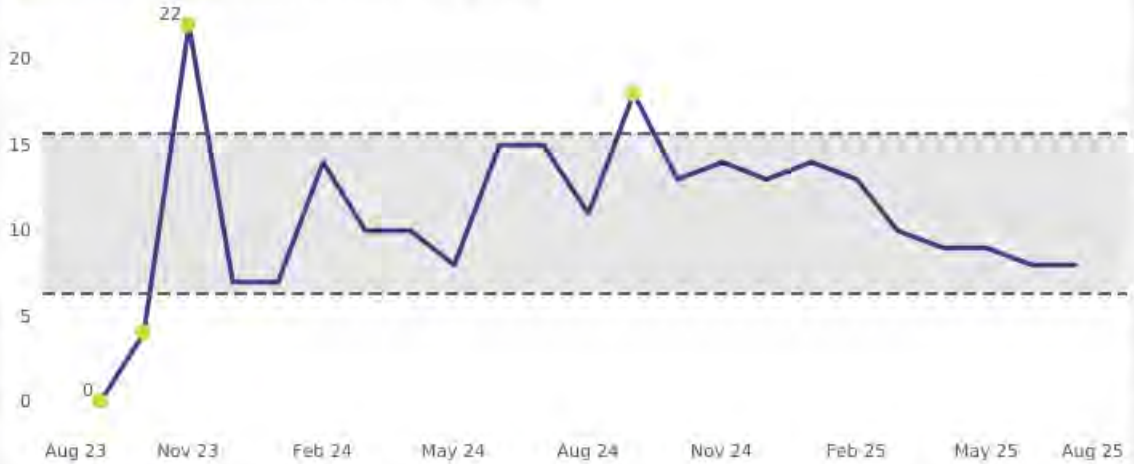
**Number of MH patients with no criteria to reside (NCTR)**

Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

| 8 | 8 |
|---|---|
| July 2025 | June 2025 |

outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-24 | | | | | | 0 | 4 | 22 | 7 | 7 | 14 | 10 |
| 2024-25 | 10 | 8 | 15 | 15 | 11 | 18 | 13 | 14 | 13 | 14 | 13 | 10 |
| 2025-26 | 9 | 9 | 8 | 8 | | | | | | | | |

Selected measure at July 2025 has continuously for 1 period(s) of time

**Latest Value GM Benchmarking**

*Rate per 1000 | Count*

| | | |
|---|---|---|
| Rochdale | 0.024 | 6 |
| Tameside | 0.031 | 7 |
| Bury | 0.038 | 8 |
| Stockport | 0.024 | 8 |
| Oldham | 0.033 | 9 |
| Trafford | 0.036 | 9 |
| Bolton | 0.030 | 10 |
| Wigan | 0.034 | 12 |
| Salford | 0.040 | 13 |
| Manchester | 0.064 | 48 |
| NHS Greater Manchester Integrated Care Board | 0.039 | 130 |

The rate is calculated using the registered population figure for each locality | Bury: 212,757

Narrative

- This metric is monitored on a daily basis to ensure timely oversight and responsiveness.
- As of July 2025, the number of mental health patients with NCTR in Bury was 8, the same as the previous month.
- Bury currently reports 0.038 NCTR patients per 1,000 population, which is about in line with the Greater Manchester (GM) average of 0.039. Among GM localities, Bury ranks as having the 3rd lowest rate.

# Bury

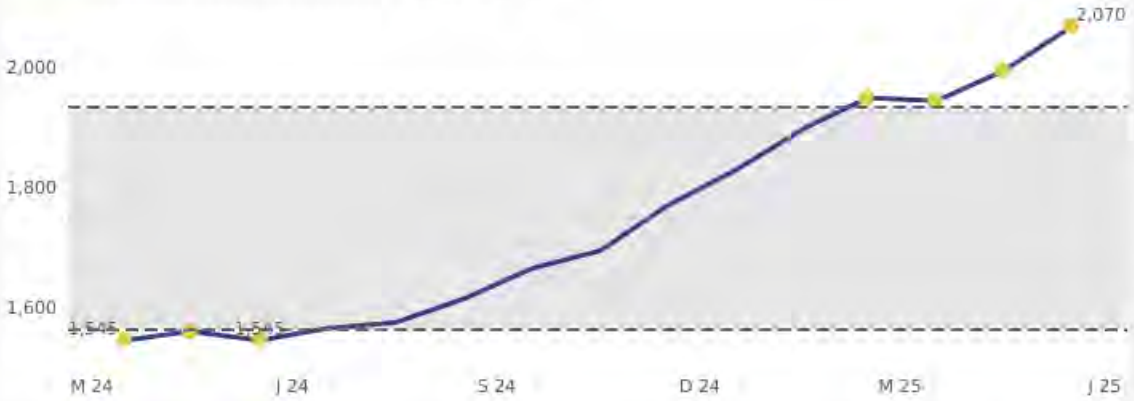
**Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses**

Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non transformed PCNs) for adults and older adults with severe mental illnesses, in a rolling 12 month period

Source: Published MHSDS (Monthly)

| 2,070 | 1,995 | 91/115 | 4,115 |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | National Median |

more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-25 | 1,545 | 1,560 | 1,545 | 1,565 | 1,575 | 1,615 | 1,665 | 1,695 | 1,770 | 1,830 | 1,900 | 1,950 |
| 2025-26 | 1,945 | 1,995 | 2,070 | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 2 period(s) of time

**Latest Value GM Benchmarking**

*Rate per 1000 | Count (National Rank)*

| | | | |
|---|---|---|---|
| 1 | Salford | 18.9 | 4,860 (52) |
| 2 | Manchester | 13.5 | 8,150 (36) |
| 3 | Wigan | 12.6 | 3,555 (65) |
| 4 | Bury | 12.4 | 2,070 (91) |
| 5 | Trafford | 12.1 | 2,350 (83) |
| 6 | Tameside | 12.0 | 2,160 (89) |
| 7 | Bolton | 10.1 | 2,605 (78) |
| 8 | Rochdale | 9.6 | 1,865 (95) |
| 9 | Oldham | 8.5 | 1,735 (97) |
| 10 | Stockport | 6.5 | 1,695 (98) |

The rate is calculated using the 18+ registered population figure for each locality | Bury: 166,937

Narrative

In June 2025, 2,070 Bury-registered patients with severe mental illness received two or more contacts from adult mental health services. This represents an increase from 1,545 contacts recorded in June 2024.

Bury currently reports 12.4 contacts per 1,000 population, ranking as the 4th lowest rate among the Greater Manchester (GM) localities.

# Bury

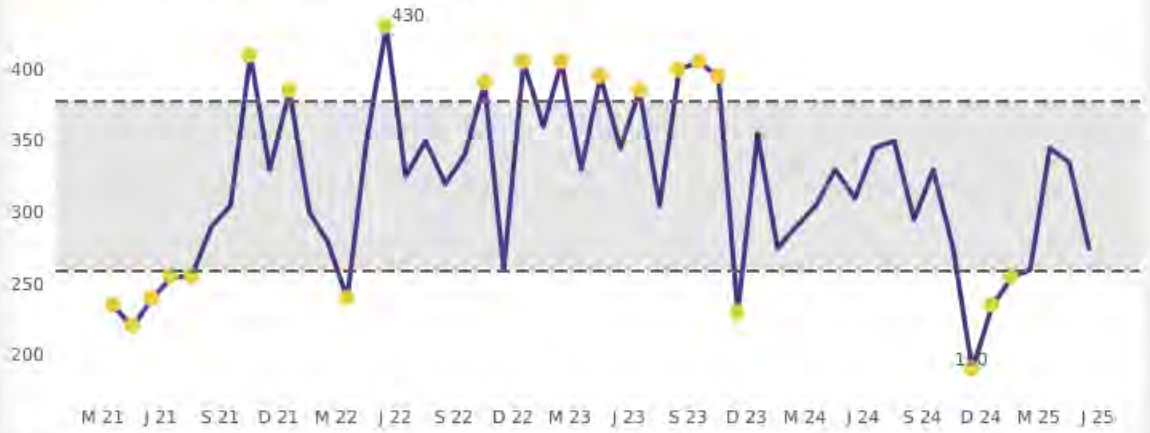
## Talking Therapies: Access Rate

This indicator tracks our ambition to expand Improving Access to Psychological Therapies (IAPT) services, also known as NHS Talking Therapies. The primary purpose of this indicator is to measure improvements in access to psychological therapy (via IAPT) for people with depression and/or anxiety disorders.

Source: Improving Access to Psychological Therapies Data Set (Monthly)

| 275 | 335 | 98/110 | No Target |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 235 | 220 | 240 | 255 | 255 | 290 | 305 | 410 | 330 | 385 | 300 | 280 |
| 2022-23 | 240 | 350 | 430 | 325 | 350 | 320 | 340 | 390 | 260 | 405 | 360 | 405 |
| 2023-24 | 330 | 395 | 345 | 385 | 305 | 400 | 405 | 395 | 230 | 355 | 275 | 290 |
| 2024-25 | 305 | 330 | 310 | 345 | 350 | 295 | 330 | 275 | 190 | 235 | 255 | 260 |
| 2025-26 | 345 | 335 | 275 | | | | | | | | | |

Selected measure at June 2025 has continuously decreased for 2 period(s) of time

## Latest Value GM Benchmarking

*Rate per 1000 | Count (National rank)*

| | | | |
|---|---|---|---|
| 1 | Salford | 2.9 | 930 (37) |
| 2 | Manchester | 2.7 | 2,015 (13) |
| 3 | Trafford | 2.4 | 610 (56) |
| 4 | Bolton | 1.8 | 590 (58) |
| 5 | Tameside | 1.7 | 380 (83) |
| 6 | Oldham | 1.6 | 435 (77) |
| 7 | Stockport | 1.5 | 505 (65) |
| 8 | Wigan | 1.4 | 510 (64) |
| 9 | Rochdale | 1.3 | 335 (88) |
| 10 | Bury | 1.3 | 275 (98) |

The rate is calculated using the registered population figure for each locality | Bury: 212,757

Narrative

- In June 2025, there were 275 recorded accesses to NHS Talking Therapies by Bury-registered patients, lower than the same period the previous year (310).
- Bury currently reports an access rate of 1.3 per 1,000 population, which ranks as the lowest among the Greater Manchester (GM) localities.
- This performance is currently under review through the Locality Assurance Process Meeting.

# Bury

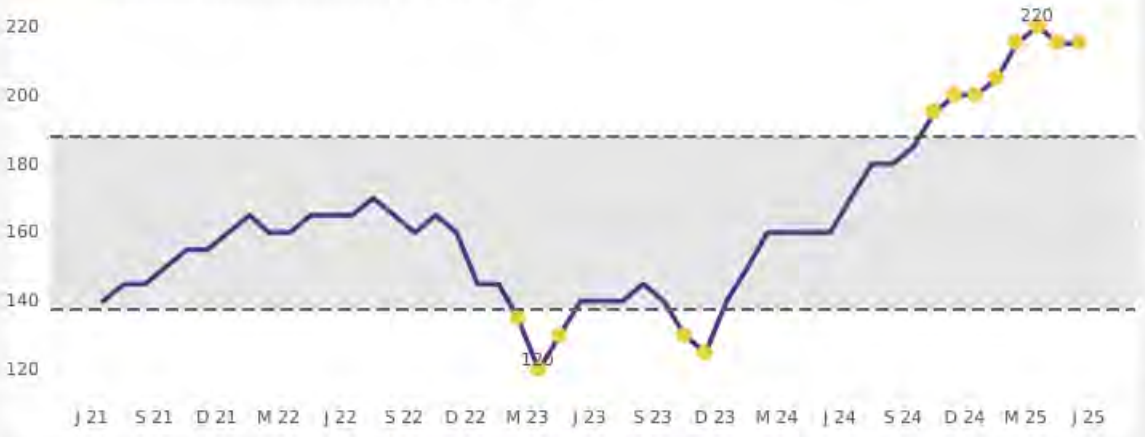
**Women Accessing Specialist Community Perinatal Mental Health Services**

Women Accessing Specialist Community Perinatal Mental Health Services (Rolling 12 mths)

Source: Published MHSDS (Quarterly)

| 215 | 215 | 89/107 | No Target |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | | | | 140 | 145 | 145 | 150 | 155 | 155 | 160 | 165 | 160 |
| 2022-23 | 160 | 165 | 165 | 165 | 170 | 165 | 160 | 165 | 160 | 145 | 145 | 135 |
| 2023-24 | 120 | 130 | 140 | 140 | 140 | 145 | 140 | 130 | 125 | 140 | 150 | 160 |
| 2024-25 | 160 | 160 | 160 | 170 | 180 | 180 | 185 | 195 | 200 | 200 | 205 | 215 |
| 2025-26 | 220 | 215 | 215 | | | | | | | | | |

Selected measure at June 2025 has continuously for 1 period(s) of time

**Latest Value GM Benchmarking**

*Rate per 1000 | Count (National Rank)*

| | | | |
|---|---|---|---|
| 1 | Bury | 5.2 | 215 (89) |
| 2 | Stockport | 5.2 | 325 (63) |
| 3 | Tameside | 4.9 | 225 (87) |
| 4 | Trafford | 4.8 | 225 (87) |
| 5 | Rochdale | 4.7 | 240 (84) |
| 6 | Oldham | 4.6 | 255 (79) |
| 7 | Wigan | 4.3 | 285 (70) |
| 8 | Bolton | 3.9 | 255 (79) |
| 9 | Salford | 3.2 | 250 (82) |
| 10 | Manchester | 2.7 | 535 (42) |

The rate is calculated using the 15-44 female population figure for each locality | Bury 41,147

Narrative

- During the 12-month period ending in June 2025, 215 women registered in Bury accessed Perinatal Mental Health Services. This represents a notable increase from 160 accesses recorded in the equivalent period ending June 2024.
- Bury currently reports an access rate of 5.2 per 1,000 population, which is the highest rate among all Greater Manchester (GM) localities.

# Bury

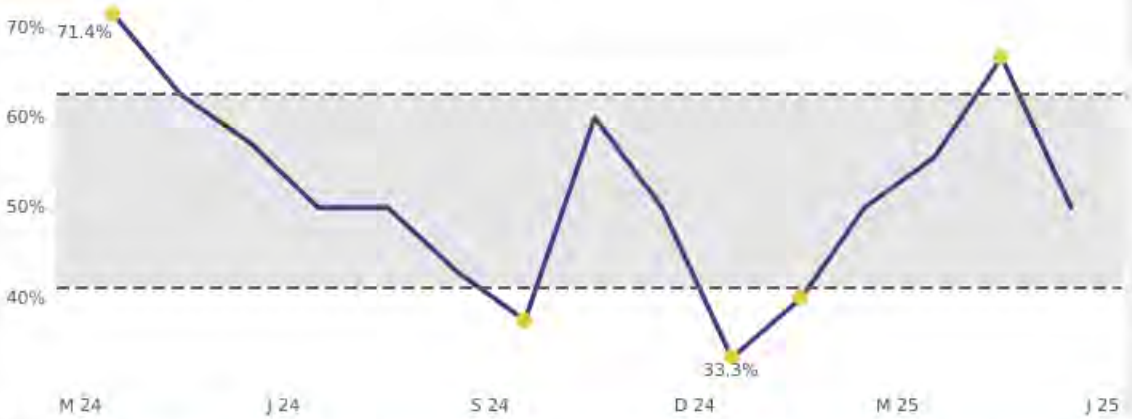
**Long length of stay for adults (60+ days) - Mental Health Patients**

Proportion of all discharges from adult acute and older adult acute beds, with a length of stay of over 60 days

Source: Published MHSDS (Monthly)

| 50.0% | 66.7% | 61/102 | 0.% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Inter Quartile | National Target |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-25 | 71.4% | 62.5% | 57.1% | 50.0% | 50.0% | 42.9% | 37.5% | 60.0% | 50.0% | 33.3% | 40.0% | 50.0% |
| 2025-26 | 55.6% | 66.7% | 50.0% | | | | | | | | | |

Selected measure at June 2025 has continuously decreased for 1 period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*

| | | |
|---|---|---|
| 26 | Salford | 33.3% |
| 42 | Wigan | 40.0% |
| 52 | Oldham | 45.5% |
| 61 | Bolton | 50.0% |
| | Bury | 50.0% |
| | Rochdale | 50.0% |
| 92 | Manchester | 61.5% |
| 93 | Stockport | 62.5% |
| 96 | Trafford | 66.7% |
| 100 | Tameside | 75.0% |
| 37 | NHS Greater Manchester Integrated Care Board | 53.1% |

Narrative

- In June 2025, 50% of MH Patient discharges in Bury involved a long length of stay (LOS), a reduction from 57.1% recorded in June 2024.
- Bury currently has the 5th lowest proportion of long LOS discharges among the Greater Manchester (GM) localities. The GM average for the same period is 53.1%.
- Both Bury and GM exceed the national target, which is set at 0%.

# Bury

**% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins**

% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

Source: CVD Prevent (Quarterly)

| 64.2% | 63.2% | 44/106 | 63.4% |
|---|---|---|---|
| March 2025 | December 2024 | National Rank Inter Quartile | National Median |

more than 1 standard deviation from the mean


| | Jun | Sep | Dec | Mar |
|---|---|---|---|---|
| 2022-23 | 58.3% | 56.3% | 56.0% | 60.4% |
| 2023-24 | 61.1% | 59.5% | 61.7% | 63.1% |
| 2024-25 | 63.3% | 63.1% | 63.2% | 64.2% |

Selected measure at March 2025 has continuously increased for 2 period(s) of time

## Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 2 | Oldham | 72.5% |
| 6 | Manchester | 70.4% |
| 11 | Tameside | 68.9% |
| 14 | Rochdale | 68.3% |
| 23 | Trafford | 67.2% |
| 26 | Salford | 66.4% |
| 37 | Stockport | 64.8% |
| 44 | Bury | 64.2% |
| 50 | Wigan | 63.9% |
| 56 | Bolton | 63.1% |
| 6 | NHS Greater Manchester Integrated Care Board | 67.0% |

Narrative

- The proportion of patients identified as having 20% or greater than 10yr risk of developing CVD in March 2025 was 64.2%, which is higher than December 2024 which was 63.2%.
- Bury currently has the 3rd lowest % of the GM localities. GM has a proportion of 67%.
- Bury and GM are above the national target of 62.5%.

# Bury

## GP appointments - percentage of regular appointments within 14 days

Percentage of appointments where the time between booking and appointment was 'Same day', '1 day', '2 to 7 days' or '8 to 14 days'

Source: Appointments in General Practice (Monthly)

| 79.8% | 80.2% | 70/106 | 81.6% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Inter Quartile | National Median |

Outliers more than 1 standard deviation from the mean


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 89.2% | 87.2% | 84.6% | 84.6% | 86.1% | 85.6% | 86.2% | 85.3% | 89.5% | 92.2% | 92.2% | 90.5% |
| 2022-23 | 89.1% | 90.5% | 87.5% | 86.6% | 85.0% | 82.8% | 80.5% | 80.7% | 83.3% | 86.1% | 86.3% | 83.8% |
| 2023-24 | 83.2% | 84.4% | 83.7% | 84.1% | 82.6% | 78.5% | 74.1% | 78.1% | 79.4% | 81.2% | 82.1% | 83.2% |
| 2024-25 | 82.0% | 81.5% | 80.6% | 81.3% | 81.7% | 79.0% | 69.8% | 74.8% | 77.5% | 78.8% | 79.8% | 78.6% |
| 2025-26 | 78.5% | 80.2% | 79.8% | | | | | | | | | |

Selected measure at June 2025 has continuously decreased for 1 period(s) of time

## Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 20 | Manchester | 86.3% |
| 31 | Wigan | 84.2% |
| 32 | Rochdale | 84.2% |
| 38 | Trafford | 83.1% |
| 40 | Stockport | 83.0% |
| 42 | Oldham | 82.9% |
| 46 | Salford | 82.6% |
| 61 | Bolton | 81.0% |
| 70 | Bury | 79.8% |
| 73 | Tameside | 79.6% |
| 14 | NHS Greater Manchester Integrated Care Board | 83.2% |

Narrative

- In June 2025, 79.8% of GP appointments for Bury-registered patients were made within 14 days. This reflects a slight decrease compared to 80.5% in June 2024.
- Bury currently ranks as the 2nd lowest locality in Greater Manchester (GM) for this metric. The GM average stands at 83.2%.
- Board should note that this includes ‘all’ appointments, including those that can be pre booked in advance such as annual reviews, smears etc.
- When filtering this data to just those not typically scheduled in advance 98% of Burys Patients are seen within 14 days in comparison with a GM 87%

# Bury

**E. coli blood stream infections**

12-month rolling counts of E. coli blood stream infections

Source: National Statistics: E. coli bacteraemia: monthly data by location of onset (Monthly)

| 136 | 139 | 14/107 | No Target |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Upper Quartile | |

outliers more than 1 standard deviation from the mean


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 106 | 105 | 103 | 94 | 97 | 99 | 104 | 104 | 109 | 111 | 108 | 113 |
| 2022-23 | 113 | 120 | 128 | 129 | 126 | 128 | 120 | 127 | 122 | 124 | 128 | 128 |
| 2023-24 | 133 | 130 | 128 | | 134 | 142 | 145 | 151 | 149 | 151 | 150 | 147 |
| 2024-25 | 151 | 153 | 159 | 159 | 161 | 150 | 152 | 152 | 147 | 155 | 150 | 147 |
| 2025-26 | 147 | 139 | 136 | | | | | | | | | |

Selected measure at June 2025 has continuously decreased for 2 period(s) of time

**Latest Value GM Benchmarking**

*Rate per 1000 | Count (National Rank)*

| | | |
|---|---|---|
| Wigan | 0.52 | 184.0 (26) |
| Salford | 0.54 | 176.0 (24) |
| Manchester | 0.56 | 423.0 (66) |
| Bolton | 0.59 | 198.0 (32) |
| Rochdale | 0.62 | 156.0 (20) |
| Bury | 0.64 | 136.0 (14) |
| Oldham | 0.72 | 195.0 (28) |
| Trafford | 0.73 | 183.0 (25) |
| Stockport | 0.75 | 249.0 (46) |
| Tameside | 0.94 | 216.0 (36) |

The rate is calculated using the registered population figure for each locality | Bury: 212,757

Narrative

- In the 12-month period ending June 2025, 136 cases of E. Coli bloodstream infections were recorded among Bury-registered patients. This represents a decrease from 139 cases in May 2025 and 159 cases in June 2024.
- Bury currently reports an infection rate of 0.64 per 1,000 population, ranking as the 6th lowest rate among the Greater Manchester (GM) localities.

# Bury

**Antimicrobial resistance: total prescribing of antibiotics in primary care**

The number of antibiotic (antibacterial) items prescribed in primary care, divided by the item-based Specific Therapeutic group Age-Sex related Prescribing Unit STAR-PU

Source: EPACT Prescribing Data (Monthly)

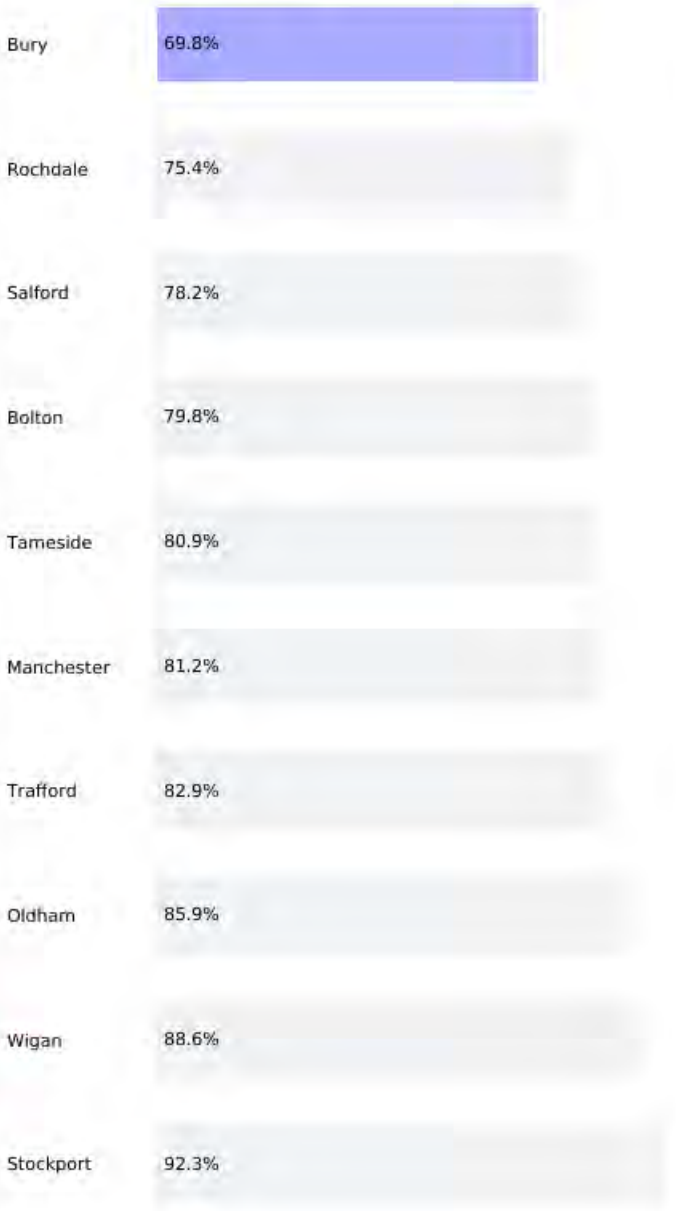
| 69.8% | 71.3% | 87.1% |
|---|---|---|
| May 2025 | April 2025 | National Target |

Performance Against National Target of 87.1%


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 25.5% | 31.9% | 39.0% | 46.1% | 52.5% | 60.2% | 68.8% | 70.9% | 79.9% | 81.6% | 83.0% | 84.8% |
| 2022-23 | 86.4% | 88.1% | 88.9% | 89.7% | 90.9% | 91.1% | 91.8% | 92.3% | 96.0% | 98.6% | 100.3% | 101.3% |
| 2023-24 | 100.9% | 100.4% | 100.2% | 99.5% | 99.3% | 98.8% | 98.0% | 97.0% | 92.5% | 91.3% | 90.4% | 88.9% |
| 2024-25 | 89.0% | 88.7% | 87.5% | 87.2% | 85.8% | 84.7% | 83.8% | 81.7% | 80.0% | 77.3% | 75.2% | 73.1% |
| 2025-26 | 71.3% | 69.8% | | | | | | | | | | |

Selected measure at May 2025 has continuously decreased for 13 period(s) of time

Latest Value GM Benchmarking




Narrative

In May 2025, 69.8% of total antibiotic prescribing in primary care for the Bury population met the relevant criteria. This reflects a significant improvement compared to 88.7% in May 2024.

Bury currently reports the lowest percentage among the Greater Manchester (GM) localities and has successfully achieved the national target of 87.1%.

