

Agenda

Locality Board – Meeting in Public

Date: 5th October 2026

Time: 4.00 pm – 6.00 pm

Venue: Committee Rooms A and B, Bury Town Hall, Knowlsey Street, Bury

Chair: Dr Cathy Fines

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.05	5 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 7 th September 2026 and action log - Ratification of decisions made at the September 2026 meeting.	Paper	Approval	Chair
4.0			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.0	4.05 – 4.15	10 mins	Key Issues in Bury	Paper to follow	Discussion	Lynne Ridsdale
6.0	4.15-4.35	20 mins	NCA Improvement Plan update	Verbal	Discussion	Will Blandamer/Lorna Allan
Neighbourhood Plan						
7.0	4.35-4.50	15 mins	Bury Estates Update	Paper	Discussion	Clare Postlethwaite
Integrated Delivery Update						
8.0	4.50-5.00	10 mins	Integrated Delivery Collaborative Update	Paper	Discussion	Kath Wynne Jones
9.0	5.00-5.15	15 mins	3 Year Development Plan for Adult Social Care	Paper	Discussion	Adrian Crook
10.0	5.15-5.30	15 mins	Mental Health commissioning intentions	Paper to follow	Approval	Ian Trafford

Committee/Meeting updates						
11.0	5.30-5.40	10 min	Population Health and Wellbeing update	Paper	Information	Jon Hobday
Closing Items						
12.0	5.40	5 mins	Any Other Business	Verbal		
	_____	_____	Date and time of next meeting in public - Monday, 2nd November 2026, 4.00 - 6.00pm on Microsoft Teams	_____		
13.0		5 mins	Post Meeting Reflection	Verbal/All		

Meeting: Locality Board			
Meeting Date	05 October 2026	Action	Consider
Item No.	2	Confidential	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary
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 5th October 2026 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 (£75) 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 on per policy
- Declared or investigated where relevant
- Not to be sent paper where conflictual
- Not to be involved in any decision making where a conflictual subject may then also involve the following action to be taken at a meeting
- Remaining present at the meeting and 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	Young Christian Workers	X			Direct	Member		Present	As per policy - see details above
				Labour Party		X		Direct	Member		Present	
				Bury Corporate Parenting Board		X		Direct	Member		Present	
				No Barriers Foundation		X		Direct	Trustee		Present	
				CAFOD Salford		X		Direct	Member		Present	
				Csterian Association		X		Direct	Member		Present	
				USDAW		X		Direct	Member		Present	
				Prestwich Methodist Youth		X		Direct	Trustee		Present	
Cllr	Tariq	Tamoor	Executive Member of the Council Adult Care and Health	Welspun UK LTD				Indirect	Spouse/Civic Partner Employed		Present	
				GMICP		X		Direct	Member		Present	
				The Derby High School			X	Direct	Governor	Apr-18	Present	
				Health & Wellbeing Board Member		X		Direct	Member		Present	
				Unite the Union		X		Direct	Community Member	May-12	Present	
				Labour Party		X		Direct	Member	Jun-07	Present	
Dr	Fines	Cathy	Place Clinical Director	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	
					Downes	Catherine	Associate Director Improvement and Personalisation	Northern Care Alliance				
	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)
Dr	Kumar	Manisha	Chief Clinical Officer, NHS Greater Manchester	Robert Darbishire Practice	X			Direct	Salaried GP	2024	Present	
				University of Salford		X		Direct	Honorary Professor University of Salford	May-23	Present	
				Primary Eye Care Services LTD			X	Indirect	Husband is Operations Director	2021	Present	
				General Optical Council			X	Indirect	Husband is Case Examiner	2019	Present	
	Kissock	Neil	Director of Finance/Section 151 Officer	None Declared					Nil Interest	Aug-24	Present	
Voting Members (Aligned & Non-Pooled Budget)												
Dr	Parekh	Nina	Divisional Managing Director - Bury Community Services Division	None Declared					Nil Interest	Nov 23	Present	As per policy - see details above (Y,Y,Y,Y,Y)
	Allan	Lorna	Chief Digital and Information Officer <i>Digital Services - NCA</i>	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	
				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 treatments	X			Direct	Medical Director	1994	Present	
				Laserase Bolton - Provider of a range of cosmetic laser and injectable treatments				Indirect	Spouse is a Shareholder	2012	Present	
				Tower Family Health Care - Primary Care General Practice				Indirect	Spouse is a Director	Jul-18	Present	
	Kennedy	Karen	Director of Strategy, NCA	None Declared					Nil Interest	July 2026	Present	
	Preedy	Sarah	Chief Operating Officer, Pennine Care NHS Foundation Trust	None Declared					Nil Interest	Nov 23	Present	
	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	Place Partnership Director	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				
	Hobday	Jon	Director of Public Health	None Declared					Nil Interest		Present	As per policy - see details above
	Vermeulen	Elaine	Associate Director of Strategic Finance - Bury & Salford	Public sector director on MAST LIFTCo Board		X		Direct	Director	01-Nov-23	31-Mar-27	As per policy - see details above. (Y,Y,Y,Y,Y)
	Bulman	Richard	Director of Nursing, Bury Care Organisation	None Declared					Nil Interest	2025	Present	
	Crook	Adrian	Director of Adult Care & Neighbourhood Delivery	Bolton Hospice			X	Direct	Trustee	Jul-05	Present	As per policy - see details above (Y,Y,Y,Y,Y)
Non-Voting Members												
				KWJ Coaching and Consulting	X			Direct	Owner	July 21	Present	