# Bury

**Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care**

The number of broad-spectrum antibiotic (antibacterials) items from co-amoxiclav, cephalosporin class and fluoroquinolone class drugs as a percentage of the total number of antibacterial items prescribed in primary care.

Source: EPACT Prescribing Data (Monthly)

| 5.6% | 5.6% | 13/112 | 10.% |
|---|---|---|---|
| May 2025 | April 2025 | National Rank Upper Quartile | National Target |

more than 1 standard deviation from the mean


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 7.2% | 7.1% | 7.0% | 7.0% | 7.0% | 6.9% | 6.8% | 6.7% | 6.6% | 6.5% | 6.4% | 6.3% |
| 2022-23 | 6.2% | 6.1% | 6.1% | 6.1% | 6.0% | 6.0% | 6.0% | 6.0% | 5.9% | 5.9% | 5.9% | 5.9% |
| 2023-24 | 5.9% | 6.0% | 6.0% | 6.1% | 6.1% | 6.2% | 6.1% | 6.2% | 6.3% | 6.2% | 6.2% | 6.2% |
| 2024-25 | 6.2% | 6.1% | 6.1% | 6.0% | 5.9% | 5.9% | 5.8% | 5.8% | 5.8% | 5.8% | 5.7% | 5.7% |
| 2025-26 | 5.6% | 5.6% | | | | | | | | | | |

Selected measure at May 2025 has continuously decreased for **14** period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*

| | | |
|---|---|---|
| 13 | Bury | 5.6% |
| 14 | Oldham | 5.6% |
| 19 | Bolton | 5.9% |
| 20 | Tameside | 5.9% |
| 21 | Rochdale | 6.0% |
| 44 | Manchester | 7.3% |
| 50 | Stockport | 7.5% |
| 74 | Salford | 8.4% |
| 78 | Trafford | 8.5% |
| 99 | Wigan | 9.6% |

Narrative

- Bury's rate of broad-spectrum antibiotic prescribing in May 2025 is 5.6%, the same as the previous month.
- The chart shows that the selected measure has decreased continuously over the past 14 reporting periods, highlighting sustained improvement.
- Bury currently reports the lowest percentage of broad-spectrum prescribing among the Greater Manchester (GM) localities.
- This performance is within the national target threshold of less than 10%.

# Bury

**% of patients describing their overall experience of making a GP appointment as good**

The weighted percentage of people who report through the GP Patient Survey their overall experience of their GP practice as 'very good' or 'fairly good'

Source: GP Patient Survey (Annual)

Please note: The publication of the 2024 survey results is the start of a new time series for GPPS. This means that trend data for previous years of the survey is not presented alongside the 2024 results as it would normally be. The 2024 results are not comparable with previous years because of two significant changes which have been made to the survey in 2024


Narrative

- Bury currently has the 8th highest percentage of the GM localities with 71.4% of patients describing their overall experience of making a GP Appointment as good.

# Bury - Sight Metrics

| Domain | Code | Measure | Frequency | Date | Latest | Previous | Change | Target/Median | Numerator | Denominator | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Urgent Care | N/A | A&E 4 hour performance | Monthly | Jul 25 | 75.0% | 69.7% | ↗ | 78.0% | 5,468 | 7,294 | N/A |
| | N/A | A&E Attendances | Monthly | Jul 25 | 7,294.0 | 7,036.0 | ↗ | N/A | 7,294 | N/A | N/A |
| | N/A | No Reason/Criteria To Reside patients (NCTR) as % of occupied beds | Monthly | Jul 25 | 17.0% | 16.1% | ↗ | N/A | 1,703 | 9,995 | N/A |
| | EM11 | Total number of specific acute non-elective spells | Monthly | Jul 25 | 1,870.0 | 1,915.0 | ↘ | N/A | 1,870 | N/A | Upper |
| Elective Care | EB28 | Diagnostic 6ww: All | Monthly | Jun 25 | 10.6% | 9.7% | ↗ | 1.% | 454 | 4,279 | Upper |
| | EB20 | RTT incomplete: 65+ week waits | Monthly | Jun 25 | 4.000 | 7.0 | ↘ | 0. | 4 | N/A | Upper |
| Cancer | S012a | 28 Day Wait from Referral to Faster Diagnosis: All Patients | Monthly | Jun 25 | 79.6% | 77.8% | ↗ | 80.% | 770 | 967 | Inter |
| Maternity | S104a | Number of neonatal deaths per 1,000 total live births | Annual | Dec 23 | 1.5 | 0.0 | ↗ | [illegible] | 3 | 2,049 | Inter |
| | S022a | Number of stillbirths per 1,000 total births | Annual | Dec 23 | 5.4 | 4.0 | ↗ | [illegible] | 11 | 2,049 | Lower |
| Screening and Immunisations | S049a | Breast screening coverage, females aged 53-70, screened in last 36 months | Annual | Dec 24 | 73.3% | 69.2% | ↗ | N/A | 16,305 | 22,244 | Inter |
| | S046a | COVER immunisation: MMR2 Uptake at 5 years old | Quarterly | Mar 25 | 84.8% | 86.7% | ↘ | 95.% | 492 | 580 | Inter |
| | S050a | Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) | Quarterly | Jun 24 | 70.3% | 70.6% | ↘ | 80.% | 37,935 | 53,940 | Inter |
| | S047A | Seasonal Flu Vaccine Uptake: 65 years and over | Monthly | Feb 24 | 77.5% | 77.3% | ↗ | 85.% | 29,492 | 38,042 | Inter |
| Community | N/A | % 2-hour Urgent Community Response (UCR) first care contacts | Monthly | Jun 25 | 97.2% | 96.5% | ↗ | N/A | 281 | 289 | N/A |

# Bury - Sight Metrics

The below metrics are currently missing from the report due to lack of locality level reporting or the measure is currently being built.

| Theme | Indicator | |
|---|---|---|
| Cancer | Total patients waiting over 62 days to begin cancer treatment vs target | Build in progress |
| LD and Autism | Inpatients with a learning disability and/or autism per million head of population | Build in progress |
| Primary Care and Community Services | Proportion of Urgent Community Response referrals reached within two hours | Currently available in the scorecard at trust level but not locality |
| | Proportion of virtual ward beds occupied | Currently unavailable at locality level due to inaccurate reporting |
| | Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted | Build in progress |
| Screening and immunisation | Bowel screening, aged 60-74, screened in the last 30 months | DQ issues |
| Urgent and Emergency Care | Reduce adult general and acute bed occupancy below 92% | Currently available in the scorecard at trust level but not locality |

# Bury

**A&E 4 hour performance**

Number of attendances at A&E departments, and of these, the number of attendances where the patient spent less than 4 hours from time of arrival to time of admission, or discharge, or transfer.

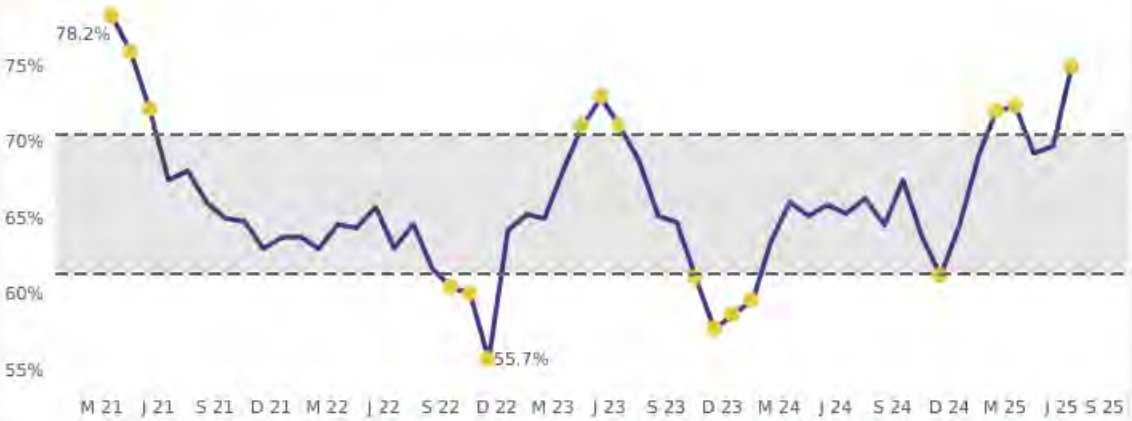
Source: Emergency Care Dataset (ECDS) (Monthly)

**75.0%**
July 2025

**69.7%**
June 2025

**78.0%**
National Target

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 78.2% | 75.9% | 72.1% | 67.5% | 68.1% | 66.0% | 65.0% | 64.8% | 63.0% | 63.7% | 63.8% | 63.0% |
| 2022-23 | 64.6% | 64.4% | 65.7% | 63.0% | 64.6% | 61.7% | 60.5% | 60.0% | 55.7% | 64.2% | 65.2% | 65.0% |
| 2023-24 | 68.2% | 71.0% | 72.9% | 71.0% | 68.8% | 65.2% | 64.7% | 61.1% | 57.7% | 58.7% | 59.6% | 63.4% |
| 2024-25 | 66.1% | 65.1% | 65.9% | 65.3% | 66.3% | 64.5% | 67.5% | 63.7% | 61.2% | 64.6% | 69.2% | 72.0% |
| 2025-26 | 72.3% | 69.3% | 69.7% | 75.0% | | | | | | | | |

Selected measure at July 2025 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking


Narrative

- This metric is monitored on a daily basis to support timely performance oversight.
- In July 2025, Bury achieved a 4-hour emergency care performance rate of 75%, representing an improvement from 69.7% in June 2025. This also reflects a notable increase compared to 65.3% in July 2024.
- Bury's performance is currently above the Greater Manchester (GM) average of 70.1%, ranking as the 2nd highest among GM localities.

# Bury

## A&E Attendances

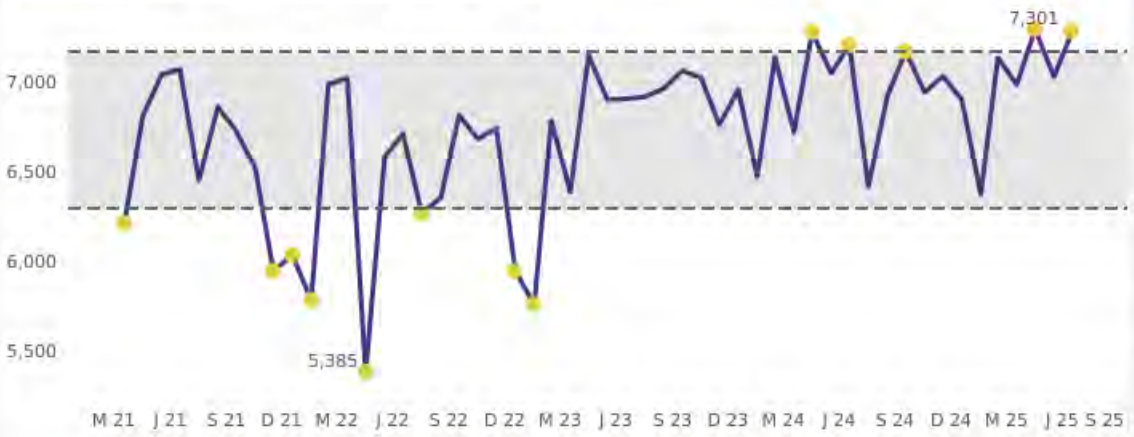
Number of attendances at A&E departments

Source: Emergency Care Dataset (ECDS) (Monthly)

**7,294**
July 2025

**7,036**
June 2025

more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 6,220 | 6,816 | 7,049 | 7,079 | 6,459 | 6,869 | 6,734 | 6,532 | 5,954 | 6,042 | 5,791 | 6,995 |
| 2022-23 | 7,029 | 5,385 | 6,589 | 6,718 | 6,275 | 6,363 | 6,823 | 6,691 | 6,750 | 5,953 | 5,766 | 6,793 |
| 2023-24 | 6,394 | 7,156 | 6,909 | 6,914 | 6,925 | 6,971 | 7,070 | 7,032 | 6,770 | 6,966 | 6,481 | 7,145 |
| 2024-25 | 6,728 | 7,285 | 7,058 | 7,212 | 6,426 | 6,929 | 7,177 | 6,951 | 7,039 | 6,910 | 6,381 | 7,142 |
| 2025-26 | 6,993 | 7,301 | 7,036 | 7,294 | | | | | | | | |

Selected measure at July 2025 has continuously increased for 1 period(s) of time

## Latest Value GM Benchmarking

*Attendances Rate per 1000 population & Count*

| | | |
|---|---|---|
| Stockport | 31.1 | 10,266 |
| Salford | 31.7 | 10,249 |
| Bolton | 32.3 | 10,788 |
| Trafford | 32.5 | 8,103 |
| Bury | 34.3 | 7,294 |
| Manchester | 36.7 | 27,502 |
| Wigan | 38.9 | 13,711 |
| Oldham | 39.2 | 10,540 |
| Rochdale | 44.3 | 11,215 |
| Tameside | 48.4 | 11,094 |

The rate is calculated using the registered population figure for each locality | Bury: 212,757

Narrative

- In July 2025, there were 7,294 A&E attendances recorded for Bury-registered patients. This represents an increase from 7,036 in July 2025 and from 7,212 in July 2024.
- Bury currently reports an attendance rate of 34.3 per 1,000 population, ranking as the 5th lowest among the Greater Manchester (GM) localities.

# Bury

**No Reason/Criteria To Reside patients (NCTR) as % of occupied beds**

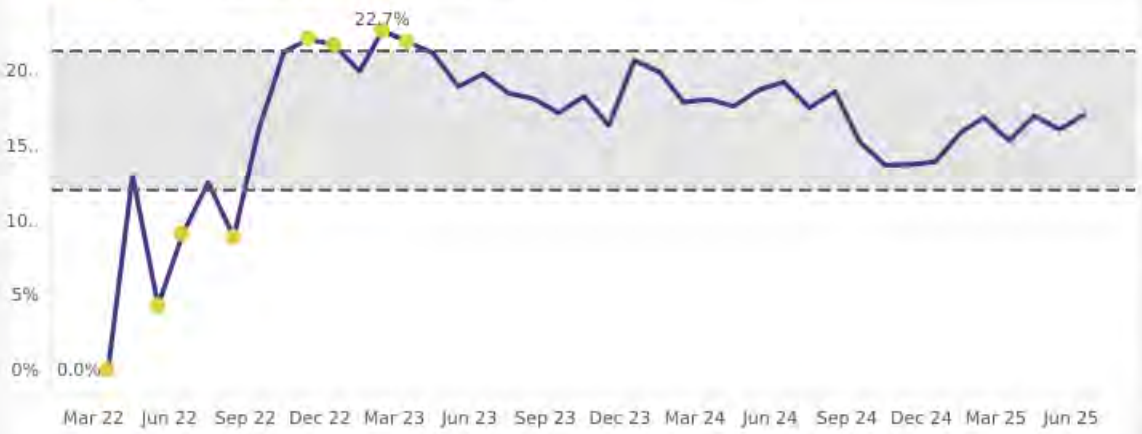
Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

Source: GM Admissions - Local (Monthly)

**17.0%**
July 2025

**16.1%**
June 2025

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 0.0% | 13.0% | 4.3% | 9.1% | 12.5% | 8.9% | 16.0% | 21.2% | 22.1% | 21.7% | 19.9% | 22.7% |
| 2023-24 | 21.9% | 21.2% | 18.9% | 19.8% | 18.5% | 18.1% | 17.2% | 18.3% | 16.3% | 20.7% | 19.9% | 17.9% |
| 2024-25 | 18.1% | 17.6% | 18.7% | 19.2% | 17.5% | 18.6% | 15.3% | 13.7% | 13.7% | 13.9% | 15.9% | 16.9% |
| 2025-26 | 15.3% | 17.0% | 16.1% | 17.0% | | | | | | | | |

Selected measure at July 2025 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking


Narrative

- This metric is monitored daily to support ongoing performance oversight.
- In July 2025, the NCTR percentage for Bury was 17.0%, reflecting a slight increase from 16.1% in June 2025, but an improvement compared to 19.2% in July 2024.
- Bury's rate remains above the Greater Manchester (GM) average of 13.9% and currently ranks as the 8th lowest percentage among GM localities.

# Bury

**Total number of specific acute non-elective spells**

Number of specific acute non-elective spells in the period (auto-calculated sum of E.M.11a and E.M.11b)

Source: National Flows APC (Monthly)

**1,870**
July 2025

**1,915**
June 2025

**2/10**
GM Rank

Outliers more than 1 standard deviation from the mean


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 1,977 | 2,071 | 1,945 | 2,042 | 1,888 | 1,941 | 1,920 | 1,946 | 1,901 | 1,791 | 1,767 | 2,050 |
| 2022-23 | 2,023 | 1,873 | 1,831 | 1,768 | 1,743 | 1,756 | 1,698 | 1,741 | 1,746 | 1,761 | 1,552 | 1,839 |
| 2023-24 | 1,637 | 1,772 | 1,861 | 1,820 | 1,862 | 1,870 | 2,017 | 1,990 | 1,877 | 1,948 | 1,748 | 2,006 |
| 2024-25 | 2,004 | 2,010 | 1,878 | 2,067 | 1,815 | 1,902 | 2,088 | 1,995 | 2,122 | 2,164 | 1,804 | 2,050 |
| 2025-26 | 1,999 | 2,161 | 1,915 | 1,870 | | | | | | | | |

Selected measure at July 2025 has continuously decreased for 2 period(s) of time

**Latest Value GM Benchmarking**

*Count & Rate Per 1000 Population*

| | | |
|---|---|---|
| Manchester | 6.1 | 4,552 |
| Trafford | 6.3 | 1,565 |
| Wigan | 6.7 | 2,379 |
| Oldham | 7.7 | 2,079 |
| Bury | 8.8 | 1,870 |
| Salford | 9.0 | 2,920 |
| Bolton | 9.3 | 3,126 |
| Tameside | 9.5 | 2,174 |
| Rochdale | 9.9 | 2,511 |
| Stockport | 11.4 | 3,757 |

The rate is calculated using the registered population figure for each locality | Bury: 212,757

Narrative

- In July 2025, there were 1,870 specific acute non-elective spells recorded for Bury-registered patients. This reflects a decrease from both 2,067 spells in July 2024 and 1,915 spells in June 2025.
- Bury currently ranks as having the 5th lowest rate of specific acute non-elective spells among the Greater Manchester (GM) localities.

# Bury

**Diagnostic 6ww: All**

% of Patients waiting over 6 weeks for a diagnostic test or procedure

Source: Monthly Diagnostics Waiting Times and Activity Return - DM01 (Monthly)

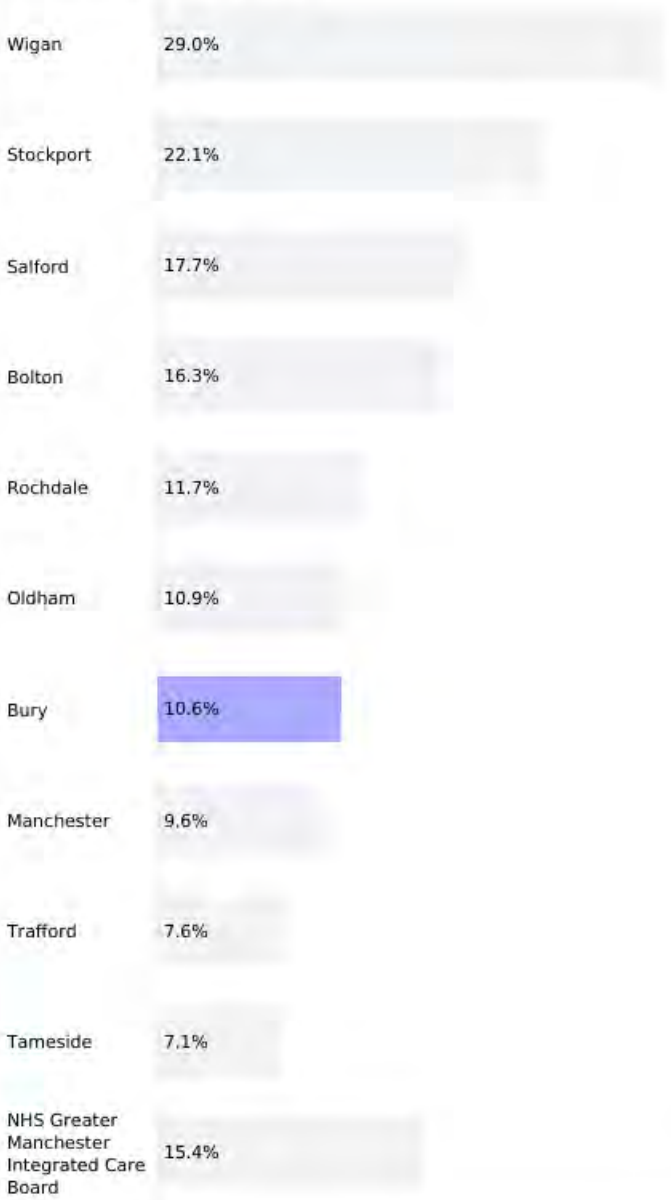
| 10.6% | 9.7% | 19/107 | 1.% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Upper Quartile | National Target |


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 36.7% | 34.4% | 36.7% | 40.1% | 40.7% | 40.6% | 45.7% | 42.8% | 42.9% | 46.0% | 39.1% | 32.5% |
| 2022-23 | 36.4% | 34.6% | 35.5% | 30.7% | 30.8% | 29.3% | 19.0% | 18.1% | 18.7% | 31.7% | 26.8% | 26.8% |
| 2023-24 | 27.5% | 25.0% | 26.0% | 24.5% | 25.9% | 24.0% | 20.5% | 17.4% | 22.3% | 21.0% | 14.7% | 14.5% |
| 2024-25 | 16.5% | 15.1% | 16.4% | 16.6% | 20.2% | 15.8% | 11.6% | 11.3% | 12.6% | 14.3% | 10.1% | 8.8% |
| 2025-26 | 13.2% | 9.7% | 10.6% | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 1 period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*




Narrative

- In June 2025, 10.6% of patients in Bury were waiting more than six weeks for a diagnostic test. This represents a notable improvement from 16.4% in June 2024.
- Bury's performance is better than the Greater Manchester (GM) average, which stood at 15.4% in June 2025.
- Bury and GM are both above the less than 1% target.

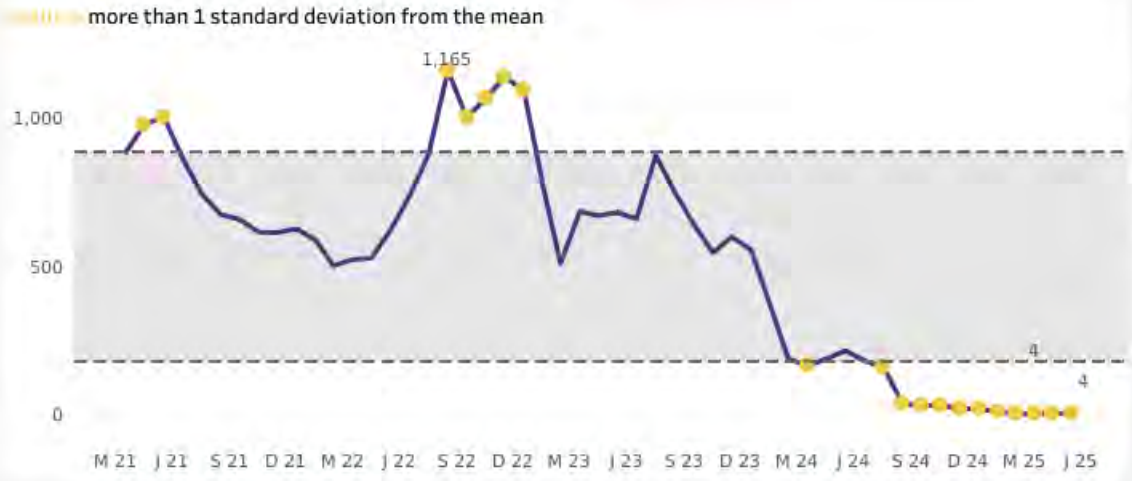
# Bury

**RTT incomplete: 65+ week waits**

"The number of 65+ week incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.
The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led referral to treatment waiting times rules and guidance webpage."

Source: Consultant-led RTT Waiting Times data collection (National Statistics). (Monthly)

| 4.000 | 7 | 5/121 | 0. |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Upper Quartile | National Target |




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 888 | 980 | 1,009 | 871 | 749 | 678 | 662 | 618 | 617 | 630 | 590 | 505 |
| 2022-23 | 526 | 530 | 626 | 739 | 882 | 1,165 | 1,007 | 1,070 | 1,142 | 1,099 | 773 | 513 |
| 2023-24 | 688 | 674 | 685 | 663 | 877 | 752 | 646 | 549 | 602 | 560 | 371 | 191 |
| 2024-25 | 166 | 190 | 218 | 184 | 162 | 38 | 32 | 34 | 22 | 21 | 11 | 5 |
| 2025-26 | 4 | 7 | 4 | | | | | | | | | |

Selected measure at June 2025 has continuously decreased for 1 period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*


- As of June 2025, there were 4 patients from Bury experiencing waits of 65 weeks or more, representing a decrease from 7 patients in May 2025.
- However, this reflects a significant reduction compared to June 2024, when 218 patients were recorded—an overall decrease of 214 patients.
- Bury currently holds the position of having the 3rd lowest number of 65+ week waits among the Greater Manchester (GM) localities.

# Bury

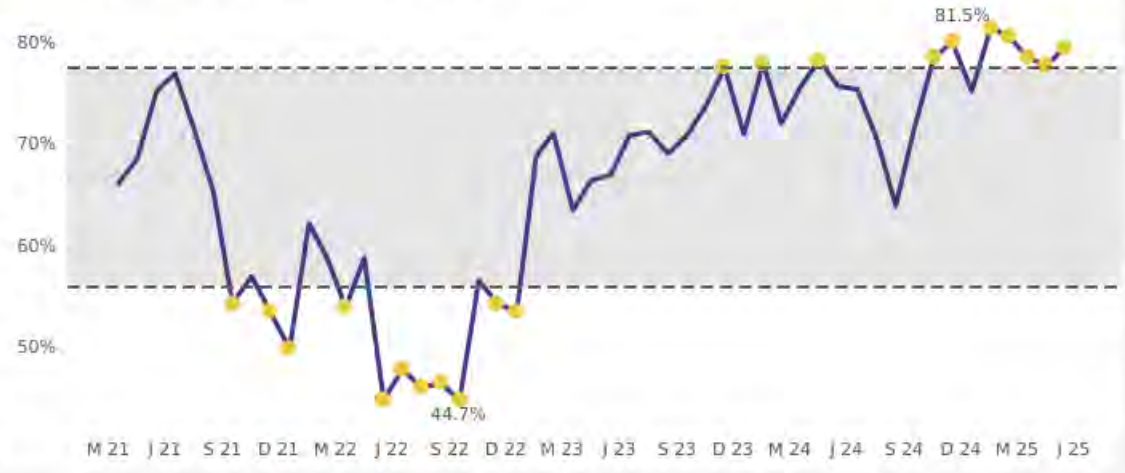
**28 Day Wait from Referral to Faster Diagnosis: All Patients**

Proportion of patients told cancer diagnosis outcome within 28 days of their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral

Source: National Cancer Waiting Times Monitoring Data Set (CWT) (Monthly)

| 79.6% | 77.8% | 27/106 | 80.% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Inter Quartile | National Target |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 66.2% | 68.6% | 75.2% | 77.0% | 71.4% | 65.2% | 54.3% | 57.0% | 53.4% | 49.9% | 62.2% | 58.9% |
| 2022-23 | 53.9% | 58.8% | 44.7% | 47.8% | 46.0% | 46.4% | 44.7% | 56.6% | 54.3% | 53.5% | 68.8% | 71.1% |
| 2023-24 | 63.5% | 66.5% | 67.0% | 70.9% | 71.2% | 69.1% | 70.9% | 73.8% | 77.6% | 71.0% | 78.0% | 72.1% |
| 2024-25 | 75.7% | 78.3% | 75.7% | 75.5% | 70.7% | 64.0% | 71.6% | 78.6% | 80.1% | 75.3% | 81.5% | 80.7% |
| 2025-26 | 78.6% | 77.8% | 79.6% | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 1 period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*


Narrative

- In June 2025, 79.6% of patients in Bury were informed of their cancer diagnosis outcome within 28 days of a two-week wait (2WW) referral. This represents an increase from 77.8% in May 2025.
- Bury currently ranks as the 4th highest performing locality within Greater Manchester (GM) for this metric.
- The GM average for June 2025 stands at 79.9%, which is also below the national target of 80%.
- As such, both Bury and GM are performing below the national standard for timely cancer diagnosis.

# Bury

**Breast screening coverage, females aged 53-70, screened in last 36 months**

3-year screening coverage %: The number of females registered to the practice screened adequately in previous 36 months divided by the number of eligible females on last day of the review period

Source: Fingertips, Public Health Data, Public Health Outcomes Framework (Annual)

| 73.3% | 69.2% | 60% |
|---|---|---|
| December 2024 | December 2023 | No Target |

more than 1 standard deviation from the mean


| | Dec |
|---|---|
| 2021-22 | 73.9% |
| 2022-23 | 70.0% |
| 2023-24 | 69.2% |
| 2024-25 | 73.3% |

**Latest Value GM Benchmarking**

*National Rank against other localities*


Narrative

- The 3-year breast screening coverage to December 24 for the Bury population was 73.3% for eligible females.
- Bury locality currently has the 2nd highest percentage out of all the GM localities and is higher than the GM percentage of 68.1%.

# Bury

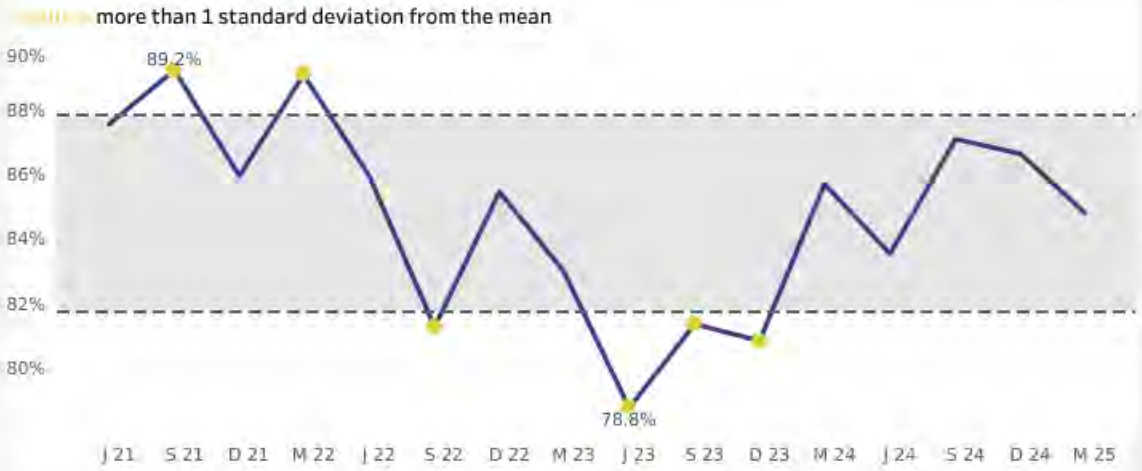
**COVER immunisation: MMR2 Uptake at 5 years old**

Population vaccination coverage - MMR for two doses (5 years old)

Source: Cover of vaccination evaluated rapidly (COVER) programme (Quarterly)

**84.8%**
March 2025

**95.%**
National Target




| | Jun | Sep | Dec | Mar |
|---|---|---|---|---|
| 2021-22 | 87.6% | 89.2% | 86.0% | 89.1% |
| 2022-23 | 86.0% | 81.3% | 85.5% | 83.0% |
| 2023-24 | 78.8% | 81.4% | 80.9% | 85.7% |
| 2024-25 | 83.6% | 87.1% | 86.7% | 84.8% |

Selected measure at March 2025 has continuously decreased for 2 period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*

| | |
|---|---|
| Stockport | 92.4% |
| Wigan | 91.9% |
| Trafford | 91.2% |
| Bolton | 88.7% |
| Rochdale | 87.2% |
| Bury | 84.8% |
| Tameside | 84.4% |
| Oldham | 83.9% |
| Salford | 81.6% |
| Manchester | 75.8% |

Narrative

- As of March 2025, the MMR2 uptake rate at age five years in Bury stands at 84.8%, representing a decline from 86.7% in December 2024.
- Bury currently exceeds the Greater Manchester (GM) average, which is 75.8%.
- Among the GM localities, Bury ranks sixth.
- However, both Bury and GM remain below the national target of 95%.

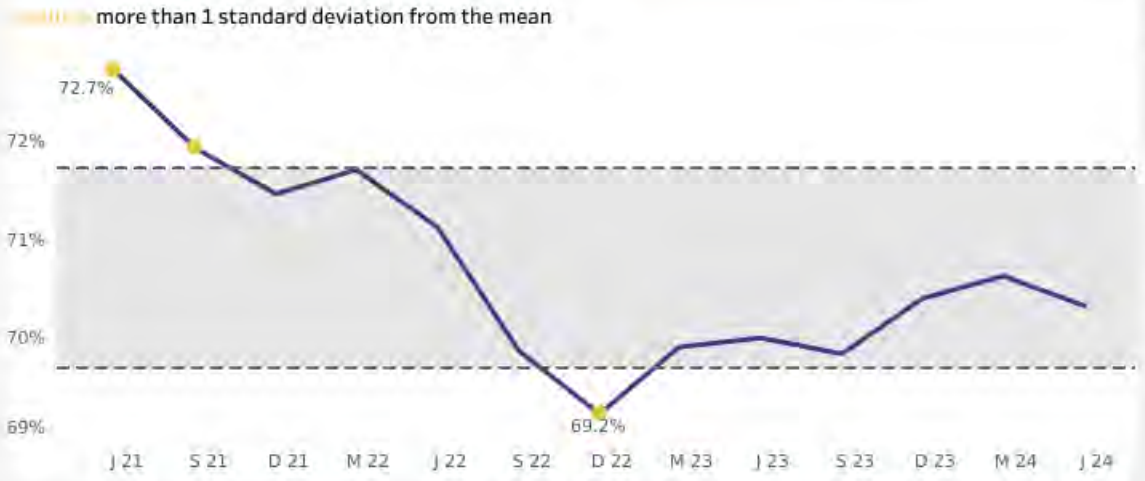
# Bury

**Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)**

The overall cervical screening coverage: the number of women screened adequately in the previous 42 months (if aged 24-49) or 66 months (if aged 50-64) divided by the number of eligible women on last day of review period.

Source: Cervical Screening Programme - Coverage Statistics [Management Information] (Quarterly)

| 70.3% | 70.6% | 68/106 | 80.% |
|---|---|---|---|
| June 2024 | March 2024 | National Rank Inter Quartile | National Target |

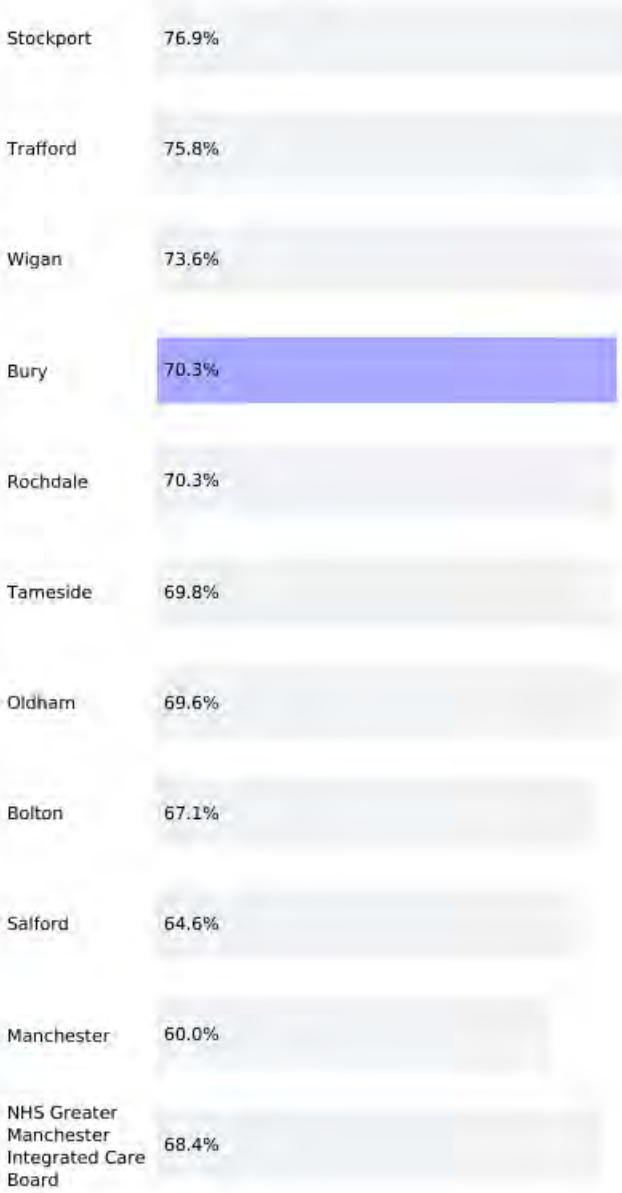



| | Jun | Sep | Dec | Mar |
|---|---|---|---|---|
| 2021-22 | 72.7% | 71.9% | 71.5% | 71.7% |
| 2022-23 | 71.1% | 69.9% | 69.2% | 69.9% |
| 2023-24 | 70.0% | 69.8% | 70.4% | 70.6% |
| 2024-25 | 70.3% | | | |

Selected measure at June 2024 has continuously decreased for 1 period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*




Narrative

- The GM Cancer Screening Dashboard, shows cervical screening coverage for Bury patients in June 2025 was 69.1% among individuals aged 24 to 49 years, and 74.2% among those aged 50 to 64 years.
- Both figures fall below the efficiency target of 80%.

# Bury

**% 2-hour Urgent Community Response (UCR) first care contacts**

Percentage of 2-hour UCR referrals subject to the 2-hour response standard (as specified in the UCR technical guidance), with an RTT end date in reporting month, that achieved the 2-hour response standards

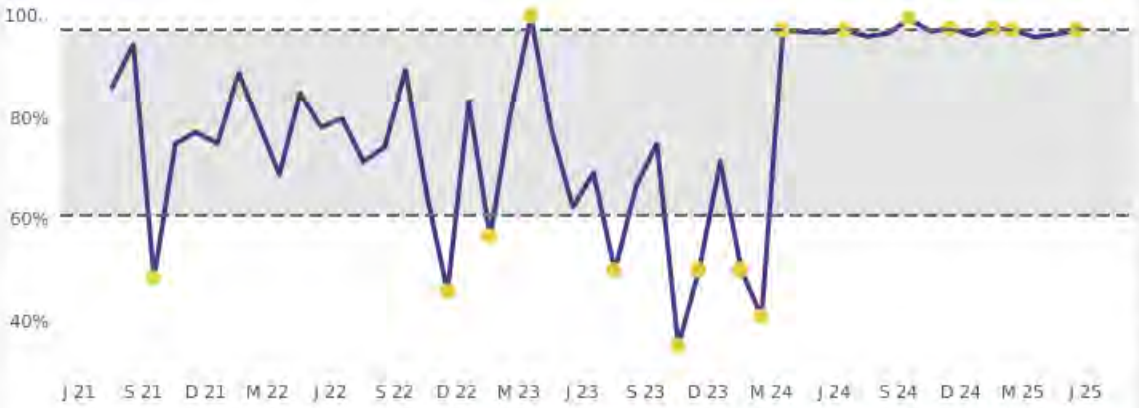
Source: Community Services Data Set (CSDS) (Monthly)

**97.2%**
June 2025

**96.5%**
May 2025

**70%**
National Target

more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | | | | | 86.0% | 94.5% | 48.5% | 75.0% | 77.3% | 75.0% | 88.9% | 79.4% |
| 2022-23 | 68.9% | 84.9% | 78.3% | 80.0% | 71.4% | 74.4% | 89.5% | 65.0% | 45.8% | 83.3% | 56.5% | 80.0% |
| 2023-24 | 100.0% | 77.8% | 62.5% | 69.2% | 50.0% | 66.7% | 75.0% | 35.3% | 50.0% | 71.4% | 50.0% | 40.9% |
| 2024-25 | 97.3% | 97.0% | 96.8% | 97.3% | 96.1% | 96.7% | 99.6% | 97.1% | 97.6% | 96.3% | 97.7% | 97.3% |
| 2025-26 | 96.0% | 96.5% | 97.2% | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking


Narrative

- In June 2025, 97.2% of Urgent Community Response (UCR) referrals for Bury-registered patients received a response within the two-hour standard. This represents a slight improvement from 96.5% in May 2025.
- Bury currently holds the third-highest performance among the Greater Manchester (GM) localities and exceeds the national target of 70%.

# Bury - Oversight Metrics

Show Definitions

| Domain | Code | Measure | Frequency | Date | Latest | Previous | Change | Target/Median | Numerator | Denominator | Quartile |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mental Health & Learning Disabilities | EAS02 | Talking Therapies: Recovery Rate | Monthly | Jun 25 | 48.0% | 48.0% | | 50.% | 90 | 188 | Lower |
| | EH13 | % of people with SMI to receive all six physical health checks in the preceding 12 months. | Quarterly | Mar 24 | 64.9% | 50.9% | | 60.% | 1,322 | 2,036 | Inter |
| | EH01 | Talking Therapies: 6 Week Waits | Monthly | Jun 25 | 62.5% | 69.4% | | 75.% | 125 | 200 | Lower |
| | EH02 | Talking Therapies: 18 Week Waits | Monthly | Jun 25 | 97.5% | 97.2% | | 95.% | 195 | 200 | Lower |
| | EH21 | Talking Therapies: Second Treatment Waits | Monthly | Jun 25 | 24.4% | 18.6% | | 10.% | 50 | 205 | Inter |
| | EH10 | CYP Eating Disorders: Routine - % within 4 weeks | Quarterly | Mar 23 | 91.4% | 94.7% | | 95.% | 32 | 35 | Inter |
| | EH11 | CYP Eating Disorders: Urgent - % within 1 week | Quarterly | Mar 23 | 75.0% | 75.0% | | 95.% | 3 | 4 | Inter |
| | EH34 | Access to Individual Placement and Support Services | Monthly | Jun 25 | 150 | 90 | | 290 | N/A | N/A | Inter |
| | N/A | Percentage of CYP receiving Autism assessment within 18 weeks of referral | Monthly | Jun 25 | 13.3% | 0.0% | | N/A | 2 | 15 | N/A |
| | N/A | Percentage of CYP receiving ADHD assessment within 18 weeks of referral | Monthly | Jun 25 | 10.0% | 0.0% | | N/A | 1 | 10 | N/A |
| | N/A | Autism average wait in weeks from referral to first assessment | Monthly | Jun 25 | 80 | 98 | | N/A | N/A | N/A | N/A |
| | N/A | ADHD average wait in weeks from referral to first assessment | Monthly | Jun 25 | 92 | 95 | | N/A | N/A | N/A | N/A |
| Community | ET02 | Total Patients on the CHS Waiting Lists (NCA) | Monthly | Jun 25 | 18,197 | 15,600 | | N/A | N/A | N/A | N/A |
| | ET02a | Total CYP on the CHS Waiting Lists (NCA) | Monthly | Jun 25 | 6,263 | 6,028 | | N/A | N/A | N/A | N/A |
| | ET02b | Total Adults on the CHS Waiting Lists (NCA) | Monthly | Jun 25 | 11,934 | 9,572 | | N/A | N/A | N/A | N/A |
| | N/A | Total Patients Waiting 52+ Weeks on the CHS Waiting Lists (NCA) | Monthly | Jun 25 | 911 | 1,218 | | N/A | N/A | N/A | N/A |
| | ET09b | Total Adults Waiting 52+ Weeks on the CHS Waiting Lists (NCA) | Monthly | Jun 25 | 339 | 655 | | N/A | N/A | N/A | N/A |
| | ET09a | Total CYP Waiting 52+ Weeks on the CHS Waiting Lists (NCA) | Monthly | Jun 25 | 572 | 563 | | N/A | N/A | N/A | N/A |
| | N/A | % of CHC referrals completed within 28 days | Quarterly | Jun 25 | 92.3% | 83.9% | | N/A | 24 | 26 | Upper |
| | N/A | % of DST carried out in acute setting | Quarterly | Jun 25 | 0.0% | 0.0% | | N/A | 0 | 21 | Inter |
| Primary Care | ED19 | Appointments in general practice | Monthly | Jun 25 | 80,731 | 75,490 | | 198,864 | N/A | N/A | Lower |
| | S001a | Number of GP appointments per 10,000 weighted patients | Monthly | Jun 25 | 379.4 | 354.8 | | 470 | 80,731 | 212,766 | Lower |
| | N/A | Number of prescriptions dispensed per 1000 patients | Monthly | Apr 25 | 860 | 851 | | N/A | N/A | N/A | Lower |
| Adult Social Care | N/A | Number of people in Care Homes | Weekly | Aug 25 | 1,308 | 1,306 | | N/A | N/A | N/A | N/A |
| | N/A | Number of people in Home Care | Weekly | Aug 25 | 1,488 | 1,517 | | N/A | N/A | N/A | N/A |
| | N/A | Percentage of Care Homes rated Good or Outstanding | Monthly | Jul 25 | 84.6% | 84.6% | | N/A | 44 | 52 | N/A |
| | N/A | Care home beds vacancy rate | Weekly | Aug 25 | 15.1% | 15.1% | | N/A | 233 | 1,541 | N/A |
| | N/A | Number of vacant care home beds | Weekly | Aug 25 | 233 | 232 | | N/A | N/A | N/A | N/A |

# Bury

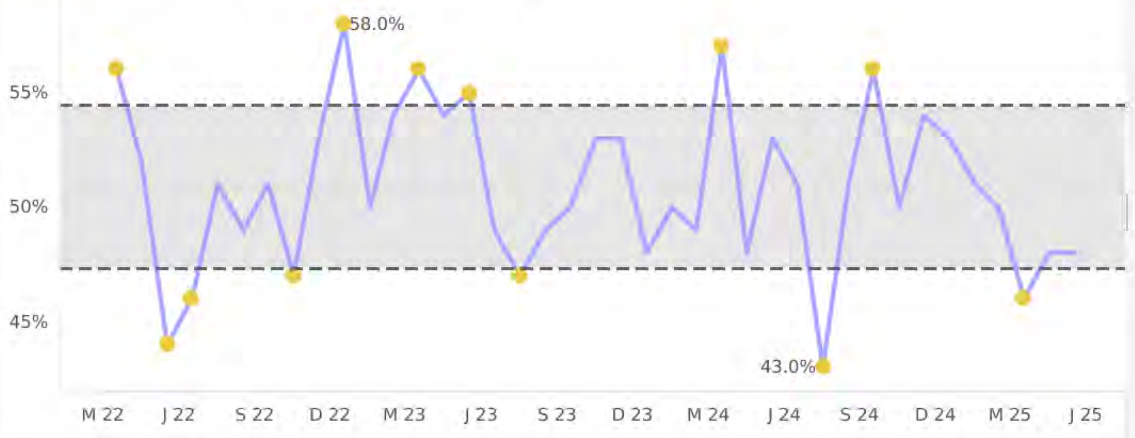
**Talking Therapies: Recovery Rate**

The proportion of people who complete treatment who are moving to recovery

Source: Improving Access to Psychological Therapies Data Set (Monthly)

| 48.0% | 48.0% | 79/110 | 50.% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | National Target |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 56.0% | 52.0% | 44.0% | 46.0% | 51.0% | 49.0% | 51.0% | 47.0% | 53.0% | 58.0% | 50.0% | 54.0% |
| 2023-24 | 56.0% | 54.0% | 55.0% | 49.0% | 47.0% | 49.0% | 50.0% | 53.0% | 53.0% | 48.0% | 50.0% | 49.0% |
| 2024-25 | 57.0% | 48.0% | 53.0% | 51.0% | 43.0% | 51.0% | 56.0% | 50.0% | 54.0% | 53.0% | 51.0% | 50.0% |
| 2025-26 | 46.0% | 48.0% | 48.0% | | | | | | | | | |

Selected measure at June 2025 has continuously for **1** period(s) of time

Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 4 | Trafford | 60.0% |
| 13 | Stockport | 56.0% |
| 47 | Bolton | 51.0% |
| | Tameside | 51.0% |
| 60 | Oldham | 50.0% |
| 66 | Wigan | 49.0% |
| 79 | Bury | 48.0% |
| | Manchester | 48.0% |
| 86 | Rochdale | 47.0% |
| 100 | Salford | 44.0% |

Narrative

- June 25 data shows a Talking Therapies recovery rate with 48.0%, the same as the previous month.
- This is lower than the performance in the same period last year, which was 53.0%.
- Currently, Bury ranks as the seventh lowest among the Greater Manchester (GM) localities in terms of Talking Therapies recovery rate.

# Bury

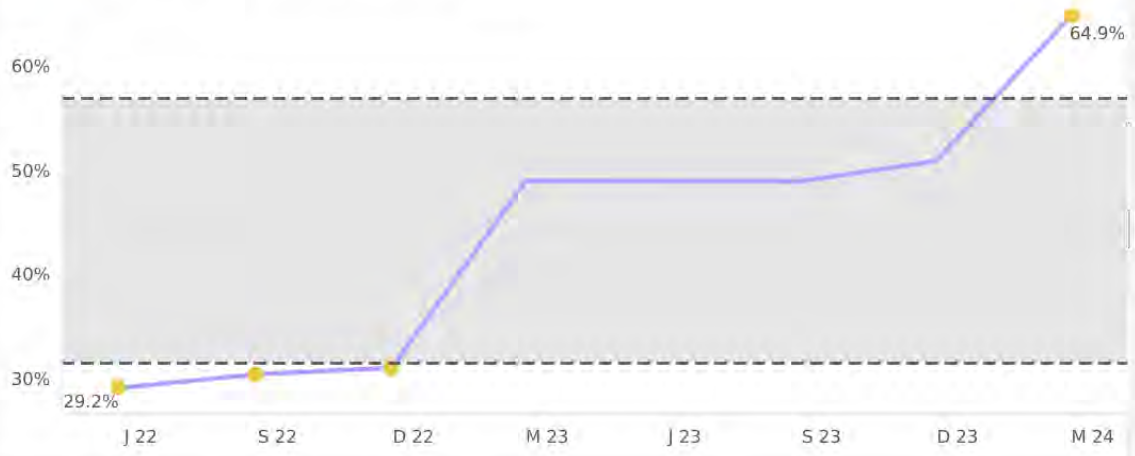
**% of people with SMI to receive all six physical health checks in the preceding 12 months. - Mental Health Patients**

People with severe mental illness receiving a full annual physical health check and follow up interventions

Source: Physical Health Checks for people with Severe Mental Illness (Quarterly)

| 64.9% | 50.9% | 77/106 | 60.% |
|---|---|---|---|
| March 2024 | December 2023 | National Rank Inter Quartile | National Target |

Outliers more than 1 standard deviation from the mean




| | Jun | Sep | Dec | Mar |
|---|---|---|---|---|
| 2022-23 | 29.2% | 30.5% | 31.1% | 49.1% |
| 2023-24 | 49.0% | 49.0% | 50.9% | 64.9% |

Selected measure at March 2024 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 33 | Stockport | 73.5% |
| 37 | Trafford | 72.8% |
| 50 | Salford | 70.7% |
| 52 | Tameside | 69.7% |
| 58 | Bolton | 67.7% |
| 59 | Manchester | 67.7% |
| 64 | Wigan | 67.0% |
| 68 | Rochdale | 66.6% |
| 75 | Oldham | 65.4% |
| 77 | Bury | 64.9% |
| 25 | NHS Greater Manchester Integrated Care Board | 68.5% |

Narrative

- Published data indicates that, as of June 2025, 54% of individuals registered in Bury with a serious mental illness (SMI) had completed all six recommended physical health checks within the preceding 12 months. This equates to 1,079 out of 1,997 eligible patients.
- In comparison, the Greater Manchester (GM) average for the same period was 60.4%, indicating that Bury is currently performing below the GM average.