	Wynne-Jones	Kath	Chief Officer, Bury Integrated Delivery Collaborative	Roots and Branches CIC	X			Direct	Director	Nov 23	Present	As per policy - see details above (Y,Y,Y,Y,Y)
	Richardson	Stuart	Chief Executive, Bury Hospice	The University of Manchester - Elizabeth Garrett Anderson programme	X			Direct	Tutor	Oct-22	Present	
				None Declared					Nil Interest	Mar-25	Present	As per policy - see details above
	Passman	Ruth	Chair of Bury Healthwatch	None Declared					Nil Interest		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												
Clt	Birchmore	Carol	Attendee of the Locality Board as Radcliffe First Councillor	Radcliffe First		X		Direct	Member		Present	
				St Phillips Community Centre Committee			X	Direct	Member		Present	
				Radcliffe Rotary			X	Direct	Member		Present	
				Barge Garden Radcliffe			X	Direct	Organiser		Present	
				St Thomas, St Johns & St Phillips			X	Indirect	Spouse is a acting Treasurer		Present	
Clt	Rydeheard	Jack	Attendee of the Locality Board as Reform UK Councillor	Reform UK		X		Direct	Member		Present	
				Association of Reform Councillors (ARC)		X		Direct	Member		Present	
				Royal British Legion			X	Direct	Member		Present	
				Conservative and Unionist Party		X		Direct			Present	
Clt	Walmsley	Sandra	Attendee of the Locality Board as Labour Councillor	GMB Union		X		Direct	Member		Present	
				Bury North Constituency Labour Party		X		Direct	Chair		Present	
				Labour Party		X		Direct	Member		Present	
				LGBT (Labour)		X		Direct	Member		Present	
				Labour Women's Network		X		Direct	Member		Present	
				Moorside Branch Labour Party		X		Direct	Vice Chair		Present	
				Bury Local Government Committee		X		Direct	Member		Present	
				Voluntary Trustee at the Fusilier Museum (Bury)		X		Direct	Trustee		Present	

Meeting: Locality Board			
Meeting Date	05 October 2026	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Previous Meeting held on 7 th September 2026 and action log		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary
The minutes of the Locality Board meeting held on 7 th September 2026 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed
Recommendations
It is recommended that the Locality Board:- • Approve the minutes of the previous meeting held as an accurate record; • 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						
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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 – 7th September 2026

Time: 4.00pm – 6.00pm

Venue: Microsoft Teams

Title	Draft Minutes of the Locality Board		
Author	Emma Kennett		
Version	0.1		
Target Audience	Locality Board		
Date Created	7 th September 2026		
Date of Issue			
To be Agreed			
Document Status (Draft/Final)	Draft		
Description	Locality Board Minutes		
Document History:			
Date	Version	Author	Notes
	0.1	Mrs E Kennett	Draft Minutes produced
Approved:			
Signature:			 Add name of Committee/Chair

Locality Board

MINUTES OF MEETING

Locality Board
Meeting in Public
Microsoft Teams
7th September 2026
4.00 pm until 6.00 pm
Chair – Cllr O'Brien