# Bury

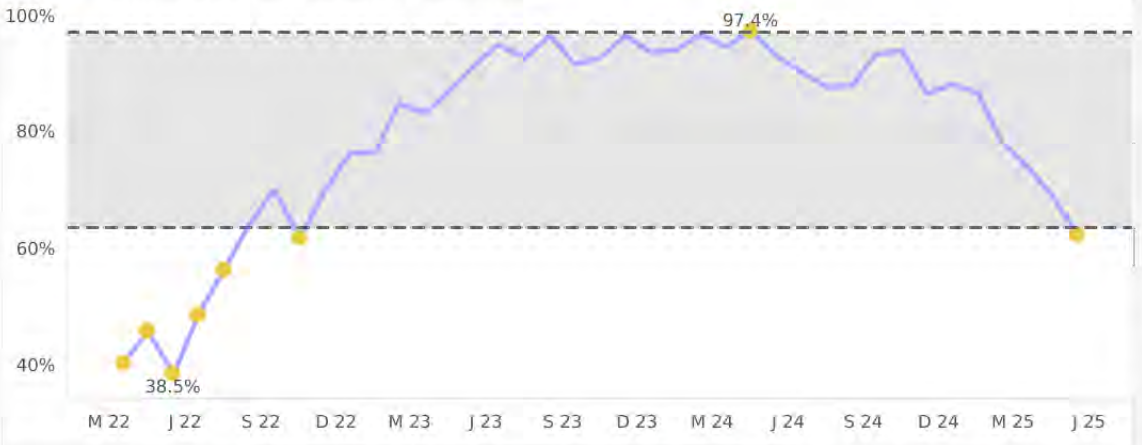
**Talking Therapies: 6 Week Waits**

The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

Source: Improving Access to Psychological Therapies Data Set (Monthly)

| 62.5% | 69.4% | 104/110 | 75.% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | National Target |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 40.5% | 45.8% | 38.5% | 48.7% | 56.4% | 64.3% | 70.3% | 61.9% | 70.0% | 76.5% | 76.7% | 85.0% |
| 2023-24 | 83.3% | 87.0% | 91.5% | 95.1% | 92.7% | 96.7% | 91.7% | 92.9% | 96.7% | 93.8% | 94.1% | 96.9% |
| 2024-25 | 94.7% | 97.4% | 93.2% | 90.5% | 87.8% | 88.0% | 93.5% | 93.9% | 86.7% | 88.2% | 86.8% | 78.6% |
| 2025-26 | 74.4% | 69.4% | 62.5% | | | | | | | | | |

Selected measure at June 2025 has continuously decreased for 5 period(s) of time

Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 35 | Tameside | 96.1% |
| 36 | Wigan | 96.0% |
| 84 | Salford | 83.3% |
| 91 | Stockport | 78.6% |
| 93 | Bolton | 77.1% |
| 94 | Manchester | 74.2% |
| 98 | Oldham | 71.1% |
| 101 | Trafford | 68.1% |
| 104 | Bury | 62.5% |
| 105 | Rochdale | 61.8% |
| 39 | NHS Greater Manchester Integrated Care Board | 77.5% |

Narrative

- The percentage of patients that wait 6 weeks or less from referral to entering IAPT treatment in June 2025 is 62.5% This reflects a decline for the fifth month in a row and a decrease in performance from 69.4% in May 2025.
- Bury's performance is currently below both the Greater Manchester (GM) average of 77.5% and the national target of 75%.
- Bury missed the National Target of 75%, GM achieved the Target.

# Bury

**Talking Therapies: 18 Week Waits**

The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

Source: Improving Access to Psychological Therapies Data Set (Monthly)

| 97.5% | 97.2% | 99/110 | 95.% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | National Target |

Outliers more than 1 standard deviation from the mean


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 92.9% | 87.5% | 84.6% | 94.9% | 97.4% | 95.2% | 94.6% | 95.2% | 96.7% | 100.0% | 100.0% | 97.5% |
| 2023-24 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 97.6% | 96.7% | 100.0% | 100.0% | 100.0% |
| 2024-25 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 97.0% | 96.7% | 100.0% | 100.0% | 100.0% |
| 2025-26 | 97.4% | 97.2% | 97.5% | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 3 | Salford | 100.0% |
| | Tameside | 100.0% |
| | Trafford | 100.0% |
| | Wigan | 100.0% |
| 95 | Oldham | 97.8% |
| 97 | Stockport | 97.6% |
| 99 | Bury | 97.5% |
| 101 | Manchester | 96.0% |
| 104 | Rochdale | 94.1% |
| 110 | Bolton | 85.7% |
| 41 | NHS Greater Manchester Integrated Care Board | 96.5% |

Narrative

- In June 2025, there were 97.5% of patients that waited 18 weeks or less from referral to entering IAPT treatment. This represents a marginal increase from 97.2% in May 2025 but a more notable decline from 100% in June 2024.
- Bury's performance remains above the national target of 95% and is also higher than the Greater Manchester (GM) average of 96.5%.
- However, Bury ranks as the seventh lowest among the GM localities.

# Bury

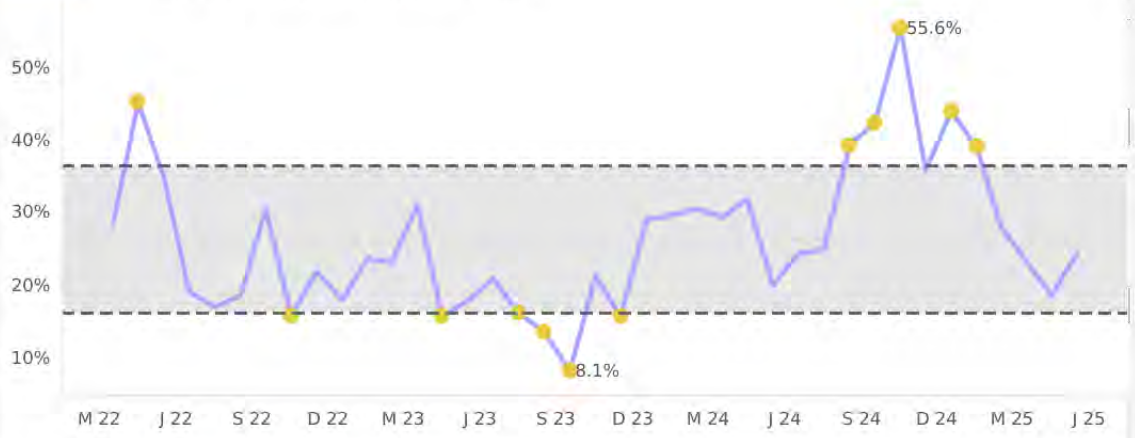
**Talking Therapies: Second Treatment Waits**

The proportion of people that waited more than 90 days from their first treatment appointment to their second treatment appointment.

Source: Improving Access to Psychological Therapies Data Set (Monthly)

| 24.4% | 18.6% | 49/104 | 10.% |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Inter Quartile | National Target |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 28.6% | 45.3% | 34.9% | 19.1% | 17.0% | 18.6% | 30.6% | 15.8% | 21.9% | 17.9% | 23.8% | 23.1% |
| 2023-24 | 31.0% | 15.7% | 17.9% | 20.9% | 16.1% | 13.5% | 8.1% | 21.3% | 15.8% | 28.9% | 29.7% | 30.6% |
| 2024-25 | 29.4% | 31.9% | 20.0% | 24.3% | 25.0% | 39.4% | 42.4% | 55.6% | 35.9% | 44.0% | 39.0% | 28.2% |
| 2025-26 | 23.3% | 18.6% | 24.4% | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 49 | Bury | 24.4% |
| 55 | Trafford | 25.5% |
| 61 | Wigan | 28.0% |
| 76 | Salford | 34.4% |
| 80 | Manchester | 40.2% |
| 81 | Stockport | 40.4% |
| 85 | Oldham | 41.1% |
| 86 | Tameside | 42.1% |
| 92 | Bolton | 45.6% |
| 103 | Rochdale | 78.1% |
| 37 | NHS Greater Manchester Integrated Care Board | 39.1% |

Narrative

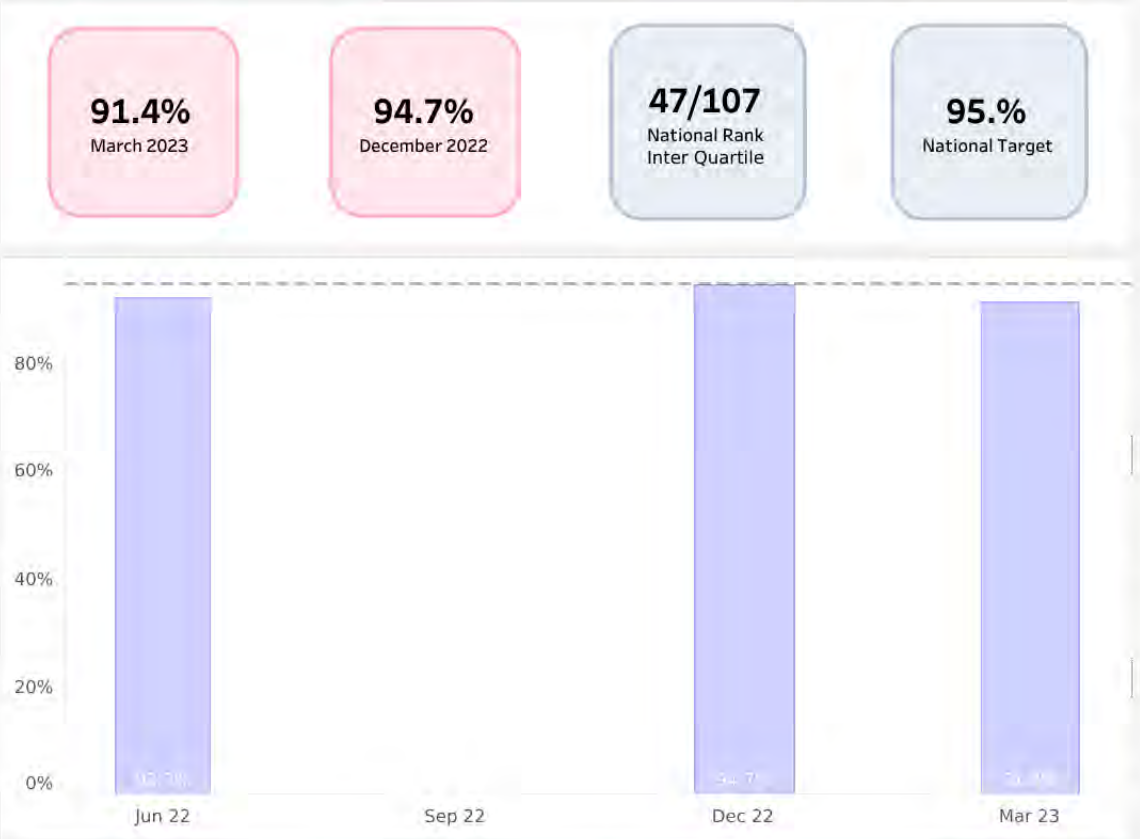
- In June 2025, 24.4% of patients in Bury attended their second appointment within 90 days of their first, reflecting an increase since May 2025 (18.6%).
- This performance is below the Greater Manchester (GM) average of 39.1% and Bury currently ranks as the lowest among all GM localities for this measure.
- Both Bury and GM remain above the national target of 10%

# Bury

**CYP Eating Disorders: Routine - % within 4 weeks**

C&YP Routine Eating Disorders: 4 Week Waits (Rolling 12 mths)

Source: Children and Young People with an Eating Disorder: Waiting Times. (Quarterly)




| | Jun | Dec | Mar |
|---|---|---|---|
| 2022-23 | 92.3% | 94.7% | 91.4% |

Selected measure at March 2023 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 18 | Salford | 100.0% |
| 28 | Trafford | 98.5% |
| 30 | Manchester | 97.7% |
| 34 | Rochdale | 96.3% |
| 39 | Stockport | 94.5% |
| 45 | Oldham | 92.0% |
| 47 | Bury | 91.4% |
| 51 | Bolton | 89.5% |
| 52 | Wigan | 89.4% |
| 56 | Tameside | 84.6% |
| 11 | NHS Greater Manchester Integrated Care Board | 94.7% |

Narrative

- Data taken from the Greater Manchester Eating Disorder Dashboard, shows 43% of patients with routine eating disorders in the Children and Young People (CYP) category were seen within four weeks during June 2025. Specifically, 3 out of 7 patients received care within the four-week target timeframe.

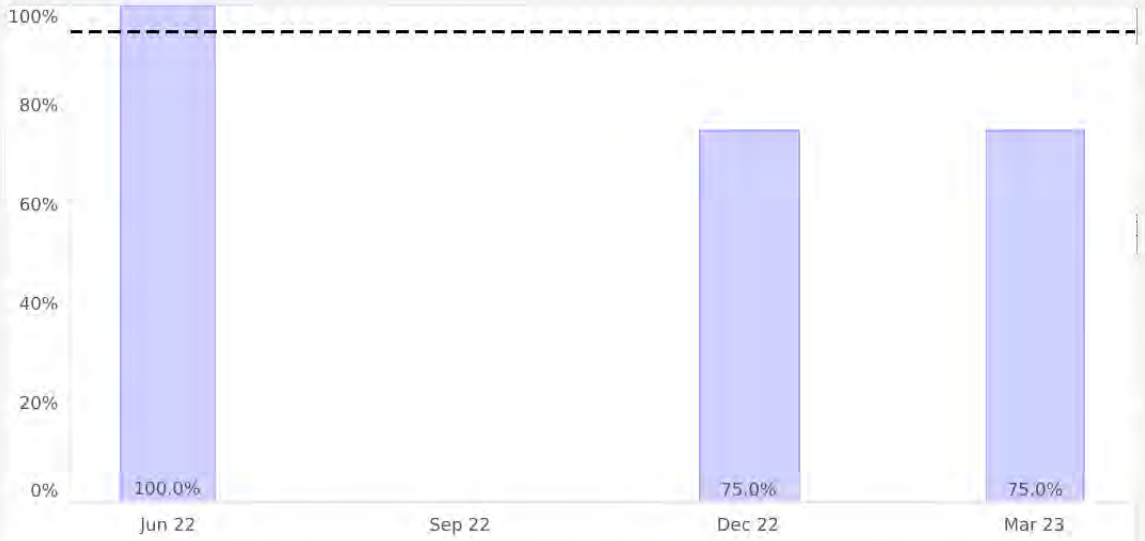
# Bury

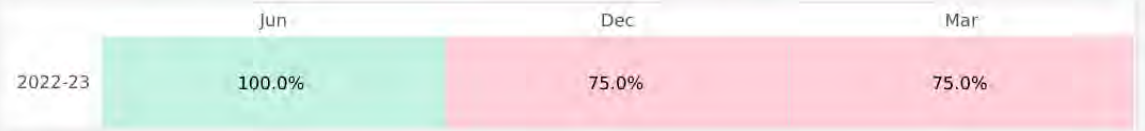
**CYP Eating Disorders: Urgent - % within 1 week**

C&YP Urgent Eating Disorders: 1 Week Waits (Rolling 12 mths)

Source: Children and Young People with an Eating Disorder: Waiting Times. (Quarterly)

| 75.0% | 75.0% | 75/107 | 95.% |
|---|---|---|---|
| March 2023 | December 2022 | National Rank Inter Quartile | National Target |




Selected measure at March 2023 has continuously for **1** period(s) of time

**Latest Value GM Benchmarking**

*National Rank against other localities*

| | | |
|---|---|---|
| *18* | Rochdale | 100.0% |
| | Salford | 100.0% |
| | Trafford | 100.0% |
| *56* | Manchester | 90.0% |
| *64* | Bolton | 83.3% |
| *75* | Bury | 75.0% |
| | Stockport | 75.0% |
| *84* | Oldham | 66.7% |
| | Tameside | 66.7% |
| *88* | Wigan | 63.6% |
| *20* | NHS Greater Manchester Integrated Care Board | 83.5% |

Narrative

- Data from the GM Eating Disorder Dashboard indicates that there were no Children and Young People (CYP) with an urgent eating disorder requirement in June 2025.

# Bury

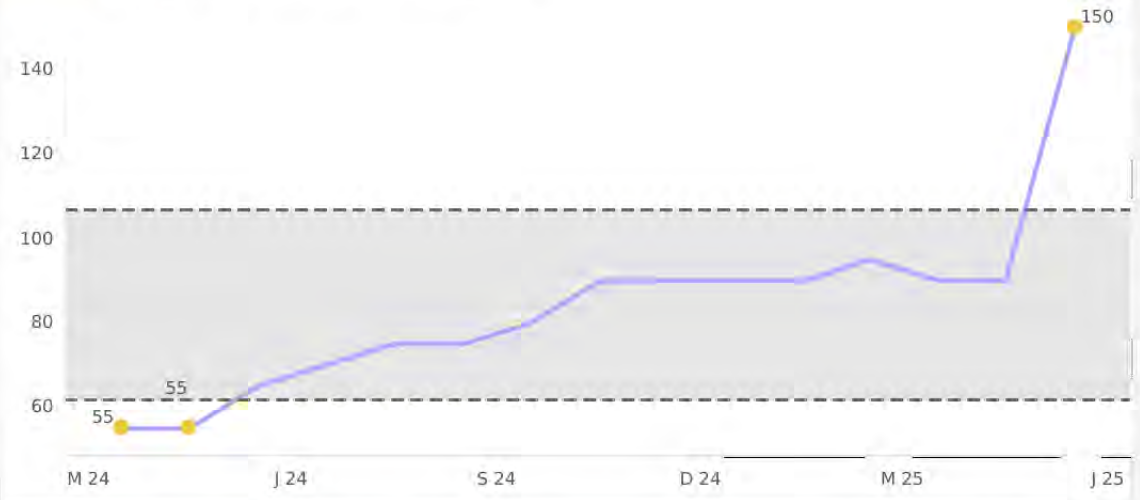
**Access to Individual Placement and Support Services - Mental Health Patients**

Access to Individual Placement and Support Services

Source: Published MHSDS (Monthly)

| 150 | 90 | 78/104 | 290.0 |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Inter Quartile | National Median |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-25 | 55 | 55 | 65 | 70 | 75 | 75 | 80 | 90 | 90 | 90 | 90 | 95 |
| 2025-26 | 90 | 90 | 150 | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

*Rate Per 1000 | Count (National Rank)*

| | | |
|---|---|---|
| Salford | 1.15 | 365 (43) |
| Trafford | 0.82 | 205 (65) |
| Stockport | 0.76 | 250 (57) |
| Rochdale | 0.72 | 180 (69) |
| Bury | 0.71 | 150 (78) |
| Wigan | 0.68 | 235 (58) |
| Tameside | 0.64 | 145 (80) |
| Oldham | 0.58 | 155 (77) |
| Manchester | 0.58 | 420 (35) |
| Bolton | 0.53 | 175 (70) |

Narrative

- Access to Individual Placement and Support (IPS) Services increased to 150 in June 2025, up from 90 in May 2025 and from 65 in June 2024.
- Bury currently reports a rate of 0.71 per 1,000 population, ranking fifth among the Greater Manchester localities in terms of access rate.

# Bury

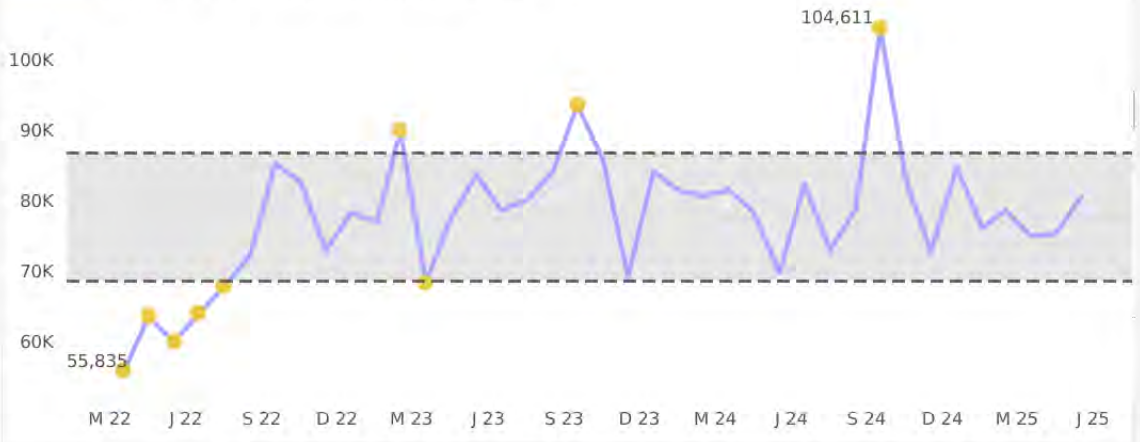
**Appointments in general practice**

Planned number of general practice appointments as per
https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice

Source: Appointments in General Practice (Monthly)

| 80,731 | 75,490 | 96/106 | 198,864 |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | National Median |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 55,835 | 63,543 | 60,045 | 64,085 | 67,914 | 72,403 | 85,358 | 82,715 | 72,980 | 78,396 | 77,007 | 90,092 |
| 2023-24 | 68,473 | 77,574 | 83,761 | 78,766 | 80,123 | 84,117 | 93,632 | 85,880 | 69,195 | 84,232 | 81,509 | 80,803 |
| 2024-25 | 81,636 | 78,407 | 69,836 | 82,456 | 73,064 | 78,846 | 104,611 | 82,872 | 72,795 | 84,833 | 76,216 | 78,755 |
| 2025-26 | 75,024 | 75,490 | 80,731 | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 38 | Manchester | 282,052 |
| 61 | Bolton | 160,098 |
| 63 | Stockport | 158,469 |
| 65 | Salford | 151,426 |
| 69 | Wigan | 143,033 |
| 77 | Oldham | 110,374 |
| 81 | Rochdale | 104,722 |
| 84 | Tameside | 103,139 |
| 88 | Trafford | 97,473 |
| 96 | Bury | 80,731 |

Narrative

- The planned number of GP appointments in June 2025 was 80,731, representing an increase from May 2025, when 75,490 appointments were recorded.
- This is also a large increase in June 2024 when 69,836 were recorded.
- These figures encompass all appointment types, including face-to-face consultations, home visits, telephone appointments, and others.

# Bury

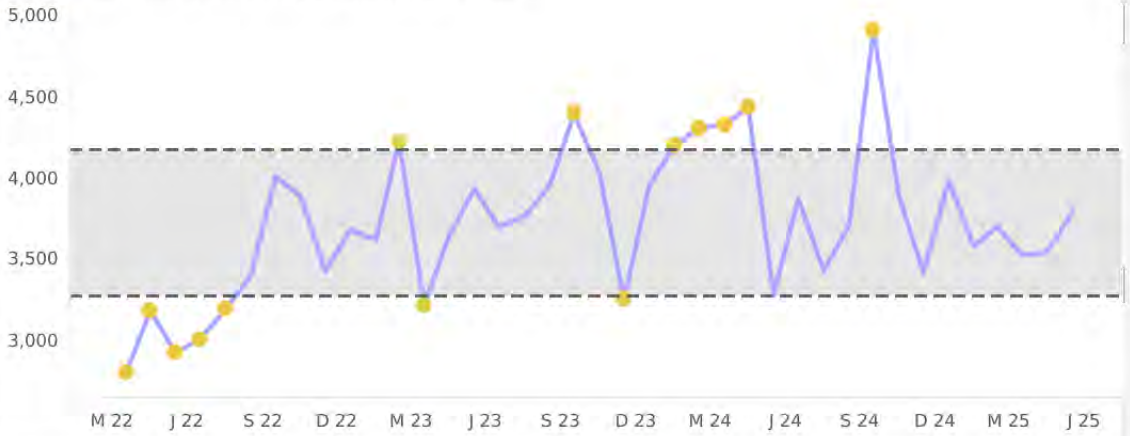
**Number of GP appointments per 10,000 weighted patients**

Number of general practice appointments per 10,000 weighted patients

Source: Appointments in General Practice (Monthly)

| 379.4 | 354.8 | 103/106 | 470.3 |
|---|---|---|---|
| June 2025 | May 2025 | National Rank Lower Quartile | National Median |

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 279.7 | 318.3 | 292.4 | 301.2 | 319.2 | 340.3 | 401.2 | 388.8 | 343.0 | 368.5 | 361.9 | 423.4 |
| 2023-24 | 321.8 | 364.6 | 393.7 | 370.2 | 376.6 | 395.4 | 440.1 | 403.6 | 325.2 | 395.9 | 420.4 | 431.1 |
| 2024-25 | 433.0 | 443.6 | 328.2 | 387.5 | 343.4 | 370.6 | 491.7 | 389.5 | 342.1 | 398.7 | 358.2 | 370.1 |
| 2025-26 | 352.6 | 354.8 | 379.4 | | | | | | | | | |

Selected measure at June 2025 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| 43 | Stockport | 479.6 |
| 47 | Bolton | 478.5 |
| 60 | Salford | 461.8 |
| 67 | Tameside | 450.1 |
| 89 | Oldham | 423.5 |
| 93 | Rochdale | 413.3 |
| 97 | Wigan | 405.3 |
| 101 | Trafford | 390.6 |
| 103 | Bury | 379.4 |
| 104 | Manchester | 376.5 |
| 37 | NHS Greater Manchester Integrated Care Board | 421.6 |

Narrative

- In June 2025, the number of GP appointments per 10,000 weighted patients was 379.4, equating to a total of 80,731 appointments. This represents an increase from May 2025, when the rate was 354.8 per 10,000 weighted patients, with 75,490 appointments recorded.

# Bury

**Number of prescriptions dispensed per 1000 patients**

Number of prescriptions dispensed per 1000 patients

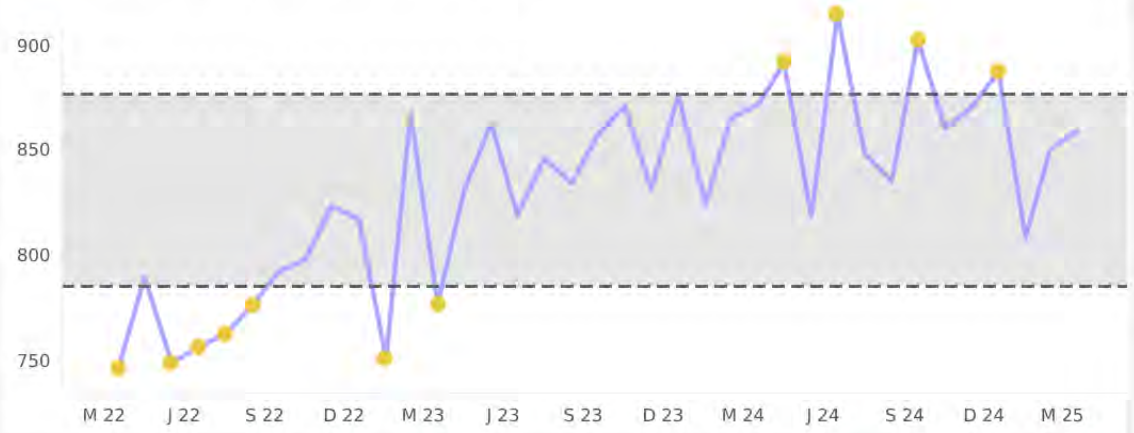
Source: Patient Level Prescribing Data (Monthly)

**859.6**
April 2025

**850.8**
March 2025

**110/117**
National Rank
Lower Quartile

Outliers more than 1 standard deviation from the mean




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-23 | 746.7 | 789.8 | 749.2 | 756.5 | 762.9 | 776.6 | 792.5 | 798.6 | 823.8 | 817.4 | 751.3 | 868.2 |
| 2023-24 | 777.0 | 830.8 | 863.4 | 819.6 | 846.6 | 834.6 | 857.7 | 871.4 | 831.8 | 876.7 | 824.7 | 865.8 |
| 2024-25 | 871.9 | 891.9 | 818.8 | 915.0 | 848.7 | 835.9 | 903.0 | 860.7 | 870.8 | 887.7 | 808.9 | 850.8 |
| 2025-26 | 859.6 | | | | | | | | | | | |

Selected measure at April 2025 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking

*National Rank against other localities*

| | | |
|---|---|---|
| *107* | Manchester | 773 |
| *108* | Bolton | 810 |
| *109* | Salford | 852 |
| *110* | Bury | 860 |
| *111* | Rochdale | 869 |
| *112* | Oldham | 907 |
| *113* | Wigan | 908 |
| *114* | Trafford | 929 |
| *115* | Stockport | 935 |
| *116* | Tameside | 1,026 |
| *45* | NHS Greater Manchester Integrated Care Board | 869 |

Narrative

- In April 2025, the number of prescriptions issued per 1,000 patients was 859.6, representing an increase from March 2025, when the rate was 850.8.
- However, this reflects a decrease compared to April 2024, when the figure stood at 871.9.
- Bury currently ranks fourth among the Greater Manchester localities and remains below the Greater Manchester average of 869.

# Bury

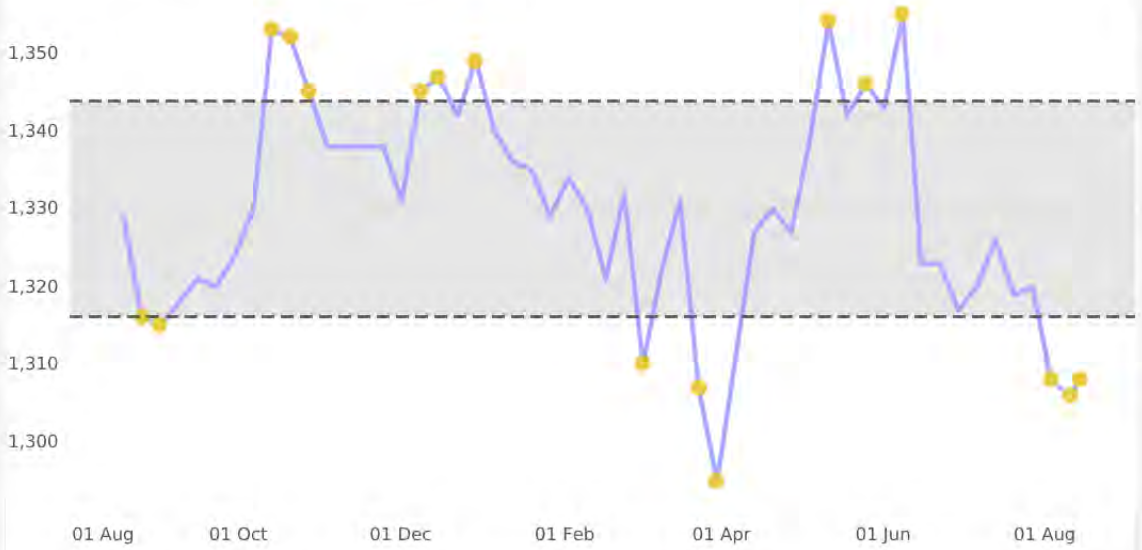
**Number of people in Care Homes**

The number of people currently residing in a Care Home at the end of the period

Source: NECS Capacity Tracker (Weekly)

**1,308**
14 Aug

Outliers more than 1 standard deviation from the mean




| 25 May | 01 Jun | 08 Jun | 15 Jun | 22 Jun | 29 Jun | 06 Jul | 13 Jul | 20 Jul | 27 Jul | 03 Aug | 10 Aug | 14 Aug |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1,346 | 1,343 | 1,355 | 1,323 | 1,323 | 1,317 | 1,320 | 1,326 | 1,319 | 1,320 | 1,308 | 1,306 | 1,308 |

Latest Value GM Benchmarking

*Rank against other localities*

| | |
|---|---|
| Stockport | 2,168 |
| Wigan | 2,143 |
| Manchester | 1,917 |
| Bolton | 1,608 |
| Oldham | 1,431 |
| Rochdale | 1,410 |
| Trafford | 1,371 |
| Salford | 1,346 |
| Tameside | 1,324 |
| Bury | 1,308 |

Narrative

- As of 14th August, there were 1,308 patients residing in care homes, representing a slight increase from 1,306 patients recorded on 10th August.
- Among the Greater Manchester localities, Bury currently has the lowest number of patients in care home settings.

# Bury

**Number of people in Home Care**

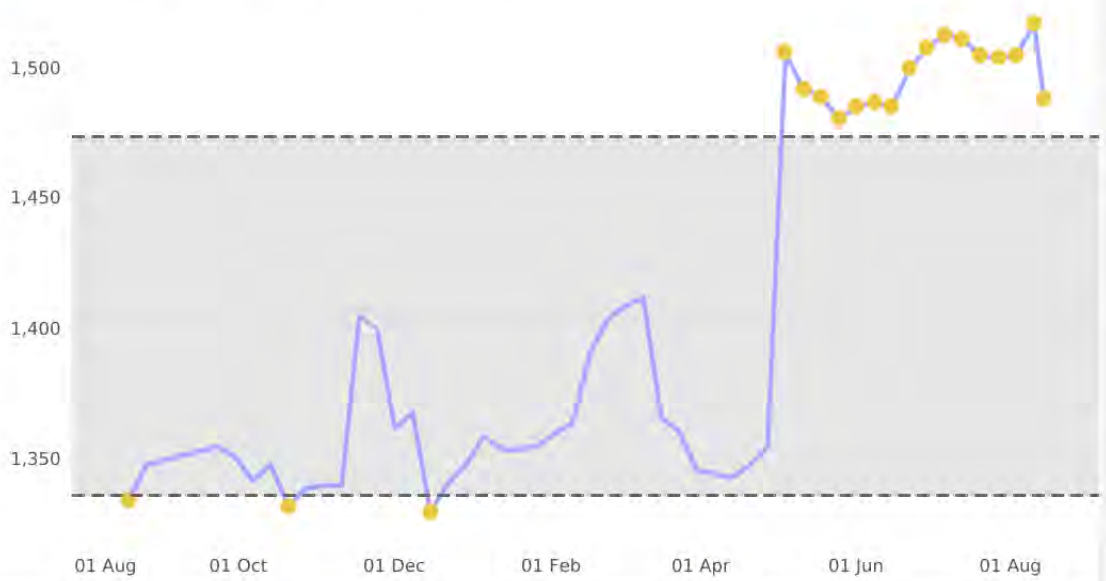
The number of people currently receiving Home Care at the end of the period

Source: NECS Capacity Tracker (Weekly)

**1,488**
August 2025

**1,517**
August 2025

Outliers more than 1 standard deviation from the mean




| 25 May | 01 Jun | 08 Jun | 15 Jun | 22 Jun | 29 Jun | 06 Jul | 13 Jul | 20 Jul | 27 Jul | 03 Aug | 10 Aug | 14 Aug |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1,481 | 1,485 | 1,487 | 1,485 | 1,500 | 1,508 | 1,513 | 1,511 | 1,505 | 1,504 | 1,505 | 1,517 | 1,488 |

Latest Value GM Benchmarking

*Rank against other localities*

| | | |
|---|---|---|
| 1 | Stockport | 3,126 |
| 2 | Wigan | 3,074 |
| 3 | Bolton | 2,916 |
| 4 | Manchester | 2,907 |
| 5 | Salford | 2,824 |
| 6 | Oldham | 2,583 |
| 7 | Trafford | 2,402 |
| 8 | Rochdale | 2,213 |
| 9 | Tameside | 1,990 |
| 10 | Bury | 1,488 |

Narrative

- As of 14th August, there were 1,488 patients receiving home care services, reflecting a decrease from the previous week, when 1,517 patients were recorded.
- Among the Greater Manchester localities, Bury currently has the lowest number of patients receiving home care.

# Bury

**Percentage of Care Homes rated Good or Outstanding**

The % of Care Homes rated Good or Outstanding at the end of the period

Source: CQC (Monthly)

**84.6%**
Jul 25

**84.6%**
Jun 25

Outliers more than 1 standard deviation from the mean



Latest Value GM Benchmarking

*Rank against other localities*

| | | |
|---|---|---|
| 1 | Wigan | 87.7% |
| 2 | Trafford | 85.2% |
| 3 | Bury | 84.6% |
| 4 | Bolton | 78.0% |
| 5 | Oldham | 73.3% |
| | Salford | 73.3% |
| 7 | Manchester | 73.2% |
| 8 | Stockport | 67.7% |
| 9 | Tameside | 64.9% |
| 10 | Rochdale | 63.3% |

Narrative

- In July 2025, 84.6% of care homes were rated as 'Good' or 'Outstanding', consistent with the previous month's performance.
- Bury currently ranks third highest among the Greater Manchester localities for this measure.

# Bury

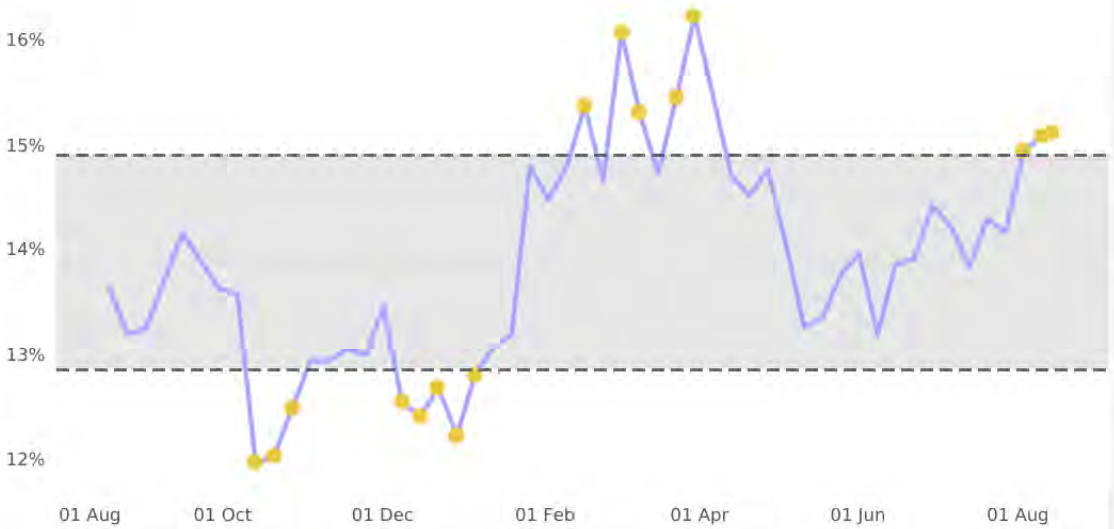
**Care home beds vacancy rate**
% of care home beds that are vacant

Source: NECS Capacity Tracker (Weekly)

**15.1%**
14 Aug

**15.1%**
09 Aug

Outliers more than 1 standard deviation from the mean




| 25 May | 01 Jun | 08 Jun | 15 Jun | 22 Jun | 29 Jun | 06 Jul | 13 Jul | 20 Jul | 27 Jul | 03 Aug | 10 Aug | 14 Aug |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13.8% | 14.0% | 13.2% | 13.9% | 13.9% | 14.4% | 14.2% | 13.8% | 14.3% | 14.2% | 15.0% | 15.1% | 15.1% |

Latest Value GM Benchmarking
*Rank against other localities*

| | | |
|---|---|---|
| 1 | Bury | 15.1% |
| 2 | Trafford | 11.8% |
| 3 | Bolton | 11.2% |
| 4 | Rochdale | 10.5% |
| 5 | Manchester | 10.5% |
| 6 | Tameside | 9.4% |
| 7 | Oldham | 9.0% |
| 8 | Salford | 7.9% |
| 9 | Stockport | 7.8% |
| 10 | Wigan | 7.4% |
| 1 | NHS Greater Manchester Integrated Care Board | 9.9% |

Narrative

- During the week of 14th August, 15.1% of care home beds were reported as vacant, the same as the previous week.
- Bury currently has the highest care home vacancy rate among the Greater Manchester localities and exceeds the Greater Manchester average of 9.9%.

# Bury

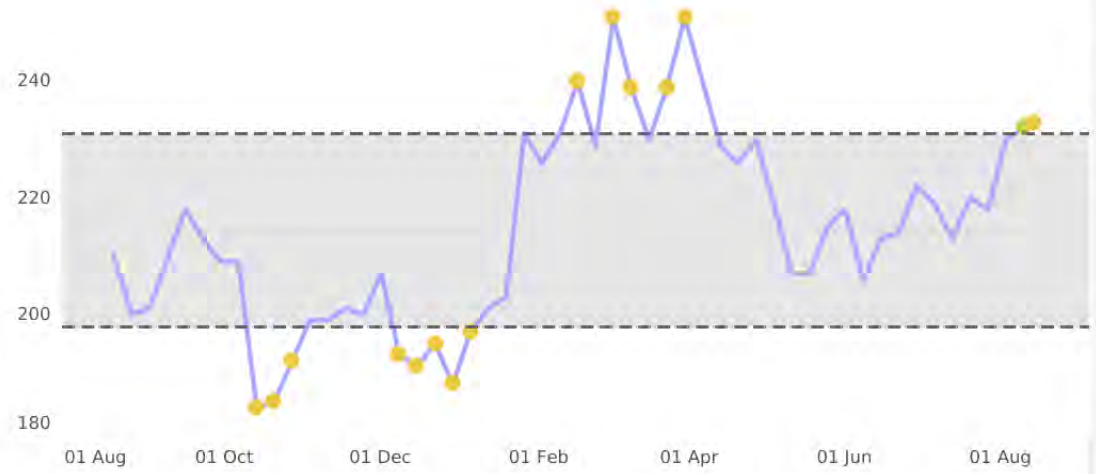
**Number of vacant care home beds**
Number of vacant care home beds

Source: NECS Capacity Tracker (Weekly)

**233**
14 Aug

**232**
09 Aug

Outliers more than 1 standard deviation from the mean




| 25 May | 01 Jun | 08 Jun | 15 Jun | 22 Jun | 29 Jun | 06 Jul | 13 Jul | 20 Jul | 27 Jul | 03 Aug | 10 Aug | 14 Aug |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 215 | 218 | 206 | 213 | 214 | 222 | 219 | 213 | 220 | 218 | 230 | 232 | 233 |

Latest Value GM Benchmarking
*Rank against other localities*

| | | |
|---|---|---|
| 1 | Bury | 233 |
| 2 | Manchester | 224 |
| 3 | Bolton | 203 |
| 4 | Trafford | 184 |
| 5 | Stockport | 183 |
| 6 | Wigan | 172 |
| 7 | Rochdale | 165 |
| 8 | Oldham | 141 |
| 9 | Tameside | 138 |
| 10 | Salford | 115 |

Narrative

- During the week of 14th August, there were 233 vacant care home beds, one more than the previous week.
- Bury currently ranks highest among the Greater Manchester localities.
- However, as this figure reflects an absolute count rather than a rate, direct comparisons between localities may be of limited value.

## Oversight Metrics Glossary

| Domain | Code | Measure | Description | Data Source | Frequency | Latest | Updated | RAG rated against | Desired Direc |
|---|---|---|---|---|---|---|---|---|---|
| Cancer | N/A | Cancers Diagnosed At Early Stage using Full Registration Data | Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4 | Cancer Early Staging Data Statistics via The National Disease.. | Annual | Dec 21 | 2nd Thursday | National Median | Increase |
| Mental Health & Learning Disabilit.. | S086a | Inappropriate adult acute mental health Out of Area Placement (OAP) bed days | Inappropriate Out of Area Placements | Out of Area Placements in Mental Health Services Official Statistics | Monthly | Jun 25 | 2nd Thursday | National Target | Decrease |
| | S081a | Talking Therapies: Access Rate | Number of people accessing first treatment | Improving Access to Psychological Therapies Data Set | Monthly | Jun 25 | 2nd Thursday | No Target | Increase |
| | EAS01 | Dementia: Diagnosis Rate (Aged 65+) | Dementia: Diagnosis Rate (Aged 65+) | Primary Care Dementia Data | Monthly | Jun 25 | 2nd Thursday | National Target | Increase |
| | S030a | % of patients aged 14+ with a completed LD health check | % of patients aged 14+ with a completed LD health check | Learning Disabilities Health Check Scheme | Monthly | Jun 25 | 2nd Thursday | National Target | Increase |
| | S110a | Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses | Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults wit.. | Published MHSDS | Monthly | Jun 25 | 2nd Thursday | National Median | Increase |
| | S125a | Long length of stay for adults (60+ days) | Number of people for a given CCG discharged from an adult acute inpatient bed with a hospital spell over 60 days (calculated from the point of admission to the point of discharge) | Published MHSDS | Monthly | Jun 25 | 2nd Thursday | National Target | Decrease |
| | EH09 | Access to Children and Young Peoples Mental Health Services | Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact | Published MHSDS | Monthly | Jun 25 | 2nd Thursday | National Median | Increase |
| | S131a | Women Accessing Specialist Community Perinatal Mental Health Services | Number of women accessing specialist community PMH and MMHS services in the reporting period | Published MHSDS | Quarterly | Jun 25 | 2nd Thursday | No Target | Increase |
| | N/A | Number of MH patients with no criteria to reside (NCTR) | Number of MH patients with no criteria to reside | GM Admissions - Local | Monthly | Jul 25 | 1st | No Target | Decrease |
| | N/A | Percentage of MH patients with no criteria to reside (NCTR) | Percentage of MH patients with no criteria to reside | GM Admissions - Local | Monthly | Jul 25 | 1st | No Target | Decrease |
| | N/A | Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18 | Proportion of referrals with eating disorders categorized as routine cases entering treatment within four weeks in RP, aged 0-18 | Published MHSDS | Monthly | May 25 | 2nd Thursday | National Target | Increase |
| Primary Care | S053b | % of hypertension patients who are treated to target as per NICE guidance | | NHS Quality Outcome Framework | Annual | Mar 24 | 2nd Thursday | National Target | Increase |
| | S129a | GP appointments - percentage of regular appointments within 14 days | Percentage of appointments where the time between booking and appointment was 'Same day', '1 day', '2 to 7 days' or '8 to 14 days' | Appointments in General Practice | Monthly | Jun 25 | Last Thursday | National Median | Increase |
| | S053c | % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins | % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins | CVD Prevent | Quarterly | Mar 25 | 2nd Thursday | National Median | Increase |
| Quality | S037A | % of patients describing their overall experience of making a GP appointment as good | The weighted percentage of people who report through the GP Patient Survey their overall experience of their GP practice as 'very good' or 'fairly good' | GP Patient Survey | Annual | Mar 23 | 2nd Thursday | National Median | Increase |
| | S042a | E. coli blood stream infections | 12-month rolling counts of E. coli | National Statistics: E. coli bacteraemia: monthly data by loc.. | Monthly | Jun 25 | 1st Wednesday | No Target | Decrease |
| | S044b | Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care | The proportion of broad-spectrum antibiotic prescribing in primary care | EPACT Prescribing Data | Monthly | May 25 | 2nd Thursday | National Target | Decrease |
| | S044a | Antimicrobial resistance: total prescribing of antibiotics in primary care | The proportion of antibiotic prescribing in primary care | EPACT Prescribing Data | Monthly | May 25 | 2nd Thursday | National Target | Decrease |

## Sight Metrics Glossary

| Domain | Code | Measure | Description | Data Source | Frequency | Latest | RAG rated against | Target/National |
|---|---|---|---|---|---|---|---|---|
| Elective Care | EB20 | RTT incomplete: 65+ week waits | | Consultant-led RTT Waiting Times data collection (National Statistics). | Monthly | Jun 25 | National Target | 0 |
| | EB28 | Diagnostic 6ww: All | % of Patients waiting over 6 weeks for a diagnostic test or procedure | Monthly Diagnostics Waiting Times and Activity Return - DM01 | Monthly | Jun 25 | National Target | 1.% |
| Cancer | S012a | 28 Day Wait from Referral to Faster Diagnosis: All Patients | Count of patients told cancer diagnosis outcome within 28 days divided by total count of patients told cancer diagnosis outcome following their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral | National Cancer Waiting Times Monitoring Data Set (CWT) | Monthly | Jun 25 | National Target | 80 % |
| Materni.. | S022a | Number of stillbirths per 1,000 total births | Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4 | MBRRACE-UK - Perinatal Mortality Surveillance Report | Annual | Dec 23 | National Median | 3 |
| | S104a | Number of neonatal deaths per 1,000 total live births | Number of neonatal deaths per 1,000 total live births | MBRRACE-UK - Perinatal Mortality Surveillance Report | Annual | Dec 23 | National Median | 1 |
| Screening and Immunisations | S047A | Seasonal Flu Vaccine Uptake: 65 years and over | number of people over 65 who received the seasonal influenza vaccination divided by the number of eligible people who are aged 65 and over | Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 | Monthly | Feb 24 | National Target | 85 % |
| | S046a | COVER immunisation: MMR2 Uptake at 5 years old | % children whose fifth birthday falls within the time period who have received two doses of MMR vaccination | Cover of vaccination evaluated rapidly (COVER) programme | Quarterly | Mar 25 | National Target | 95 % |
| | S050a | Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) | % of females, age 25-64 yrs, attending cervical screening within target period (3.5 yrs if aged 24-49 or 5.5 yrs if aged 50-64) | Cervical Screening Programme - Coverage Statistics (Management Information) | Quarterly | Jun 24 | National Target | 80 % |
| | S049a | Breast screening coverage, females aged 53-70, screened in last 36 months | % women eligible for screening who have had a test with a recorded result at least once in the previous 36 months | Fingertips, Public Health Data, Public Health Outcomes Framework | Annual | Dec 24 | No Target | |
| Commu.. | N/A | % 2-hour Urgent Community Response (UCR) first care contacts | Percentage of 2-hour Urgent Community Response referrals subject to the 2-hour standard where care was provided within two hours | Community Services Data Set (CSDS) | Monthly | Jun 25 | National Target | |

| Meeting: | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Receive |
| **Item No.** | 8 | **Confidential** | No |
| **Title** | Cancer Update Report | | |
| **Presented By** | Dr Liane Harris | | |
| **Author** | Hannah Dixon | | |
| **Clinical Lead** | Dr Liane Harris | | |

| **Executive Summary** |
|---|
| The purpose of the update to the Locality Board is to outline the priorities and position of the cancer work programme in the Bury Locality. |
| **Recommendations** |
| Locality Board members are asked to:<br>Note the contents of the report |

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☐ | **Assurance** ☐ | **Discussion** ☐ | **Information** ☒ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| **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 | ☒ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention | ☒ |
| 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 | ☒ |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☐ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☐ | No | ☐ | N/A | ☒ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Are there any financial Implications? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☐ | N/A | ☒ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☐ | No | ☐ | N/A | ☒ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |
| | | |

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Greater Manchester

# Bury Locality Board – Cancer Update

Part of Greater Manchester
Integrated Care Partnership

Presented by: Liane Harris
Date: Sep 2025

# Early Cancer Diagnosis

- Core 20 plus 5 – Early Cancer Diagnosis – 75% of cancers diagnosed at stage 1 or 2 by 2028

- To support this GM Cancer Alliance has set a 3% target for increase in early diagnosis of cancer - Slide 3 (Bury target 60% FY 25-26) - Bury 56.7% (Apr 25)

# Performance

- 28 Day Faster Diagnosis Standard – yes/no cancer –Slide 6
- 62 Day Standard – referral to treatment – Slide 7
- Faecal Immunochemical Test (FIT) Investment and Impact Fund(IIF) lower threshold – 65% Upper Threshold – 80% (Appendix 6)

# Staging Data Comparison – Apr 25

NHS Greater Manchester


*If charts are blank but scorecard is not, use the org type filter to switch between provider/icb level.*

# Bury Early Diagnosis Performance – Apr 25

NHS Greater Manchester

Bury

Select a measure to open charts

## Tumour Level RCRD Early Diagnosis

| Domain | Measure | Level | Frequency | Date | Latest | Previous | Change | Target/ National Median | Quartile | Trend |
|---|---|---|---|---|---|---|---|---|---|---|
| Cancer | Cancers Diagnosed at an Early Stage (12-month rolling): All Tumours Staged within RCRD | Resident Locality | Monthly | Apr 25 | 56.7% | 57.8% | ↓ | 75.% | Lower | 1 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Breast | Resident Locality | Monthly | Apr 25 | 77.9% | 80.0% | ↓ | 75.% | Lower | 1 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Colorectal | Resident Locality | Monthly | Apr 25 | 34.9% | 37.9% | ↓ | 75.% | Lower | 5 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Gynaecological | Resident Locality | Monthly | Apr 25 | 72.2% | 68.5% | ↑ | 75.% | N/A | 1 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Haematological | Resident Locality | Monthly | Apr 25 | 44.8% | 48.5% | ↓ | 75.% | Upper | 2 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Lung | Resident Locality | Monthly | Apr 25 | 46.6% | 47.3% | ↓ | 75.% | Lower | 1 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Melanoma | Resident Locality | Monthly | Apr 25 | 90.4% | 88.9% | ↑ | 75.% | Lower | 2 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Oesophago-gastric | Resident Locality | Monthly | Apr 25 | 17.6% | 17.6% | → | 75.% | Lower | 2 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Pancreatic | Resident Locality | Monthly | Apr 25 | 16.7% | 17.4% | ↓ | 75.% | Lower | 2 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Prostate | Resident Locality | Monthly | Apr 25 | 61.4% | 61.5% | ↓ | 75.% | N/A | 1 |
| | Cancers Diagnosed at an Early Stage (12-month rolling): Urological (excl. prostate) | Resident Locality | Monthly | Apr 25 | 71.8% | 74.4% | ↓ | 75.% | N/A | 1 |

NHS Greater Manchester

## Single Metric View

Organisation Type
Registered Locality

View Measures By
Domain

Domain
All

Measure
28 Day Wait from Referral to F..

Show Full Months Only
False

Standard Deviation For SPC
1

If charts are blank after selecting a metric, try changing the organisation type.