ATTENDANCE

Voting Members

Cllr Eamonn O'Brien, Leader of Bury Council (Chair)
Dr Cathy Fines, Senior Clinical Leader for the Borough
Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health
Cllr Sandra Walmsley, Executive Member of the Council for Children and Young People
Ms Lynne Ridsdale, Place Based Lead
Ms Lorna Allan, Chief Digital and Information Officer, NCA
Ms Sarah Preedy, Chief Operating Officer, Pennine Care Foundation Trust
Ms Helen Tomlinson, Bury VCFA (Voluntary, Community, Faith & Social Enterprise)
Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care (for part)
Mr Adrian Crook, Director of Adult Social Services and Community Commissioning
Ms Jeanette Richards, Executive Director of Children and Young People, Bury Council
Mr Jon Hobday, Director of Public Health, Bury Council
Ms Elaine Vermeulen, Associate Director of Strategic Finance – Bury & Salford
Dr Manisha Kumar, Executive Lead, NHS Greater Manchester
Ms Karen Kennedy, Director of Strategy, Manchester Foundation Trust

Non-Voting Members

Mr Mark Beesley, Chief Officer, Bury GP Federation
Ms Kath Wynne-Jones, Chief Officer, Bury IDC

Invited Members and Observers

Cllr Jack Rydeheard, Leader, Reform UK
Cllr Carol Birchmore, Leader, Radcliffe First
Ms Rebecca Jackson, The Big Fandango
Dr Rafiq Bedair, Chief Medical Officer, NCA
Dr Jay Naisbitt, Intensive Care Unit consultant, NCA
Ms Zoe Alderson, Senior Programme Manager, Neighbourhood Health & Care (Bury)
Mrs Emma Kennett, Place Partnership Lead, NHS Greater Manchester (Bury)
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 Stuart Richardson, Chief Executive, Bury Hospice • Ms Catherine Jackson, Associate Clinical Director (Bury) • Mr Neil Kissock, Section 151 Officer • Dr Kiran Patel, Medical Director, Bury IDC
1.3	The meeting was declared quorate.
2.	Declarations Of Interest
2.1	NHS Greater Manchester 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 Greater Manchester (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 Greater Manchester (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.
2.8	Cllr Tariq declared an interest in relation to Agenda Item number 7 – NCA update in light of being a member of the GMICP. The Chair noted the declaration for information and highlighted that no further action needed to be taken in respect of this specific agenda item.

ID	Type	The Locality Board	Owner
D/09/01	Decision	Received the declaration of interest register.	

3.	Minutes Of the Last Meeting and Action Log		
3.1	The minutes from the Locality Board meeting held on 6 th July 2026 were considered as a true and accurate reflection of the meeting.		
3.2	Updates were received in respect of the Action Log and the log was updated to reflect this.		

ID	Type	The Locality Board	Owner
D/09/03	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		
4.1	There were no public questions received.		

ID	Type	The Locality Board	Owner
D/09/04	Decision	Received the update.	

5.	Key Issues in Bury		
5.1	Ms Ridsdale presented the latest Place Based Lead update to the Locality Board. It was reported that: - • In relation to the Pennine Care Base at 3KP, Pennine Care were thanked for the invitation to the opening of the Bury town centre base for mental health teams and services. • Bury Council had received the keys for the Radcliffe hub which was the multi-million-pound provision of leisure centre, library, staff bases and community space at the heart of the Radcliffe Town Centre masterplan. • Substantial investment had been secured in primary care facilities across the borough through the utilisation management fund and was delighted to confirm planning permission approval and an expected start on site date in autumn for the reprovision of the Uplands GP practice in Whitefield. Funding had also been secured for the substantial improvement of the reception of Radcliffe Primary Care Centre to meet characteristics of a live well centre with the provision of a range of community facilities. • Bury continued to be at the vanguard of the model of neighbourhood working in Greater Manchester. The model was based on the 5 neighbourhoods and reflected the continued maturity of integrated neighbourhood team working in health and care, the maturity of public service leadership team working, an increasing focus on children's and families reform including best start, family hubs, families first, and SEND reform framed by our wider neighbourhood approach and the implementation of live well – best exemplified by the live well centres in Whitefield and shortly in Radcliffe. A number of visits had been hosted in this area which had included Baroness Casey who visited Bury last Thursday as part of her national work on the future of adult care provision,		

	and the NHS Greater Director of Transition Jo Street in August. It was noted that both visits provided strong external validation of the progress in Bury. • Locality Board members would recall consideration of the different elements of the ICB articulation of place working, including a place partnership agreement, a place outcomes framework, a place team concept, and a place budget (in developing building out of the Better Care Fund). Feedback from previous Locality Board conversations has been provided to the ICB and a wider consultation framework has been concluded. We await final versions of documentation for the consideration of partners and hope this will be available in October or possibly November 2026. Subject to agreement of partners, there would be a need to move to recast the Locality Board to be the Place Partnership board for Bury, and retain the work of the Integrated Delivery Board, and the work of the Health and Well being Board focusing on health inequalities and wider population health determinants. • In terms of NHS GM place team hosting, Locality Board members would be aware of the ICB proposal to TUPE NHS GM place-based staff to another organisation in the context of the place partnership agreement to be finalised. This work was progressing with NCA having expressed an interest in hosting. Mobilisation arrangements at a Greater Manchester, 4 localities partnership (NCA footprint) level, and local level are developing. • Youthwatch Bury had launched a new Bury Youth Physical Activity and Wellbeing Survey (Ages 13-25) to better understand the experiences, needs and priorities of children and young people across the borough. This had been developed in partnership with Public Health and the Children and Young People's Partnership Board, the survey aimed to gather feedback directly from young people about physical activity, wellbeing, barriers to participation, and what support they need to live healthy and active lives. As the statutory, independent champion for people using health and social care services in Bury, Healthwatch Bury was committed to ensuring that young people's views were heard and used to influence local decision-making. The survey provided an opportunity for children and young people to share their experiences. Youthwatch Bury (www.youthwatchbury.co.uk) is keen to hear from a much wider range of young people to ensure the findings reflect experiences from across the borough.						
5.2	The following comments/observations were made by Locality Board members: - • Officers were thanked for making the Baroness Casey visit a success.						
D/09/05	<table><tr><th>Type</th><th>The Locality Board</th><th>Owner</th></tr><tr><td>Decision</td><td>Received the update.</td><td></td></tr></table>	Type	The Locality Board	Owner	Decision	Received the update.	
Type	The Locality Board	Owner					
Decision	Received the update.						
6.	VCFE focus – The Big Fandango						
6.1	Ms Rebecca Jackson from The Big Fandango was in attendance to provide a presentation in relation to the work of The Big Fandango. It was reported that: - • The Big Fandango was a Community Based Interest Company that opened in June 2021 with the aim to reduce suicide across Bury by creating a safe space where people can come together to learn sewing and craft skills to combat loneliness and isolation and support mental wellbeing. • There were a number of events coordinated to raise awareness around suicide and suicide intervention skills training provided to members of the community. Each year						

	on World Suicide Awareness Day, a vigil was hosted in the centre of Bury for families left behind. • There is a Peer support Group for adults who are bereaved by suicide and this summer a young person's group supporting children 11 – 17 years who are bereaved by suicide was set up. • It was important that in order to have a robust Suicide Strategy, there was a need to include post suicide support. • The figures for children/young people under the age of 25 committing suicide were sadly on the increase and action was needed to reduce these figures. • In terms of suicide prevention work in the community, training was being provided across the pub and hospitality industry in Bury which licensed premises had all signed up to. • A Bury Suicide Prevention Conference 2026 - The Big Fandango conference had been arranged for the 14th October 2026 which partners were welcome to book on and attend. It was hoped that there would be an increase in the number of schools across the borough booking on the conference.		
6.2	The following comments/observations were made by Locality Board members: - • It was great to hear about the positive work being undertaken by the Big Fandango • There would be more schools booking and attending the Suicide Prevention conference.		
ID	Type	The Locality Board	Owner
D/09/06	Decision	Noted the update.	