NHS GM ICB | Bolton | Bury | Manchester | Oldham | Rochdale | Salford | Stockport | Tameside | Trafford | Wigan

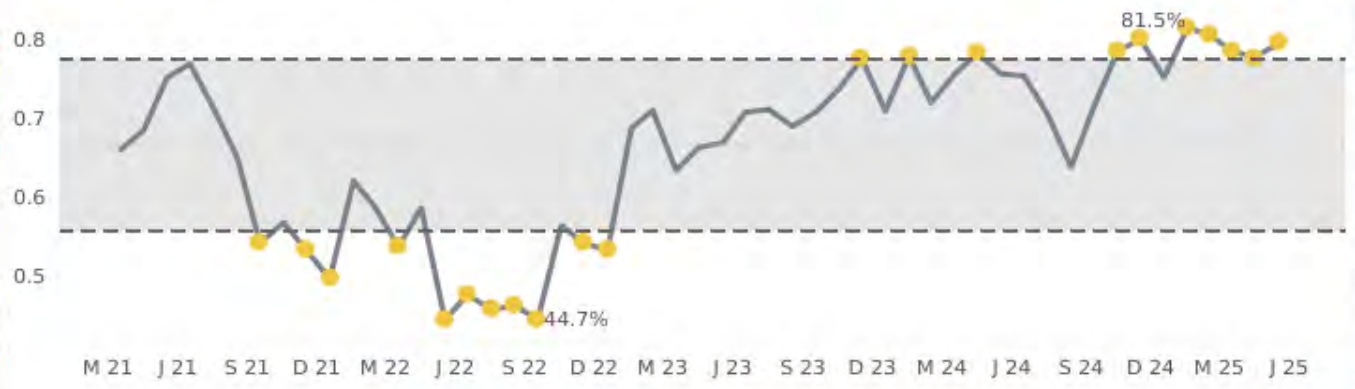
### 28 Day Wait from Referral to Faster Diagnosis: All Patients

Proportion of patients told cancer diagnosis outcome within 28 days of their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral

Source: National Cancer Waiting Times Monitoring Data Set (CWT) (Monthly)
Published (Validated)

| 79.6% | 77.8% | 27/106 | 80.% |
|---|---|---|---|
| Latest Value | Previous Value | Ranked Nationally Inter | National Target |
| June 2025 | May 2025 | | |

Outliers more than 1 standard deviation from the mean

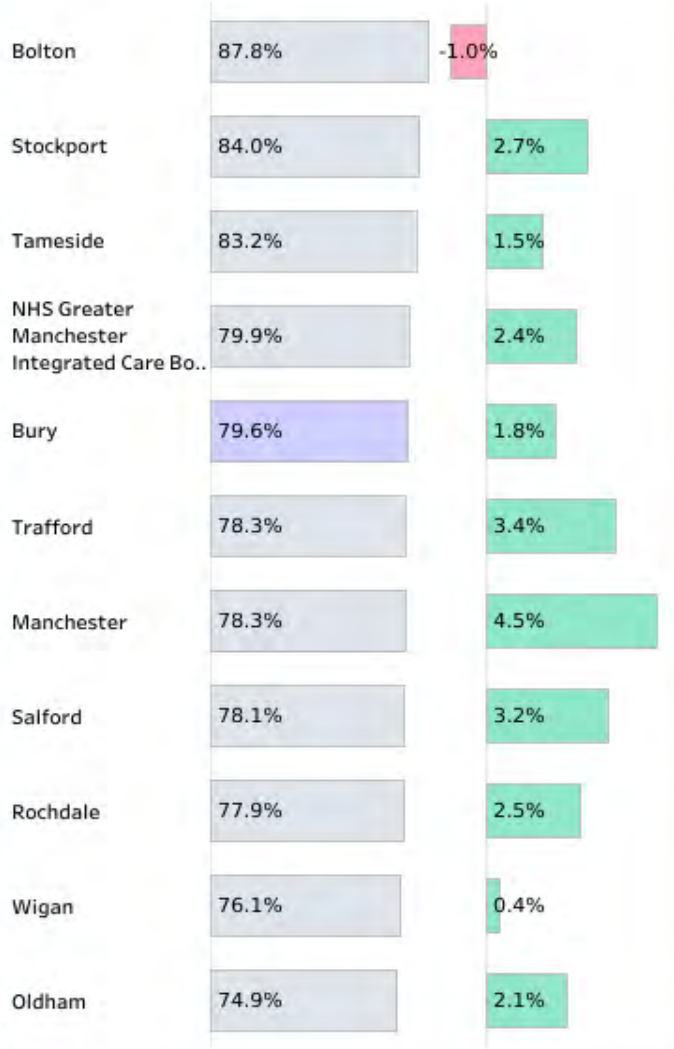



Selected measure at June 2025 has continuously increased for 1 period(s) of time

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 66.2% | 68.6% | 75.2% | 77.0% | 71.4% | 65.2% | 54.3% | 57.0% | 53.4% | 49.9% | 62.2% | 58.9% |
| 2022-23 | 53.9% | 58.8% | 44.7% | 47.8% | 46.0% | 46.4% | 44.7% | 56.6% | 54.3% | 53.5% | 68.8% | 71.1% |
| 2023-24 | 63.5% | 66.5% | 67.0% | 70.9% | 71.2% | 69.1% | 70.9% | 73.8% | 77.6% | 71.0% | 78.0% | 72.1% |
| 2024-25 | 75.7% | 78.3% | 75.7% | 75.5% | 70.7% | 64.0% | 71.6% | 78.6% | 80.1% | 75.3% | 81.5% | 80.7% |
| 2025-26 | 78.6% | 77.8% | 79.6% | | | | | | | | | |

### Latest Value - Difference from previous to latest

Open additional benchmarking analysis




Source: Performance and Quality Dashboard 2024/25

NHS Greater Manchester

# Single Metric View

Organisation Type
Registered Locality

View Measures By
Domain

Domain
All

Measure
62 Day Wait from Referral to Fi..

Show Full Months Only
False

Standard Deviation For SPC
1

If charts are blank after selecting a metric, try changing the organisation type.

Bolton | **Bury** | Manchester | Oldham | Rochdale | Salford | Stockport | Tameside | Trafford | Wigan

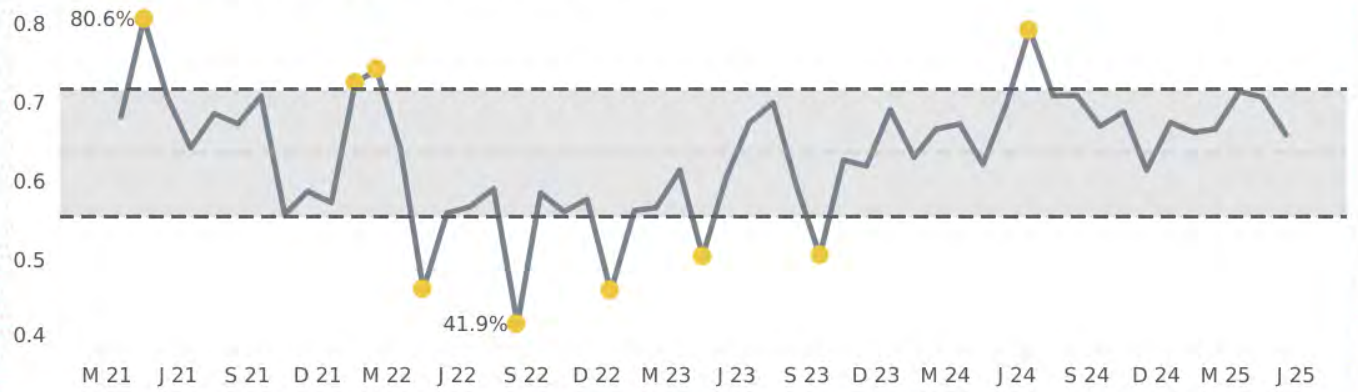
## 62 Day Wait from Referral to First Treatment: All Patients

Proportion of patients receiving first treatment for cancer within 62 days of their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, urgent screening referral, or consultant upgrade

Source: National Cancer Waiting Times Monitoring Data Set (CWT) (Monthly)
Published (Validated)

| 66.0% | 70.7% | 59/106 | 85.% |
|---|---|---|---|
| Latest Value | Previous Value | Ranked Nationally Inter | National Target |
| June 2025 | May 2025 | | |

Outliers more than 1 standard deviation from the mean

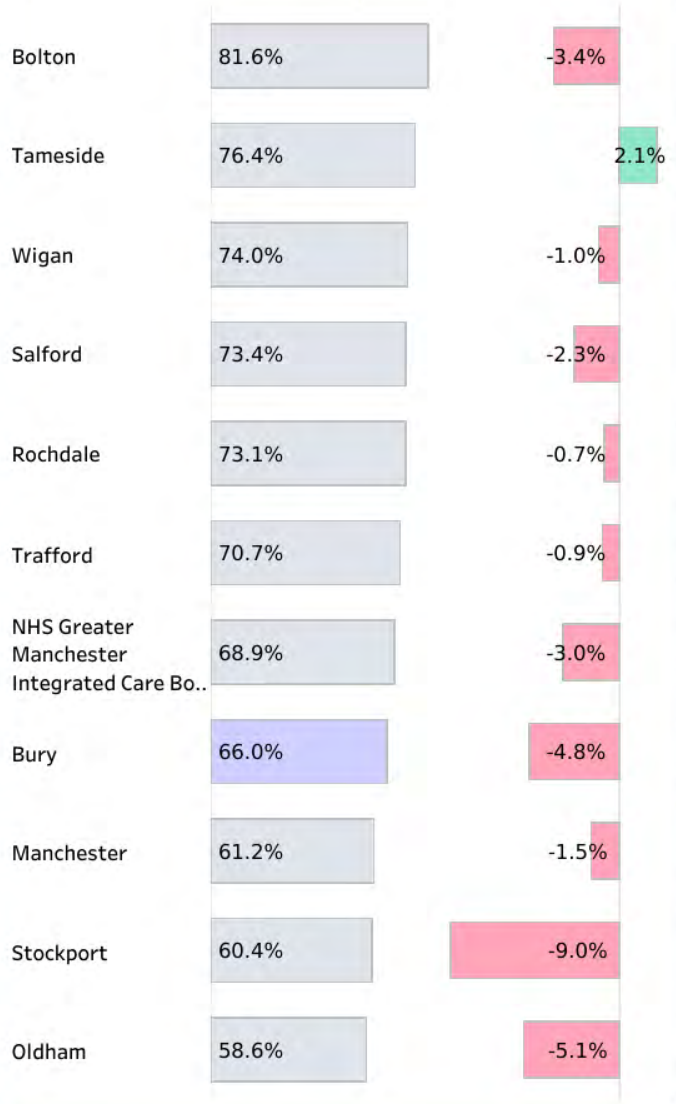



Selected measure at June 2025 has continuously decreased for 2 period(s) of time

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 68.2% | 80.6% | 70.7% | 64.3% | 68.6% | 67.3% | 70.9% | 55.8% | 58.8% | 57.3% | 72.5% | 74.2% |
| 2022-23 | 64.3% | 46.3% | 56.0% | 56.8% | 59.1% | 41.9% | 58.5% | 56.2% | 57.7% | 46.1% | 56.3% | 56.7% |
| 2023-24 | 61.4% | 50.5% | 60.6% | 67.5% | 70.0% | 59.3% | 50.6% | 62.7% | 62.0% | 69.1% | 63.1% | 66.7% |
| 2024-25 | 67.3% | 62.2% | 69.9% | 79.3% | 70.9% | 70.9% | 67.0% | 68.9% | 61.4% | 67.5% | 66.3% | 66.7% |
| 2025-26 | 71.4% | 70.7% | 66.0% | | | | | | | | | |

Latest Value - Difference from previous to latest

Open additional benchmarking analysis



# Bury Locality Cancer Action Plan

NHS Greater Manchester

| Early Diagnosis |
| --- |
| **Locality Action(s)** |
| Early diagnosis Direct Enhanced Service; All PCNs have developed an action plan which is appropriate for the needs of their population. |
| Increase early detection of lung cancer e.g. Targeted Lung Cancer Screening, self-referral to chest X-Ray. |
| Increase early detection of oesophago-gastric cancer |
| Monitor FIT to achieve the 65% - 80% and support any PCNs who are not achieving the upper threshold |
| **Faster Diagnosis, Operational Performance and Treatment Variation** |
| **Locality Action(s)** |
| Support implementation of NCA Cancer Plan |
| **Personalised Care** |
| **Locality Action(s)** |
| Strengthening collaboration between Primary and Secondary care cancer services |
| Support the pre-hab4cancer review. |

# Bury Locality Visit Summary - 5/2/25

NHS Greater Manchester

(Feedback session with GM Cancer Alliance (CA)

- **Governance** – Invitation to Bury Major Conditions Board to be extended to CA
- **Cancer Alliance communication** - *one way doesn't suit all* – to follow up with CA Comms lead and Primary Care Team
- **Non-Medical Referrer Training** - Project Manager, Michael Armstrong and Primary Care Facilitator, presentation delivered in Nurse Forum in May
- **GM Cancer Academy** - GP experiencing issues with signing into the Cancer Alliance's Education Academy
- **Horizon PCN audit presentation** - interesting and needs wider coverage
- **Bury's Community Diagnostic Centre proposal** – request to CA to apply some leverage to make this happen for Bury
- **Data** – utilisation of Curator data sets. Challenge raised re: data specifically the capacity to analyse the data to the depth required and translating it into something more meaningful to inform the workday. Bury's position in the Rapid Cancer Registration Data (staging data) set was highlighted
- **Live Well Health Inequalities Project** - well received for 24-25 but no funding available for 25-26

# GM Cancer Screening

NHS Greater Manchester

This dashboard looks at coverage* rates and population numbers for the three cancer screening programmes across all GM Localities and is based on data for all patients registered with a Greater Manchester GP practice. Coverage rates are compared across different types of population groups - including protected characteristics.

* Coverage is defined as the proportion of the eligible population that is tested and has a result documented within the timeframe shown in this dashboard. Coverage gives us a baseline for cancer screening and aids the planning of quality improvements needed to increase the number of our patients that take up the offer of cancer screening.

## Cancer Screening

Exceptions filter: Clinical Patients (excl. unsuitable)

Month: June 2025
Serious Mental Illness: (All)
Learning Disability: (All)

| | | Bolton | Bury | Heywood, Middleton and Rochdale | Manchester | Oldham | Salford | Stockport | Tameside | Trafford | Wigan |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bowel** | Age 50 - 59 (Every 30 months, being phased in) | 35.9% (13,315 / 37,083) | 40.6% (10,325 / 25,413) | 38.8% (11,174 / 28,828) | 31.0% (21,150 / 68,316) | 38.5% (10,097 / 26,206) | 36.5% (11,235 / 30,751) | 39.5% (15,491 / 39,228) | 35.7% (8,518 / 23,854) | 38.0% (11,374 / 29,936) | 39.9% (17,958 / 45,063) |
| | Age 60 - 74 (Every 30 months) | 67.7% (28,343 / 41,840) | 71.8% (21,849 / 30,425) | 69.2% (23,231 / 33,584) | 61.3% (39,738 / 64,838) | 70.0% (20,810 / 29,728) | 67.0% (22,657 / 33,837) | 74.2% (35,686 / 48,082) | 67.2% (18,746 / 27,898) | 72.9% (24,534 / 33,646) | 71.6% (37,844 / 52,891) |
| **Breast** | Age 50-70 (Every 36 months) | 61.4% (20,888 / 34,026) | 65.4% (15,826 / 24,210) | 67.4% (18,118 / 26,893) | 51.3% (28,287 / 55,140) | 64.6% (15,574 / 24,100) | 60.3% (16,731 / 27,755) | 63.7% (24,179 / 37,951) | 58.2% (13,049 / 22,407) | 70.9% (19,659 / 27,726) | 64.7% (27,624 / 42,671) |
| **Cervical** | Standard screening aged 24-49 (every 42 months) | 63.5% (30,138 / 47,426) | 69.1% (21,764 / 31,494) | 70.8% (26,864 / 37,947) | 57.9% (74,715 / 128,944) | 68.8% (24,419 / 35,473) | 62.8% (36,263 / 57,737) | 77.3% (37,988 / 49,153) | 68.2% (20,992 / 30,783) | 75.0% (28,037 / 37,390) | 71.1% (36,794 / 51,770) |
| | Extended screening aged 50-64 (every 66 months) | 71.1% (16,754 / 23,568) | 74.2% (12,474 / 16,812) | 75.9% (13,610 / 17,921) | 69.4% (27,013 / 38,945) | 76.0% (12,317 / 16,215) | 70.2% (13,292 / 18,937) | 79.7% (20,430 / 25,622) | 73.2% (10,859 / 14,829) | 79.1% (14,954 / 18,899) | 72.2% (20,584 / 28,502) |

**Target – 60%**

**Target – 70%**

**Target – 80%**

NHS Greater Manchester

# Achievements

- Early detection project delivered by the Live Well Team
- Bowel Screening in Bury East
- FIT uptake
- Teledermatology
- Cancer audit completed by Horizon PCN using CtheSigns
- Cancer Working Group
- Lung Cancer Screening
- Barrett's Case Finding
- Unscheduled bleeding on HRT algorithm
- Mastalgia algorithm

# Challenges

PCN engagement and varied roles of Cancer Care Co-Ordinators

Bury's ageing population

Reduced support from cancer charities

Workforce & BI capacity within the Locality

Disseminating information to reach Primary Care

No community diagnostic centre in Bury

Variation in Performance in GP Practices

GM Cancer funding?

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# Thank you

# National Cancer Operational Guidance and Planning

NHS Greater Manchester

There are two main priorities for 2025-26, which flow from the NHS Mandate and operational planning guidance:

- **Operational performance** - improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026. In particular by:
  - Maximising care for low-risk patients in non-cancer settings, including maintaining the faecal immunochemical test (FIT) in lower GI pathways, low-risk pathways for post-HRT bleeding (PMB), and breast pain (Mastalgia) only pathways; and,
  - Improving the productivity in cancer pathways including teledermatology in urgent suspected skin cancer and nurse or allied health professional (AHP)-led local anaesthetic biopsy in the prostate cancer pathway

- **Early diagnosis** - improve cancer outcomes in line with the NHS Mandate, by continuing to focus on early diagnosis, and by reducing inequalities in early diagnosis in line with the Core20PLUS5 priority. This will also support the government's health mission to reduce deaths from the biggest killers.

The Cancer Alliance interim planning pack outlines the need for local early diagnosis plans to set an annual target for increasing early diagnosis by 3% and reducing variation across the Localities within the ICB.

# GM Cancer Commissioning Intentions

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- **Early Diagnosis**
  - Lung Cancer Screening Programme – commissioning of full pathway to include diagnostic and treatment services sitting outside national funding model for TLHC
  - Ensure sufficient capacity in place to deal with the required level of suspected cancer referrals needed to deliver improvements in early cancer diagnosis (diagnostic and treatment capacity)
  - Pathology capacity to support FIT pathway
  - Ongoing funding for liver surveillance and lynch syndrome testing
- **Faster Diagnosis, Operational Performance and Treatment Variation**
  - Commission sufficient diagnostic and treatment activity to enable delivery of the NHS Cancer Waiting Time constitutional standards (Faster Diagnosis Standard and 62 day waiting time standard).
  - Commission sufficient diagnostic and treatment activity to deliver 4 priority pathways for FDS – skin, gynae, breast, urology)
  - Sufficient activity commissioned to address issues identified through GIRFT and treatment variation
  - Recurrent funding of NSS pathways in the 6 NHS Trusts in GM (NCA, SFT, BFT, WWL, T&GICFT, MFT)
- **Personalised Care**
  - Establish core personalised care interventions and Personalised Stratified Follow Up (PSFU), in line with NHS-wide guidance, within local commissioning and/or provider monitoring arrangements
  - Sustainable commissioning and delivery of a) prehabilitation interventions/services in line with guidance from the national team b) brief behaviour change and other intervention(s) across the whole cancer pathway that support people to increase any form of physical activity

# GM Early Cancer Diagnosis Strategy Priorities

- **Symptom awareness** - Increasing public understanding of cancer and building symptom awareness are essential components of the strategy. By educating individuals about the signs and symptoms of cancer, we empower them to seek timely medical advice, which can lead to earlier detection and better outcomes
- **Reduce variation** - Significant variation in early diagnosis rates exists across Greater Manchester. GM CA recognise that this variation needs to be identified and further understood to mitigate its harmful effects
- **Collaborate with Primary Care** - Primary care encompasses general practice, community pharmacies, and NHS dental and optometry practices, and they collectively have a central role in detecting cancers early. By linking and integrating primary care with other health and care providers, the sector can offer ever increasingly comprehensive, inclusive and targeted services. This section outlines how we aim to collaborate with primary care, focusing on education and support tools, network collaboration, communication and the effective use of patient data
- **Cancer screening and NHS wide programmes** – Improving uptake in the cancer-screening programmes alongside developing innovative approaches to identify patients at an increased risk of specific cancers and increase the likelihood of an earlier diagnosis
- **Innovation** - Innovative practice is key to staying at the forefront of early cancer detection and is a vital element of our plans to achieve the 75% ambition. GM Cancer need to identify and develop innovative ideas, establish Greater Manchester as the leading place for pilot programmes and innovation, and ensure there are processes in place to identify and share learnings from best practice

# Bury Locality Visit Summary - 5/2/25
# Chaired by Will Blandamer

NHS Greater Manchester

(Feedback session with GM Cancer Alliance (CA))

- **Governance** – Invitation to Bury Major Conditions Board to be extended to CA
- **Cancer Alliance communication** - *one way doesn't suit all* – to follow up with CA Comms lead and Primary Care Team
- **Non-Medical Referrer Training** - Project Manager, Michael Armstrong and Primary Care Facilitator, Sue Sykes to attend Nurse POD education session in June
- **GM Cancer Academy** - GP experiencing issues with signing into the Cancer Alliance's Education Academy
- **Horizon PCN audit presentation** - interesting and needs wider coverage
- **Bury's Community Diagnostic Centre proposal** – request to CA to apply some leverage to make this happen for Bury
- **Data** – utilisation of Curator data sets. Challenge raised re: data specifically the capacity to analyse the data to the depth required and translating it into something more meaningful to inform the workday. Bury's position in the Rapid Cancer Registration Data (staging data) set was highlighted
- **Live Well Health Inequalities Project** - well received and further funding should be available for 25-26 to undertake further work

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# Appendix 6

## IIF FIT Monitoring

### CAN-LOC-008: Greater Manchester FIT Monitoring Locality Specific

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Cancer Alliance

**Bury - CAN004**
Data Source: Data collated from GP submissions for the Investment and Impact Fund (IIF)

The numerator and denominator for each month is cumulative, resetting each financial year. Therefore the percentages are an average across from the beginning of the financial year to each month.

Please note that there is a potential issue with the way that 2 week wait cancer referrals are recorded in GP systems and their onward flow into related datasets (e.g. the national data extract used to populate the IIF dashboard). This has been raised with EMIS and Graphnet who are working on a fix. Until this fix has been implemented, please use an alternative source for CAN-04 achievement (e.g. EMIS searches).

| | CAN004 Patients who have had a Lower GI referral which was accompanied by a FIT result recorded in the 21 days leading up to the referral (%) | | | |
|---|---|---|---|---|
| | FY 2025 - 2026 Q1 | | | Current Position |
| | Apr | May | Jun | Jun 2025 |
| NHS Greater Manchester Integrated Care Board | 78.1% | 79.1% | 80.6% | 80.6% |
| **Bury** | 83.3% | 82.4% | 84.1% | 84.1% |
| Bury PCN | 65.0% | 72.0% | 74.7% | 74.7% |
| Horizon PCN | 82.1% | 83.9% | 85.6% | 85.6% |
| Prestwich PCN | 94.1% | 86.8% | 87.3% | 87.3% |
| Whitefield District & Community PCN | 95.5% | 88.4% | 88.3% | 88.3% |

Report Viewed: 04/08/2025 | Data Last Updated: 11/04/2025 15:28:12

| Meeting: | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Approve |
| **Item No.** | 9 | **Confidential** | No |
| **Title** | Bury VCSE/Public Sector MoU | | |
| **Presented By** | Marie Wilson and Kath Wynne Jones | | |
| **Author** | Helen Tomlinson | | |
| **Clinical Lead** | | | |

**Executive Summary**

This is a multi-agency collaboration agreement between: The Bury Health & Public Sector represented by the members of the Bury Integrated Delivery Collaborative (Bury Council, NHS Greater Manchester, Northern Care Alliance NHS Foundation Trust, Pennine Care NHS Foundation Trust, Persona, Bury GP Federation, Persona and BARDOC) and the Bury Voluntary, Community and Social Enterprise (VCSE) Sector represented by the Bury VCSE Leadership Group (voluntary organisations, community groups, the community work of faith groups, and those social enterprises where profits will be reinvested in their social purpose.

It is based on a shared principle of mutual trust, working together, and sharing responsibility. This memorandum of understanding aims to develop further how we work together to improve outcomes for Burys' communities and citizens. The commitments of this MoU are co-dependent and we must address all commitments of this agreement to achieve our mutual aspirations.

**Recommendations**

Locality Board members are asked to formally sign-up to the commitments in this MoU which has been developed following a 12 month iterative co-design period with system partners and presentations to IDC and VCSE Leadership Group.

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☒ | **Assurance** ☐ | **Discussion** ☐ | **Information** ☐ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| **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 | ☒ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention | ☒ |

| Links to Locality Plan priorities | |
|---|---|
| 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 | ☒ |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☐ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☐ | No | ☐ | N/A | ☒ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☒ | No | ☐ | N/A | ☐ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☒ | No | ☐ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any financial Implications? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☐ | N/A | ☒ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☐ | No | ☐ | N/A | ☐ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |
| | | |

**Bury VCSE/Public Sector Memorandum of Understanding**

## 1. Introduction

1.1 This MoU builds on the commitments of the the GM Accord, an agreement between the VCSE sector, the GMCA (and its local authorities), and the Greater Manchester Integrated Care Partnership. It is important to have this local iteration of the GM Accord which aligns to our local Lets Do It strategy and our Locality Plan.

1.2 This MoU provides a framework for future joint working and collaboration between the VCSE and Public Sector. It is based on shared principles of mutual trust, working together, and sharing responsibility. This MoU aims to develop further how we work together to improve outcomes for Burys' communities and citizens.

1.3 The commitments of this MoU are co-dependent and we must address all commitments of this agreement to achieve our mutual aspirations.

## 2. Background

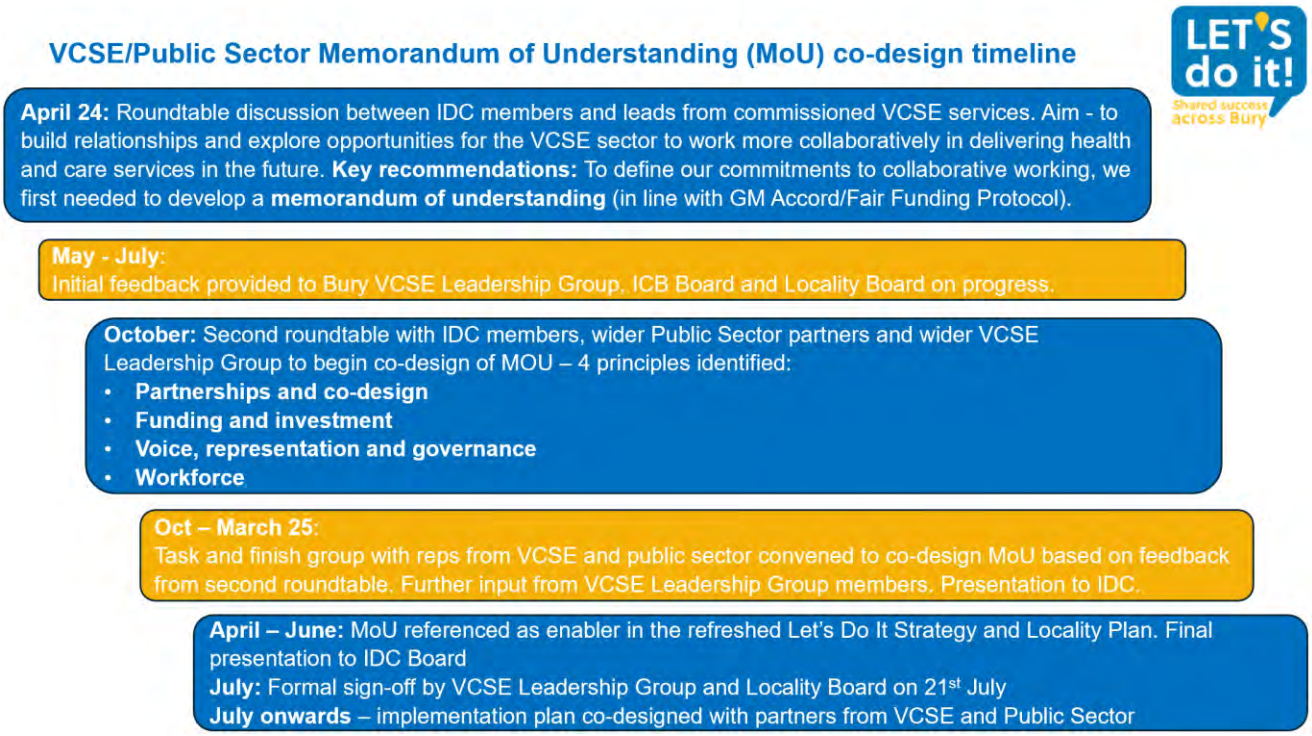
2.1 Voluntary, Community and Social Enterprise organisations (VCSE) have been integral to the communities of Bury for over 100 years. Over 1200 VCSE groups and organisations deliver a range of activities and services across the borough. The VCSE sector is embedded in Bury and has extensive reach into local communities, whether identified via place, identity, or interest.

2.2 VCSE sector services and support are co-dependent with 'public services' and should, therefore, be an integral part of the planning and resourcing of statutory and state-run services. To realise the benefits of collaboration with these VCSE organisations, they must be recognised as essential and equal partners and providers in strategic and delivery planning, including the commissioning process, instead of welcoming optional extras.

2.3 This MoU builds on existing commitments at a national level, including the Civil Society Covenant and updates to the Procurement Act. Statutory Integrated Care System (ICS) guidance also states that "All Integrated Care Boards (ICB) should have a formal agreement to work with the VCSE sector in governance and decision-making" (Working in Partnership with People and Communities: NHS, 2023).

2.4 At a GM level, both from the GM Accord, an agreement between the sector, the GMCA (and its local authorities), and the GM ICP, and subsequent work, including the GM Commissioning Framework and the Fair Funding Protocol.

2.5 This MoU will also act as a key framework to enable system change at a neighbourhood level, joining up public services with our vibrant VCSE eco-system with a focus on prevention and a radical shift in how we work together with communities to reduce health, social and economic inequalities.




3. **How we will achieve the commitments of the MoU:** For the MoU to be meaningful, there are several critical enabling areas that support broader partnership working and practical delivery of the ambitions within the MoU. These include:

3.1 Acknowledgement that there are power imbalances within relationships between the sectors. Taking active and transparent steps to consider these to build trust and ensure progress as equal partners.

3.2 Acknowledging that a single system approach to enabling the best outcomes for local people may need change in how services are delivered. Traditional organisational boundaries should not be a barrier to this process.

3.3 Taking a Bury first approach. Utilising the skills, experience and expertise within the locality and broader VCSE sector before bringing in external agencies.

3.4 Supporting spaces to deepen a shared understanding between the sectors by engaging in forums, networks, peer learning opportunities, shadowing and knowledge exchange schemes.

3.5 When VCSE organisations are part of delivery, all partners should look strengthening ways of working. Key to this includes:

- communication and culture, ensuring all partners and their workforce feel valued and respected.
- Improved data and intelligence sharing to improve planning, design and outcomes for residents.
- Skills development for all leaders in key areas, including, for example - health and public sector leaders gaining an understanding of the role and diversity of the VCSE sector.
- VCSE leaders to understand and work through the commissioning process and systems.
- Recognising and capturing learning—ensuring time to reflect, recognise, and capture learning will be key to building best practices and strengthening the outcomes of this MoU system-wide.

4. **Risks:** Without a coherent framework to demonstrate our commitment to working together, there are a number of risks posed affecting the effectiveness, reach, equity, and sustainability of services. These include:

- Loss of community insight and trust
- Reduced reach to vulnerable groups
- Duplication or gaps in services
- Reduced innovation and flexibility
- Lower community ownership and sustainability
- Weaker social prescribing
- Reduced collaborative system working

**5. Next steps:** We will convene a small steering group of leaders from the VCSE and Public sectors following approval to ensure we are fully maximizing the opportunity of this Bury version of the GM Accord.

**Please note:** there is a process in place to refresh the GM Accord, and Bury VCFA will convene a conversation with wider partners about our collective response to that consultation. We believe the process of discussion and engagement that has led to our local MOU now places us in a stronger position from which to respond and help shape the next iteration of the GM accord.

6. **Recommendations:** Locality Board are asked to acknowledge the input and participation by multiple partners from across the Bury system during the last 12 months in the co-design of this first MoU between the VCSE and Public Sectors in Bury. Locality Board members are asked to support this MoU through formally signing up to the commitments within it.

Helen Tomlinson
Chief Officer, Bury Voluntary, Community and Faith Alliance (Bury VCFA)
Helen.tomlinson@buryvcfa.org.uk
21st July 2025

# Bury Memorandum of Understanding

between the Bury VCSE Sector and the Bury Health & Public Sector

**2025 - 2028**

LET'S do it!

Shared success across Bury

# Introduction

This is a multi-agency collaboration agreement between:

- The Bury Health & Public Sector* represented by the members of the Bury Integrated Delivery Collaborative.
- The Bury Voluntary, Community and Social Enterprise (VCSE) Sector** represented by the Bury VCSE Leaders Group,

Whilst this Memorandum of Understanding is not a legally non-binding document, it is based on a shared principle of mutual trust, working together, and sharing responsibility. This memorandum of understanding aims to develop further how we work together to improve outcomes for Burys' communities and citizens.

The commitments of this memorandum of understanding are co-dependent and we must address all commitments of this agreement to achieve our mutual aspirations.

* When we talk about the Health & Public Sector, this includes the members of the Bury Integrated Delivery Collaborative - Bury Council, NHS Greater Manchester, Northern Care Alliance NHS Foundation Trust, Pennine Care NHS Foundation Trust, Persona, Bury GP Federation, Persona and BARDOC.

**When we talk about the VCSE sector in Bury, we mean voluntary organisations, community groups, the community work of faith groups, and those social enterprises where profits will be reinvested in their social purpose.

# Background

Voluntary, Community and Social Enterprise organisations (VCSE) have been integral to the communities of Bury for over 100 years. Over 1200 VCSE groups and organisations deliver a range of activities and services across the borough. The VCSE sector is embedded in Bury and has extensive reach into local communities, whether identified via place, identity, or interest.

VCSE sector services and support are co-dependent with 'public services' and should, therefore, be an integral part of the planning and resourcing of statutory and state-run services. To realise the benefits of collaboration with these VCSE organisations, they must be recognised as essential and equal partners and providers in strategic and delivery planning, including the commissioning process, instead of welcoming optional extras.

This Memorandum of Understanding (MoU) builds on existing commitments at a national level, including the Civil Society Covenant and updates to the Procurement Act. Statutory Integrated Care System (ICS) guidance also states that "All Integrated Care Boards (ICB) should have a formal agreement to work with the VCSE sector in governance and decision-making" (Working in Partnership with People and Communities: Statutory guidance, NHS, 2023)

Also, at a Greater Manchester level, both from the GM Accord, an agreement between the sector, the GMCA (and its local authorities), and the Greater Manchester Integrated Care Partnership, and subsequent work, including the GM Commissioning Framework and the Fair Funding Protocol.

## Enablers and Partnership Working

For the MoU to be meaningful, there are several critical enabling areas that support broader partnership working and the practical delivery of the ambitions within this MoU.

These include:

- Acknowledgement that there are power imbalances within relationships between the sectors. Taking active and transparent steps to consider these to build trust and ensure progress as equal partners.
- Acknowledging that a single system approach to enabling the best outcomes for local people may need change in how services are delivered. Traditional organisational boundaries should not be a barrier to this process.
- Taking a Bury first approach. Utilising the skills, experience and expertise within the locality and broader VCSE sector before bringing in external agencies.
- Supporting spaces to deepen a shared understanding between the sectors by engaging in forums, networks, peer learning opportunities, shadowing and knowledge exchange schemes.
- When VCSE organisations are part of delivery, all partners should look at strengthening ways of working. Key to this includes:
    - communication and culture, ensuring all partners and their workforce feel valued and respected.
    - Improved data and intelligence sharing to improve planning, design and outcomes for residents.
- Skills development for all leaders in key areas, including, for example -
    - Health and public sector leaders gaining an understanding of the role and diversity of the VCSE sector.
    - VCSE leaders to understand and work through the commissioning process and systems.
- Recognising and capturing learning—ensuring time to reflect, recognise, and capture learning will be key to building best practices and strengthening the outcomes of this MoU system-wide.

## Embed the importance of the VCSE sector to support co-design and co-production

At Greater Manchester and Bury levels, the sector is recognised as a core component of services and support to the public. A clear commitment to partnership is made with this MoU and via the Greater Manchester Accord, but it is not consistently reflected across the ICB in all areas or levels. In Bury, we have seen innovative and positive approaches to co-design and co-production. Nevertheless, to move forward, we need to ensure these principles are fully understood and recognised as distinct from consultation and engagement, and that they are consistently and fully implemented.

The key elements of the MoU to support this are:

- As partners, we acknowledge that not all services and activities can be genuinely co-designed or co-produced. However, where there is an opportunity to change or improve a service or influence policy, then it should be undertaken.
- Develop and implement a co-design/co-production charter for cross-sectoral working, outlining our commitment and providing guidance on our approach to service design and funding/commissioning.
- Ensure that the VCSE Sector leads or co-leads on agreed-upon workstreams where it has particular experience and knowledge, e.g., Social Prescribing, Long-Term Conditions, and end-of-life Care.
- The co-design and partnership delivery of programmes established to address key issues, which bring together partners to drive through collaboration and improve outcomes for residents.
- Ensure adequate timescales and resources are made available for creative and meaningful co-design with the sector and broader communities.
- Ensure the principles of any co-design/co-production charter are embedded into a service or commissioning lifecycle to support learning, evaluation, and ongoing constructive and transparent dialogue with providers.
- Include Bury system partners, infrastructure organisations and experts (both via position and lived experience) in co-leading the development and delivery of local training to the broader Workforce.

## Ensuring that the voice of the VCSE sector and local communities is heard and valued in strategic governance

Appropriate voice and representation of the Sector and local communities enable many aspects of this MoU. Ultimately, ensuring this voice will support our partnership approach to tackling inequalities and inequities within the borough and addressing the social, environmental, and economic determinants of health and wellbeing.

This includes

- Ongoing involvement of the VCSE sector in the delivery, monitoring and future revisions of the Bury “Let's Do It Strategy” and the Bury Locality Plan.
- Ensure effective representation of the VCSE sector on relevant strategic and decision-making boards and groups in Bury.
- Ensure the VCSE Sector has the opportunity to lead / chair relevant boards and meetings where it has particularly relevant skills, knowledge and experience.
- Acknowledgement that for the VCSE sector to have the capacity to ensure their multi-agency partnership and network members are representative and accountable, there may be resource implications and a commitment to support this.

## Ensuring a financially resilient VCSE Sector

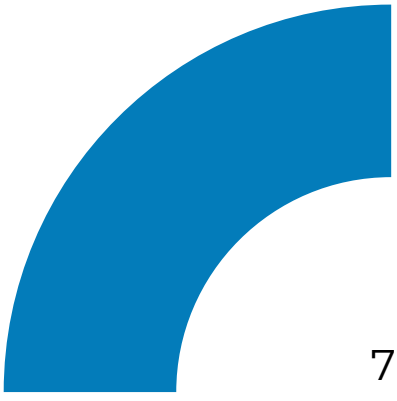
Ensuring a financially resilient VCSE Sector with appropriate resources is a key enabler for the ambitions of this MoU and our broader challenges around addressing poverty, improving health and wellbeing, and tackling inequalities in Bury.

Key elements include:

- All partners seek to pooling budgets where available to enable the creation of a Bury Fund, which will utilise grants to support the VCSE sector and empower innovative delivery.
- Offering annual uplifts in contracts or grant payments in line with inflation / the real living wage (where it is financially viable).
- Enabling a minimum three-year term on contracts and grant funding, where financially viable.
- To ensure budget cuts are not passed disproportionately to the VCSE Sector.
- In line with the Procurement Act, ensuring prompt payment for delivery organisations and organisations in supply chains.
- Partners will aim to provide reasonable notice (ideally six months) in writing for all significant changes to contracts and grant funding agreements.
- Commissioners and public sector partners must be committed to considering the use of grant programmes in all cases, either alone or as one element within a more extensive programme.
- Where competitive tendering is the best methodology, commissioners should reflect the Procurement Act and systematically consider whether the size, timescales, requirements, or restrictions could unfairly disadvantage VCSE organisations capable of delivering the commission, reduce accessibility, or limit partnership, alliance, or consortium approaches.

# Ensuring a financially resilient VCSE Sector

- Support Full Cost Recovery basis for new and existing funding agreements, contracts and grants to enable organisations to cover core costs.
- Explore what back-office support can be shared with VCSE organisations to improve delivery, e.g., software licensing to support enhanced reporting and data sharing.
- VCSE organisations recognise the need to be held accountable alongside other partners for their role in service delivery and the support that they offer residents. However, the reporting, monitoring and evaluation required from VCSE-held grants and contracts should be proportionate to the service delivered and the finances involved.



## Our People

This element of the MoU supports a shared ambition for “One Workforce,” which meets the needs of Bury residents by ensuring high-quality services and support. This is enabled by a valued, recognised, supported, and empowered workforce.

Key elements include:

- In line with the Bury Volunteer Strategy, we will ensure the ‘freedom of choice’ principle is embedded into our volunteering practices. Volunteering must never exploit the volunteer or directly replace paid staff.
- As employers, we will support our employees' volunteering through Employee-Supported Volunteering schemes and flexible working practices.
- We will ensure that volunteers are supported and recognised as part of our workforce, e.g., by providing equal access to support, training, expenses, and reward and recognition celebrations.
- Build on existing programmes to support work experience, placement, and employment opportunities for the sector, as well as pathways for new and existing volunteers to enter employment (if they wish).
- System-wide workforce and organisational development support to provide human resources support and expertise to enable the actions of this MoU, e.g., where a service redesign may have TUPE considerations.
- Enable access and support to Workforce Wellbeing programmes—recognising the VCSE Sector Workforce, including volunteers, in our wellbeing provision, including mental health, and trauma response support.
- Strengthen the understanding of health and care leaders and the broader workforce on the voluntary sector's role, the motivations of volunteers, volunteering best practices, etc. and incorporate this into the development of the Bury One Workforce programme.

## Embedding Social Value

Ensure social value is recognised alongside and as part of a mutually beneficial partnership beyond the current legislative framework and procurement instruments that currently dominate the conversations between commissioners and the VCSE sector. This will help facilitate the above activity while enabling VCSE organisations to express their intrinsic social value.

- Explore the potential development of a 1% Community Levy applied to all tenders exceeding £1m. The proceeds would be invested to support the sector's financial sustainability and ensure a broader social outcome objective.
- Social Value is an intrinsic part of the local VCSE sector and the activity it delivers. Ensure that any social value measurements put into place do not disproportionately impact the sector or its ability to tender.
- Recognising the “additionality” of the sector as part of service delivery. Consider the development of core cost grants/funding programmes to provide an opportunity to capture the “true” outcomes and social value of locally delivered VCSE services.
- All partnerships (VCSE and Public Sector) follow agreed-upon social value principles and lead by example where financially possible, e.g., local supply chains, good employment charters, paying a real living wage, etc.
- A consistent and proportionate approach to monitoring social value within delivery and commissioning.

The content of this Memorandum of Understanding has been developed following a series of structured conversations with key stakeholders during 2024-25, including VCSE organisations and representatives from the Bury Health and Social Care System and Bury Local Authority.

The final version of the Memorandum of Understanding has been shared for sign off by the Bury VCSE Leadership Group and Bury Locality Board and will be supported by an implementation plan co-designed with stakeholders across the System in Bury.

**Memorandum of Understanding between the Bury VCSE Sector and the Bury Health and Public Sector.**
**Date:**
**Signatories:**

| | | |
|---|---|---|
| Signed<br>Name<br>Position | Signed<br>Name<br>Position | Signed<br>Name<br>Position |
| Signed<br>Name<br>Position | Signed<br>Name<br>Position | Signed<br>Name<br>Position |
| Signed<br>Name<br>Position | Signed<br>Name<br>Position | Signed<br>Name<br>Position |


LET'S
do it!
Shared success
across Bury

# The role of the VCSE Sector in delivering Locality Board priorities

**Bury Locality Board**
**01/09/25**

**Marie Wilson, Bury VCFA**
**Jordan Fahy, BIG in Mental Health**

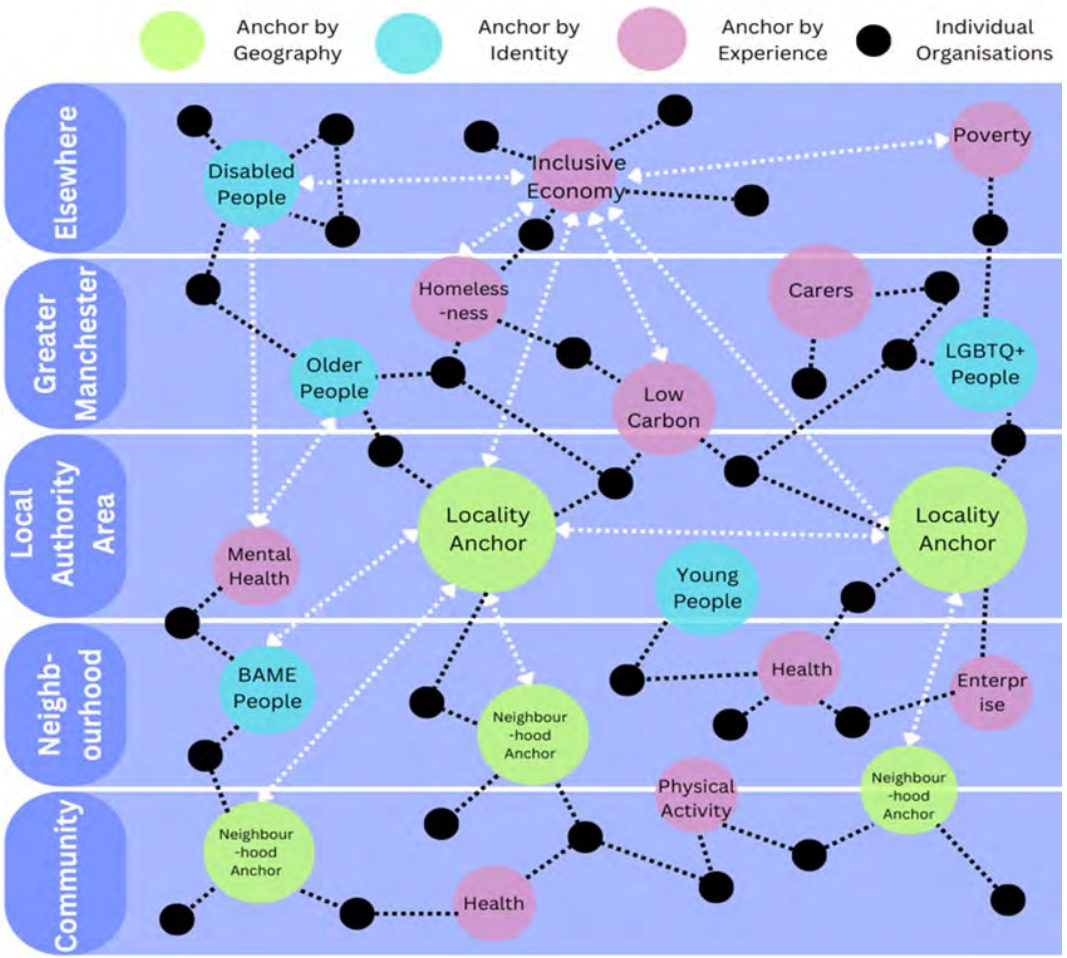
BURY VOLUNTARY, COMMUNITY & FAITH ALLIANCE

# The VCSE sector in Bury

- 1249 VCSE groups/organisations
- 71% are micro or small
- 13% identify as social enterprises
- 2452 FTE employed in VCSE sector in Bury
- Estimated 26,229 volunteers giving 131,145 hours of their time each week
- Contributing £81 million each year to Bury's economy (calculated at the Real Living Wage of £12.00 per hour)

# The sector is diverse

- The sector's leadership and activities truly reflect the **diversity** of the Greater Manchester population
- VCSE organisations naturally come together based on:
  - **Geography** - the focus on what happens in a place, of any scale (eg local authority area or neighbourhood)
  - **Experience** - shared needs, assets and ambitions, thematic interests, life experiences (eg around tackling poverty)
  - **Identity** - how people identify in different situations (eg around disability)
- The VCSE sector is an 'ecosystem' with networked webs of relationships and interdependencies built around a network of 'anchor organisations' and having shared leadership.




# The VCSE sector's contribution to health

**National policy**:

- The Darzi Report underscores the essential role of the VCSE sector as a partner in the evolution of integrated care, advocating for its involvement in co-designing and delivering services to create a more effective and inclusive health and social care system.

- The NHS 10 Year Plan recognises the Voluntary, Community, and Social Enterprise (VCSE) sector as a vital partner in improving health and wellbeing. The plan emphasises strengthening the role of local community organisations and integrating them into health and care systems. This includes encouraging co-production, enabling the voice of those with lived experience to shape policy, and building evidence for sustainable solutions to health inequalities.

# The VCSE sector's contribution to health

The Bury locality plan recognises these national influences and recognises that:

- The VCSE sector has a deep-rooted presence and reach within local communities, providing an opportunity to deliver tailored interventions to meet the specific needs of different populations.
- The sector is able to engage with marginalised groups and plays a crucial role in ensuring health services are accessible and equitable.
- Health outcomes are deeply intertwined with social factors and community conditions, eg poverty and homelessness – the sector's ability to provide services that are culturally sensitive, person-centred, and community-driven is vital in bridging gaps that may exist within statutory services. It can play a pivotal role in shaping the future of integrated care.

# Improving Population Health

One Step Bury is a social enterprise providing holistic, person-centred approaches to physical and mental health.

The group recently expanded services to widen geographic reach and created resources supporting survivors of domestic abuse, including Help Yourself to Wellbeing and Understanding Trauma training, 1:1 and peer support and fitness service.

*“My workers were the only people in my life other than caring for grandparents. I became extremely isolated, I struggled to leave the house. My OT brought me to One Step…I was accessing the exercise to start with, I was really overweight and my anxiety was really high, but I started to relax because everyone had lived experience. I did graded exposure work with my OT, who at first came in with me, but would eventually just drop me off.*

*I wasn’t able to step outside my door, now I’m coming out every day to access a supportive community. I would have definitely been back in hospital without One Step, I had gone as far as I could with services”.*

# Radcliffe Food Club

Radcliffe Food Club is based at Bridge Community Church and provide essential  foods at reasonable prices to the local community along with a clothes bank and café. People can become a member of the Food Club for a one-off fee of £5.

In addition, a range of organisations deliver services from the Club, making it a real community hub for local people. Services delivering support sessions from the Club include Calico floating support, Bury Adult Learning (digital inclusion team) and Citizens Advice.

The project has saved Radcliffe Residents over £45,000 since opening on food costs alone.

Current total membership is 335.

*‘’Finding the Food Club has been a lifesaver. I have struggled to buy essential items recently and this has really helped”.*

# Preventing ill health and intervening earlier to reduce demand

## Speakeasy

Speakeasy is a specialist aphasia charity based in Ramsbottom, Bury. The organisation is made up of a range of professionals and volunteers, many with aphasia.

Therapeutic activities are designed by specialist speech and language therapists and staff with aphasia to assist with building skills and confidence and improving communication.

*“Activities are varied, change regularly and are all purposeful, we definitely don’t do time filling activity at Speakeasy and a lot of background work goes into making the activity have maximum impact”.*

# Margaret Haes Riding Centre

The Margaret Haes Riding Centre empowers children and adults with learning disabilities, physical and mental health disabilities, and emotional and social challenges to lead active, healthy and fulfilling lives through equestrian activities.

The Centre has helped hundreds of people with a disability to enjoy the experience of riding, having a positive impact on the health and well-being of riders, their families and carers and volunteers.

The Centre is part of Changing Lives Through Horses programme and participants may include those with SEND including social and emotional mental health needs, those who may be disengaged or excluded from education, those without a school place or are electively home educated and those who may have experienced trauma or adverse childhood experiences.

"*Horses touch the lives of people, helping them to heal and to embrace the new and the possible".*


# Transforming the model of care in the community through neighbourhood working and strong integration

## Living Well - BIG in Mental Health and Creative Living Centre

Living Well Bury is a community service co-designed in partnership between BIG in Mental Health, Creative Living Centre , Pennine Care and Bury Council. It is a multi-agency team, who come together to provide positive and safe experiences for people who do not meet the threshold for community mental health services.

Living Well focuses on developing new ways for people to access support which recognises people's strengths and potential. Peer Support Workers and Link Workers based in the VCSE Sector work collaboratively with clinical practitioners and provide holistic  support across a range of areas including housing, debt, employment and connecting with their communities.

# Optimising Care

## Home from Hospital Service - Age UK Bury

Operating from a base at Fairfield Hospital, the service provides up to six weeks of practical and emotional assistance to individuals aged 50 and over who may live alone, be primary carers, or reside with someone unable to help with daily tasks.

The support includes welfare checks, help with grocery shopping, escorting to hospital appointments, and access to Age UK Bury's Handy Person Team. Additionally, the service offers guidance on financial entitlements, introductions to local social activities, and connections to other community and voluntary organisations.

Referrals can be made by hospital staff, community teams, family, friends, or through self-referral.