7.	NCA Update: Current Position, Improvement Activity and System Response
7.1	<i>Mr Blandamer, Dr Kumar, Ms Allan and Dr Naisbitt and Dr Bedair supported the presentation of this item.</i>
7.2	Members received copies of a report that provided the Locality Board with an overview of recent concerns relating to the Northern Care Alliance NHS Foundation Trust (NCA), the actions being taken by the Trust and the wider NHS system, and the implications for services used by Bury residents.
7.3	The report had been prepared following significant national and local media coverage concerning patient safety, governance, organisational culture and the management of concerns within the Trust. It also reflects recent regulatory action taken by NHS England and the Care Quality Commission (CQC).
7.4	It was reported that: - • The Northern Care Alliance began operating as a group partnership in 2016 and Northern Care Alliance NHS Foundation Trust was formally established as a single NHS foundation trust in 2021 and provided hospital and community services across Bury, Rochdale, Oldham and Salford, including services delivered from Fairfield General Hospital in Bury and associated Bury Community Services.

	- Over recent months a number of concerns relating to patient safety, quality governance, organisational culture and leadership have received increased public attention through media reporting and regulatory scrutiny. These concerns have included: - Historic failures in spinal surgery services that were examined through the independent Carlo Breen review. - Concerns within gynaecology services relating to governance, administration and patient follow-up. - Issues relating to incident management, complaints handling and organisational learning. - Concerns regarding Freedom to Speak Up arrangements and whether staff consistently feel able to raise concerns. - Ongoing challenges in urgent and emergency care, patient flow and workforce pressures. - Wider concerns regarding organisational leadership, governance and improvement capacity.
7.5	It was noted that some of these issues related to historic events and services, whilst others related to how effectively the organisation identifies, manages and learns from risks across the Trust. The cumulative effect has resulted in increased regulatory oversight and public concern.
7.6	It was highlighted that many of the issues were now receiving public attention and were already subject to varying degrees of regulatory oversight, review activity and improvement programmes before the recent media coverage. What has changed is the level of public visibility, the accumulation of concerns across multiple service areas and the subsequent decision by regulators to introduce enhanced improvement and assurance arrangements.
7.7	It was reported that over the last two years the Northern Care Alliance had been subject to a range of reviews and oversight processes relating to quality, safety and governance. These have included: - Independent review of spinal services. - Rapid Quality Reviews relating to spinal and gynaecology services. - NHS England quality oversight activity. - Care Quality Commission inspections and warning notices. - Wider governance and leadership reviews.
7.8	In summer 2026, NHS England issued formal enforcement undertakings to the Trust. These identified concerns relating to quality governance, management of risk and progress in addressing known issues within certain clinical services. It was noted that the Care Quality Commission has also issued a Section 29A Warning Notice following its Well Led assessment. The notice identified concerns relating to: - Investigation and learning from patient safety incidents. - Complaints management and organisational learning. - Oversight of Freedom to Speak Up arrangements. - Governance and risk management processes. - Workforce wellbeing and equality-related workforce issues.
7.9	It was reported that the Northern Care Alliance had acknowledged the seriousness of the issues raised and has stated publicly that patient safety remained its primary concern. In terms

	of the next steps and actions being undertaken from an NCA perspective, this included the development of an Integrated Improvement Plan, Changes to Clinical Leadership, appointment of an independent senior nurse to strengthen arrangements for handling staff concerns and ensuring that any immediate patient safety issues are escalated appropriately with further External Reviews planned.
7.10	It was highlighted that NHS Greater Manchester, as the Integrated Care Board, had significantly increased its oversight arrangements relating to the Northern Care Alliance via a number of different governance mechanisms. A particular focus for NHS Greater Manchester has been working with NCA around service response to Industrial Action. The action has impacted theatre waiting lists and critical care capacity throughout July. No further strike dates have been confirmed at presented. The ICB have taken an action to support and pursue discussions with Unison and support the development of derogation and minimum service level arrangements. Dr Rafiq commented that the industrial action had been extremely challenging from an NCA perspective.
7.11	In terms of governance and accountability, it was important to recognise that the Northern Care Alliance was an NHS Foundation Trust with its own Board of Directors and statutory responsibilities for the quality and safety of services it provides. Oversight of provider quality, performance and regulatory compliance sits through established NHS governance arrangements involving the Trust Board, NHS Greater Manchester, NHS England and the Care Quality Commission.
7.12	The inaugural meeting of the System Improvement Board took place last week and this Board would have oversight of the Integrated Improvement Plan. An initial draft of the plan had been produced and would be shared more widely with partners over the coming weeks. The plan would cover 17 programmes of work across 6 key strategic themes.
7.13	It was reported that the concerns outlined above had understandably generated significant interest amongst Bury residents, elected members, Healthwatch and wider system partners. Given the importance of Northern Care Alliance services to the borough, local partners have sought ongoing assurance regarding patient safety, service continuity and delivery of the improvement programme.
7.14	It was noted that Fairfield Hospital remained open and continued to provide services to local residents. There are currently no planned service changes linked to the improvement programme. Patients were being advised to continue attending appointments unless contacted directly by the Trust.
7.15	It was highlighted that Bury Council, NHS Greater Manchester Bury locality partners and elected members have sought assurances that: • Services provided to Bury residents remain safe. • Any historic or current patient harm is identified and addressed appropriately. • Improvement activity is robust and transparent. • Local partners are kept informed of progress. • Public confidence is maintained through clear communication.
7.16	The following comments/observations were made by Locality Board members: -