# Enablers and opportunities

- Team Bury – Let's Do It strategy
- Bury VCSE/Public Sector Memorandum of Understanding
- The GM Accord, an agreement between the sector, the GMCA (and LA's), and GM ICP (Accord refresh currently being undertaken for launch in 2026)
- GM Commissioning Framework and the Fair Funding Protocol.
- A 'Bury Fund' pooled investment approach
- GM Live Well

For further information about the Bury VCSE/Public Sector MoU or the role of the VCSE Sector in Bury please contact:

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helen.Tomlinson@buryvcfa.org.uk

Marie Wilson, Deputy Chief Officer:
marie.Wilson@buryvcfa.org.uk

BURY
VOLUNTARY,
COMMUNITY
& FAITH
ALLIANCE

| Meeting: Locality Board | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Receive |
| **Item No.** | 12 | **Confidential** | No |
| **Title** | Clinical & Professional Senate Update | | |
| **Presented By** | Dr Kiran Patel | | |
| **Author** | Dr Kiran Patel | | |
| **Clinical Lead** | Dr Kiran Patel | | |

| Executive Summary |
|---|
| This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place in July 2025. |
| **Recommendations** |
| The Locality Board is asked to receive the report and share any feedback to the Clinical and Professional Senate for action. |

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☐ | **Assurance** ☐ | **Discussion** ☐ | **Information** ☒ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| 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. | ☒ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention. | ☒ |
| 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. | ☒ |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☒ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☒ | N/A | ☐ |
| 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 | ☐ | No | ☒ | N/A | ☐ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any financial Implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☒ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☒ | No | ☐ | N/A | ☐ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |
| | | |

**Clinical and Professional Senate Highlight Report – July 2025**

## 1. Introduction

This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place on 23 July 2025.

## 2. Headlines from the Clinical and Professional Senate

### 2a. Associate Medical Director (AMD) Update – Dr Cathy Fines

- Salina Callighan provided feedback from the June CEG, this included consultations and feedback on clinical policy and audit standards, Tirzepatide, Primary Care weight loss offer and the Work Well partnership.

### 2b. System Assurance Board Feedback

- Dr Cathy Fines provided feedback from the May System Assurance Board Meeting this included discussions and agreement of the meetings Terms of Reference, the My Happy Mind Project and screening and immunisation data.

### 2c. Commissioning Oversight Group Feedback

- Catherine Jackson attends the Commissioning Oversight Group, but no feedback was provided for this meeting.

### 2d. Medicines Optimisation Update – Salina Callighan

- Salina Callighan provided updates on various medicines optimisation topics, including Dienogest for endometriosis, Olopatadine/mometasone nasal spray for severe allergic rhinitis, Tirzepatide for type 2 diabetes, and Dapagliflozin as a first-line SGLT2 inhibitor.
- Salina also discussed formulary amendments, including the addition of new drugs and the discontinuation others. Sumatriptan/naproxen (Suvexx) is now a do no prescribe. Levemir and Diazepam 2mg/ml oral solution are to be removed from the formulary.
- Salina also discussed consultation around ophthalmology and Aflibercept which is a biologic, this is a review of the current NICE criteria around biologic use in wet AMD.

### 2e. Partner Update

- NCA – Dr Vicki Howarth & Richard Bulman

  - Vicki and Richard provided updates on Clinical Leadership Model (CLM), Resident Doctors' industrial action, collaboration with Salford, increasing patients at Bury Hospice, and the MEED pathway for eating disorder patients.

- Pennine Care

  - No PCFT representatives were in attendance at this meeting.

- GP Update – Dr Cathy Fines

  - Cathy Fines provided updates on GP membership engagement event, GP strategy presentation, health scrutiny meeting, and the focus on LCS activities and Tirzepatide implementation.
  - Kath Wynne-Jones advised that there is an open invitation for systems to submit proposals to become demonstrator sites for the rapid implementation of the neighbourhood model.

**2f. GMCR Clinical Engagement**

- Dr Cathy Fines discussed the Greater Manchester Care Record (GMCR) and emphasized the need for GPs to use it, the rollout plan and the importance of promoting GMCR within primary care was also discussed.
- Dr Cathy Fines is to discuss with Siaf Ahmed to see how he would prefer to promote the use of this, whether this be a webinar or attendance at a future senate meeting.

**2g. Advice & Guidance Update – Damian Aston & Sian Goodwin**

- Sian Goodwin and Damian Aston presented the GM advice and guidance project, including the digital offer, enhanced service specification, operational delivery framework, and the need for consistent pre-referral advice and guidance across GM.

**2h. Clinical Leadership Presentation – Simon Minkoff**

- Simon Minkoff did not attend to provide a clinical leadership presentation.

**2i. Asthma Care Bundle**

- Sonia Keane and Petra Hayes-Bower showcased the asthma friendly schools' pilot in Bury, highlighting the standards, education packages, student sessions, and the need for support from primary care, education, and public health to drive the initiative forward.
- A discussion took place after the presentation regarding how this work can continue, Petra advised in terms of continuing the work, it would need to be done with the resources already in place.
- The Senate Members all thanked Sonia and the team for their excellent work.

**2j. AOB**

- None.

**3**.The Locality Board is asked to receive the report and share any feedback to the Clinical and Professional Senate for action.

**Kiran Patel**
Medical Director IDCB
kiran.patel5@nhs.net
July 2025

| Meeting: Locality Board | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Receive |
| **Item No.** | 13 | **Confidential** | No |
| **Title** | Primary Care Commissioning Committee update | | |
| **Presented By** | Adrian Crook, Director of Adult Social Services and Community Commissioning | | |
| **Author** | Faith O'Brien, Governance Support Officer | | |
| **Clinical Lead** | | | |

| **Executive Summary** |
|---|
| The Primary Care Commissioning update is provided as a highlight report from the meeting held on the 28th July 2025. |
| **Recommendations** |
| The Locality Board is asked to note the highlight report from the last Primary Care Commissioning Committee. |

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☐ | **Assurance** ☐ | **Discussion** ☐ | **Information** ☒ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| **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. | ☒ |
| To achieve a reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction. | ☒ |
| To deliver a local health and social care system that provides high quality services which are financially sustainable and clinically safe. | ☒ |
| To ensure that a greater proportion of local people are playing an active role in managing their own health and supporting those around them. | ☒ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☒ | N/A | ☐ |
| 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 | ☐ | No | ☒ | N/A | ☐ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any financial Implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☒ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☒ | No | ☐ | N/A | ☐ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Primary Care Commissioning Committee | 27/05/2025 | Highlight report attached. |
| | | |

# Bury Primary Care Commissioning Committee (PCCC) Highlight Report

**Chair: Adrian Crook**
**Reporting period: July 2025**
**Attendance: Not quorate, decisions circulated outside of the meeting for ratification**

**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.**

## Key Updates:

**Virtual Decisions –** Ratification of decisions made outside of the committee (see decisions made below)

**Highlight Report** - PCCC received a detailed primary care programme update

**Bury LCS 2025/26 -** PCCC were presented with and approved a contract variation detailing year 2 neighbourhood requirements for Bury LCS.

**Quality –** PCCC was presented with a proposal for 2025/26 quality visits which is aimed around reducing unwarranted variation amongst practices.

**Quarter 1 contracting update –** Work continues to improve EA utilisation and DNA data is now shown seperately

**GPPS –** High-level results from the latest General Practice Patient Survey were presented to the committee

**General Practice Leadership Collaborative** – in addition to the above GPLC also discussed:

- TOR for the committee (several changes made in light of future need)
- Weight management delivery model
- Neighbourhood Contracts
- GM GP Board Update
- GM ICB Reconfiguration Update
- ADHD Service Pressures

## Priority actions in coming period:

**Communications and Engagement** - Consider local comms and engagement needs in light of GM portal

**BeCCoR**

- Elective Care Audit Review
- Ongoing discussion regarding 2026/27 arrangements, the team will take part in all pillar discussions

**PCNs**

- Enhanced Access utilisation improvement plan to be followed up with PCNs
- Risk stratification requirements to be explored further

**MOT** – Continue to roll out patient led ordering in addition to supporting CIP delivery

**Weight Management** – Service mobilisation

## Decisions made:

Decision to award Special Allocation Scheme following an expression of interest process ratified
Request for PCCC to support the escalation of concern regarding the Online Consultation procurement delay ratified – response from GM also confirmed
Bury LCS 2025/26 Variation - PCCC approved the variation as outlined in the papers.

| Top 3 risks & mitigation: | RAG rating |
|---|---|
| IF: the money invested into Primary Care is not sufficient/ nor equitable across GM THEN: the whole of PC will be limited as to what they can support/deliver LEADING TO: The local general practice strategy and GM PC Blueprint not being delivered in full and ultimately poorer outcomes for the patients of Bury | |
| IF: GM focus on prescribing savings continues to be paramount THEN: support to practice will be impacted as MOT support to practice must now change given the staffing structure | |
| IF: Horizon PCN are not awarded the 10% CAIP funding for Online Consultation THEN: the PCN and its member practices / patients would be at a disadvantage in terms of access / finance LEADING TO: financial risk and implications for the PCN and variation in patient access | |

**Any other information:**

**Key escalations for NHS Greater Manchester PCCC:**

| Meeting: Locality Board | | | |
|---|---|---|---|
| **Meeting Date** | 01 September 2025 | **Action** | Receive |
| **Item No.** | 14 | **Confidential** | No |
| **Title** | SEND Improvement and Assurance Board Minutes – 28th May 2025 | | |
| **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 24th June 2025 are attached for information. |
| **Recommendations** |
| It is recommended that the Locality Board note the minutes. |

| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☐ | **Assurance** ☐ | **Discussion** ☐ | **Information** ☒ |
|---|---|---|---|---|
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

| 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 | ☒ |
| Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention | ☒ |
| 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 | ☒ |
| Optimise Care in institutional settings and prioritising the key characteristics of reform. | ☒ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are the risks already included on the Locality Risk Register? | Yes | ☐ | No | ☒ | N/A | ☐ |
| 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 | ☐ | No | ☒ | N/A | ☐ |
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any financial Implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☒ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☒ |
| 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 | ☒ | No | ☐ | N/A | ☐ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |
| | | |

Bury Council
**Department of Children & Young People**

# Minutes

## SEND Improvement & Assurance Board Meeting
## 24th June 2025

| | |
|---|---|
| 1 | INTRODUCTIONS & ATTENDANCE |
| | The Chair welcomed everyone to the SEND Improvement and Assurance Board meeting and acknowledged the presence of attendees joining online and apologies given. Everyone introduced themselves.<br><br>The Chair raised that one appendix submitted to the Board papers included a child's full name and photographs. The Chair requested that Board members deleted this from their files and it to be deleted off the online copy and requested in future that no identifiable information of children should be included. |
| | |
| 2 | MINUTES FROM THE PREVIOUS MEETING |
| | **May's** minutes<br><br>May's minutes were reviewed page-by-page, with no corrections given. The minutes were approved along with the accompanying 31 actions. |
| | |
| 3 | ACTIONS AND RISKS LOG |
| | The actions due by this meeting or before were reviewed. The Action Log was updated accordingly with the following updates:<br>• Action 88 (EOTAS – mapping children across the system including those without EHCPs): currently underway, and it was proposed bringing it back to the SIAB at a later date so the update can be provided once the new SEN2 data is released by the Department of Education. This was agreed – due date update on 22nd July.<br>• Action 95 (new Outreach team structure): The data is being gathered across services from both the Outreach team and the SEND support team, with the next task being to coordinate that to understand the full impact of how those services worked in the last 12 months – due date updated to 22nd July. |

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| | • Action 100 ('You Said, We Are Doing' log): It was requested that questions on the log were answered in a more timely way; the Chair recommended that matters are escalated to the Senior Responsible Officers if the log is not being updated in a timely manner. The action was kept open and will be addressed at the next Board on 22nd July.<br>• Action 125 (School Survival guide): The guide was taken to the SEND Handbook Task & Finish group, and they are keen to include it in their handbook and so she will provide updates as it progressed. The action was marked closed.<br>• Action 135: was identified as a repeat of action 100, and so was closed.<br><br>The Risk Log has three new risks in relation to PIP5.<br>• Risk 45 and Risk 46: predominantly focused on the 6-into-7 digital solutions and the sustainability of the ongoing and expanding cost for it.<br>• Risk 47: concerns the Multi-Disciplinary Team (MDT) meetings and the capacity to expand to a wider cohort. Further work is needed to look at whether alternative forums need to be used or whether the current forums can be expanded to accommodate these.<br><br>It was agreed that none of these three new risks were classed as immediate high risks (or would affect children transitioning into new schools in September), and so updates for the risk will come to the Board at the next Theme 3 meeting in October. These risks will be raised with the Secondary Sector Forum at the next meeting in two weeks' time.<br><br>There was a question raised about the representation of Early Years and Colleges at SIAB. The Chair commented that it is good to have a variety of people attending the board at different times, and approved the suggestion.<br><br><u>Actions</u><br>1. Risk 47 (the capacity of MDT meetings to expand to a wider cohort) to be raised at the next Secondary Sector Forum – due report back 22nd July.<br>2. SIAB Board membership for Early Years and College colleagues – due 22nd July. |
| | |
| 4 | CONTRIBUTIONS FROM, AND ENGAGEMENT WITH, CHILDREN AND YOUNG PEOPLE |
| | <u>Presentation</u><br>Highlights covered CAMHS service design; staff training; wider engagement; upcoming work; upcoming meetings; and general feedback. *[The presentation has been provided alongside these minutes].*<br><br><u>Discussion</u><br><br><u>CAMHS service design</u><br>The Changemakers had spoken with representatives from CAMHS to ask questions about their Neuro assessment process, therapy service, and how they work with young people. There are plans to work throughout the Summer to get the offer established and share it in September. |

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| | Staff training<br>The Changemakers have been working on staff training, and were planning to attend an upcoming meeting of the Secondary Head Teachers.<br><br>Wider engagement<br>Two more young people are interested in joining the Changemakers group following a visit to the home-educated group in the theatre, along with two further young people from Connexions. There is also an opportunity to attend a drop-in at the Jewish Community Group in July which may identify other young people who would like to join.<br><br>The Chair reminded the Board that the Changemakers celebration event would be happening immediately after the next Board meeting on 22nd July. The Changemakers will also be running a training session that meeting around co-production and tokenism for the Board. |
| | |
| 5 | TERMS OF REFERENCE SIGN OFF AND PRINCIPLES OF BOARD MEMBERSHIP REVIEW |
| | Terms of Reference<br>The Chair commented that the Board membership within the Terms of Reference document had been updated. This was signed off by the Board, and is set to next be reviewed in six months (December's SIAB Board).<br><br>Principles of Board Membership<br>The Chair raised that attendance for some members had been a particular challenge recently and requested that members send a deputy to SIAB meetings if they could not attend. The following updates were requested to be added to the Principles of Board Membership document:<br>- Members to send a named deputy in their place if they are unable to attend a Board meeting, to ensure that all areas are consistently represented in meetings.<br>- Members are required to attend at least 9 out of 11 Board meetings every year (removing the August meeting).<br>- Members are required to proactively share relevant information from the Board meetings to colleagues within their organisations.<br><br>There was a question as to whether Board members would need a minimum 12 months commitment, as is currently on the Principles of Board Membership document. This was kept in place, recognising that potential exceptions may be needed as they arise.<br>The Chair asked that Members do not share specific confidential conversations that have been discussed at the Board with others unless there has been a formal agreement to share.<br>The Chair requested that all Board members take the initiative to share (appropriate) information from the meetings out to wider colleagues, as it is important that cross-partner messages reach everyone, e.g. all schools.<br><br>The Chair raised that another Board evaluation was now due, having last been completed in November 2024. This will be done before schools finish for the summer holidays on 16th July.<br><br>Actions |

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| | 3. PPL to update the Principles of Board Membership document – due 4th July.<br>4. The Chair to discuss the SIAB evaluation with Comms Leads in preparation for sending out before 16th July. |
| | |
| 6 | STOCKTAKE PLANNING AND MONITORING INSPECTION UPDATE |
| | The Chair mentioned the importance of having a schools' representative at the upcoming Stocktake meeting on 1st July.<br><br>The previous Stocktake meeting had taken place in December 2024, and reviewed the progress in relation to the PIPs. The DfE and NHS England concluded that the SIAB were in line with expected progress at that time. rThe SIAB has continued at pace with its endeavours to move forward with any outstanding actions within that six-month period, and that it had tried to determine the impact that the actions are now having in relation to the identified outcomes within the PIPs. For this Stocktake, work has been undertaken across the partnership to gather evidence and there is a draft evidence submission that is near completion.<br><br>Following the Stocktake meeting, the partnership will be preparing for the Monitoring Inspection, which is anticipated to take place in October/November 2025.<br><br><u>Actions</u><br>5. DfE to circulate the Bury SEND Stocktake Agenda –completed.<br>6. PPL to circulate the previous Stocktake outcome letter to the wider board – due 1st July. |
| | |
| 7 | EHCP AUDIT DATA REPORT |
| | The template for the audit had been reviewed, in order to reflect the national change programme. This was reported as working very well. Significant amounts of training had also been given regarding preparing legally compliant EHCPs.<br><br>In addition, a large proportion of internal auditing had been completed and there is now a tiered approach of both single-agency audits, multi-agency audits and face-to-face audits. Invision 360, a digital audit tool, is now in use.<br>The output from the two cycles of auditing were in relation to newly issued EHCPs.<br><br>A slide deck pack has been put in the appendices for the Board papers around the impact of that work. This demonstrates an overall improvement in EHCPs with a reduction in those plans with quality issues from 58.3% to 42.9%. In addition, EHCPs receiving an overall grading from silver has increased from 16.7% to 28.6%, also with significant improvements in sections B&F, which is special educational needs outcomes and provision.<br><br>This was still a challenging area, with ongoing gaps in relation to Social Care input into EHCPs. There has been a meeting about this and subsequently progressed actions in terms of how to ensure that Social Care contributions continues to improve. |

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| | Meetings have also been held in relation to children who are not known to Social Care, to ensure that this data is tracked. As a consequence, compliance is improving within that area.<br><br>Another significant challenge raised was the number of audits completed, as only a small proportion of the 30-40 new EHCPs issued a month have been audited (current is an average of 10 a month). The Chair suggested that the conversation around who is not responding to carrying out the audit is discussed at the Operational Delivery Group meeting.<br>It was suggested that a focus on increasing the numbers of audits is more important at this stage than ensuring a fully partnership approach to all audits. The Chair recommended that the specifics of how to resolve this would be discussed outside of the SIAB meeting.<br><br><u>Actions</u><br>7. A discussion about the issue of audit compliance to take place at the next Operational Delivery Group – due 22nd July. |
| | |
| 8 | ADHD CONSULTATION AND COMMISSIONING SERVICES |
| | An overview of the current commissioning position was provided. The gap highlighted in the inspection report was not having a commissioned managed pathway for this cohort of young people to obtain neurodevelopmental assessments. As a Locality, alongside neighbours in Oldham and Heywood, Middleton and Rochdale; there was a complete reliance of the right-to-choose pathway. Over the past months the team has therefore been working to progress the Commissioning process: obtaining approval for the finance and then also obtaining approval to go ahead.<br><br>An urgent award under the provider selection regime regulations was given to Optimise Healthcare. This means there is now expanded capacity around the shared care cohort, but also with the ability to commission a limited number of assessments. The contract is not yet in place, but it is in the final stages, with plans for this to be live before the end of summer. The finance contracts are very close to being signed, and respective teams have been given approval to start to transition young people on ADHD medication under shared care arrangements to the adult provider.<br><br>In addition, there is a new pathway for when young people approaching adulthood will be reviewed, and where appropriate transitions into the actual provider for that ongoing shared care will take place.<br><br>Further work needs to be done to determine how the limited number of assessments are prioritised, bearing in mind that the gap highlighted in the inspection needs to be addressed. Therefore, the challenge is the number of assessments that have been commissioned within the financial envelope is far outpaced by the level of demand; there will need to be careful consideration on how assessments are prioritised and take into account the needs of this particular cohort of young people.<br><br>The Chair asked whether any statistics could be given in terms of the size of the situation. The response was that the demand from adults for neurodevelopmental assessment is unknown, due the reliance on the right-to-choose pathway, which is depending on whether GPs refer individuals asking for |

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| | an ADHD assessment to a provider who is eligible. However, for the number of assessments that have been commissioned: this year there were 240 autism assessments across the three localities, and 205 ADHD assessments.<br><br>It was raised that the themes being raised here are also recognised to be a national problem, as well as one at the Greater Manchester level. Also that there was an understanding that there is an underdiagnosis of women and girls, as well as marginalised communities.<br><br>It was confirmed that the assessments in the year so far were from the beginning of the financial year onwards. The team have drawn up pragmatic criteria around how young people are identified for having an ADHD assessments and the pathway from there.<br><br>25,000 people are currently on the waiting list for adult ADHD assessments across Greater Manchester. *[This presentation has been attached to the Board papers].*<br><br>The Chair commented that it was good for the Board to have assurance from what was happening both from the commissioning and consultation progress, and looked forward to seeing the final report once completed. It was confirmed that the plan is for the report to be completed by the end of June.<br><br><u>Actions</u><br>8. A update report of the ADHD commissioning and consultation progression – due 20th July. |
| | |
| 9 | THEME 3 UPDATE |
| | Theme 3 brings together several key points in a child's educational journey, where there are significant changes – for example the Preparing for Adulthood pathway, and the annual review cycles for children who are accessing Education Other Than At School (EOTAS).<br><br>The Executive Summary<br><br>The summary highlighted the progression of the following:<br>- A compiled list in relation to the 16 to 18 cohort.<br>- Development of an Adult Social Care team to support with transitioning into adulthood.<br>- Quarterly transition clinics in Health<br>- Team meetings that are being held to support more timely transitions through community paediatrics.<br>- Alternative Provision forums<br>- Further developments in relation to communicating the Local Offer, particularly when products have significant improvements to update on.<br>- Developing the Annual Review process to ensure that Preparation for Adulthood comes in for children who are at Year 9 onwards<br>- New templates for Annual Reviews, so that conversations can be prompted at schools where the Local Authority cannot always be in attendance.<br>- Data shows that 66% of children now have a completed annual review, which is slightly higher than expected (however not necessarily within the |

statutory time frames). 34% are therefore currently overdue or not yet due.

The next phase is to make sure the new offers are utilised and publicised widely.

And for other next steps, the partnership should focus on ensuring that the multiple transition points within a child's educational journey interlink well with different services across Education, Health and Adult Social Care. It is important therefore for the partnership to work together to coordinate that planning and interdependencies in relation to transitional points.

Discussion

A question was asked about whether or not there had been any noticed impact for transitions as a result of the two senior social workers joining in the last 18 months.
There is a very good relationship with the senior Social Workers and the value they are adding.

It was asked what the protocol was for young people who would not reach the threshold for Adult Social Care. It is intended that those cohorts will be considered separately, as they are very likely to follow different transition pathways, and make sure outcomes are being tracked.

Bury is very good at having data for achievements at 19 years of age and that Bury does well in that relative to other areas.

The Chair reiterated that it was important that all reports include data so that impact and quality assurance can be evidenced and understood.

Annual Reviews have been a contentious issue in Bury, not just about the completion rate, but also the compliance and the quality of the Annual Review based on the information obtained. Some sufficiency issues have also been impacting. There is a small statutory Assessment team of reviewing officers who are responsible for issuing the responses to annual reviews, and the capacity is not meeting next year's demand (over 3,000 EHCPs).

In terms of the Graduated Approach, the aim is to ensure that it does not stop at the point of issuing a statutory plan, so that the services are there at the earliest indication of needs changing leading to escalation of need and therefore having wraparound services available. Therefore, the plan is to act earlier and ensure there is sufficient information to manage the expectation if there is an escalation of need.

There is not currently any data in the system that is not already in the reports, so any further data identified will need to be collected. The Chair is chairing a Data and Performance meeting on 15th July, which will provide a focus on this.

The Communities of Practice model means that the need for data can be delivered through these networks.

A question was raised about how homeschooled children's families would fit in to this, given they would not receive information from schools and the SENCOs are

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| | moving back to be managed within the Local Authority. It was answered that there is a Home Education Network, and that there is a newsletter that goes out as well as a dedicated offer. It would be good to provide reassurance by communicating out that for certain cohorts of children, there are things in place that should be having an impact.<br><br>The Leader, Lead Members and the Chief Executive had visited nearly every school in the Borough recently, speaking to the school leaders. The feedback from the staff was that they felt that there was lots of engagement when it came to safeguarding, however for SEND they wanted to talk more about the training available, and wanted to feel more part of the partnership.<br><br>The Local Offer<br>The Chair commented that regarding data to do with the Local Offer page, page two of the report showed the website visitor numbers had initially increased, but 12 months on still remain relatively small.<br><br>There was a challenge that the feedback from families was that the Local Offer is not the biggest problem, although there was still work to do on it. There is a plan to amplify the Local Offer message e.g. through other mediums such as Instagram, however agreements and boundaries for this must be drawn up first.<br><br>The data for the Local Offer website showed visitor numbers plateauing, however the minutes people spending on it are continuing to increase. Therefore, those who are accessing it are engaging with it more than previously. However, the partnership still needs to ensure that every opportunity with parents, family and young people should include mentioning the existence of the Local Offer page.<br><br>A full audit of the Local Offer has been completed, and it returned an over 80% compliance rate and there is ongoing work to obtain full compliance this week. Once compliance has been achieved there will be an ask for all organisations to put a link into the Local Offer page. At a Year 6 Transitional Evening, information was shared about the Local Offer page.<br><br><u>Actions</u><br>9.PPL to map out the interdependencies of the different services (Education, Health, and Adult Social Care) in terms of the transitional points by 22nd July<br>10.A report to the Board about the impact of the new senior social workers on transitions. Due 22nd July.<br>11.A review of the KPIs agreed and benchmark of the current progress against those to be completed by 22nd July<br>12. All Board members to take the opportunity when interacting with families to mention the Local Offer page – by 22nd July and ongoing. |
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| 10 | **SUMMARY OF KEY MESSAGES FROM TODAY'S MEETING** |
| | - There will be further engaging with the young people at various events before the summer term is over<br>- Communicate out the EHCP changes, recognising the progress made once timelines have been confirmed.<br>- Communicate out the Holiday Activity Fund (HAF) activities available this summer for SEND families |

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| | - Updated Principles of Board and Membership (i.e. attendance commitment) to nine meetings a year, and to send a deputy if unable to attend |
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| 11 | ANY OTHER BUSINESS |
| | Initial parent survey update<br>A survey was sent to parents and carers from 25th May to 11th June to obtain their views in relation to the SEND improvements. There were 80 responses, which is a small proportion of the 3,000 children with EHCPs. A piece of work will need to be undertaken around reviewing the comments and understanding what to take from them. From there it will be decided how it will be published. Early indications are that parents and carers are fairly happy with the early identification of their child's special education needs, and there was growing confidence in the partnership through a much improved SEND newsletter and the Local Offer page.<br><br>The survey gives a baseline on how parents and carers feel about the service, and in six months may run the survey again co-produced with Bury2Gether in order to ask questions families are more keen to feed back on.<br><br>Other<br>The Chair thanked the interim Director of Education as this was his last Board meeting (leaving 18th July). He thanked the Chair and the Board and stated that he would be returning to the school system, and would be on hand to help with anything as needed. |
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| 10 | UPCOMING MEETINGS |
| | • Stocktake meeting: 1st July 10-1pm<br>• July SIAB meeting: 22nd July 10-1pm<br>• No SIAB meeting in August.<br>• September SIAB meeting: 23rd September 10-1pm<br>• October SIAB meeting: 28th October 10-1pm please note the change of the date to enable the Changemakers to attend. |