	• There was a need to ensure that the new ways of working/clinical model within the NCA aligns with the neighbourhood working approach within localities. • The Integrated Improvement Plan may provide an opportunity for some positive changes across the various work programmes. • The need to ensure that patients/residents are at the forefront of the improvements/actions being taken to address the issues encountered. • A query in relation to the leadership challenges and governance gaps and how the Locality Board and Public could be assured that the changes made would be robust enough during this challenging time and whether there would be capacity to maintain a business as usual approach whilst addressing the Improvement Plan. • A question as to whether the new process for raising concerns would build confidence amongst staff that their concerns would be heard. • Whether there were plans for a public apology being issued to staff and residents given the significance of the ongoing issues at the Trust. • A query as to when patients would start to see improvements as a result of the changes being made. It would be really helpful to have one improvement plan/update to all four localities, but the opportunity for Members to scrutinise locally from the perspective of Bury residents. The role of the Locality Board was to support assurance and give confidence back to residents as both staff and patients. • The need to consider NCA representation at future Locality Board meetings in context of the Improvement Plan given the recent departure of some Locality Board representatives.
7.17	Dr Bedair responded to a number of the questions raised by the Locality Board and welcomed the opportunity to work together with partners to develop a shared understanding in the reshaping of the NCA programme of work. It was reported that: - • there was a need to maintain integration with place and population as part of the changes in line with the neighbourhood priorities set out in the NHS 10 Year Plan. • In relation to leadership capacity, additional resources had been made available to ensure the Trust would be able to manage the broad spectrum of what was required. • In relation to the governance undertakings, a substantial amount of work had been undertaken within the Trust to date which had been a focus of the Board. • There was a need to ensure that patients were not avoiding accessing services in light of the issues highlighted in the press. • In terms of apologies, there had been specific apologies issued at the time of the spinal report being issues and in response to issues documented in the media and some discussions with staff in this regard
7.18	Dr Kumar reported that there had been a commitment made by the NCA Team to share the Improvement Plan with the Locality Board as soon as the final version was available.
7.19	Ms Allan welcomed the comments/feedback received from the Locality Board and emphasised that the NCA want to make positive improvements to services/patient care as part of the plans.
7.20	Dr Naisbitt provided a clinical perspective on the current situation and the anticipated improvements made as part of the new clinical leadership model adopted within the Trust in the context of unwarranted variation across Greater Manchester.

7.21	In conclusion, there would need to be further discussions in relation to the Improvement Plan via the local Scrutiny Committee in Bury, the 4LP Scrutiny Committee and individual Locality Board meetings and would be helpful to formally feedback the comments made at today's Locality Board meeting in relation to this agenda item to both the ICB and NC following the meeting		
ID	Type	The Locality Board	Owner
D/09/07	Decision	Noted the contents of this report.	
D/09/08	Decision	Noted the actions being taken by the Northern Care Alliance, NHS Greater Manchester and NHS England Northwest.	
D/09/09	Decision	Noted that there are currently no proposed service changes affecting Bury residents as a consequence of the improvement programme.	
D/09/10	Decision	Requested a further update once the Northern Care Alliance Integrated Improvement Plan has been finalised and agreed with regulators.	
A/09/01	Action	The comments made at today's Locality Board meeting in relation to this agenda item to be fed back to both the ICB and NCA following the meeting.	Cllr O'Brien/Mr Blandamer

8.	Locality Plan Refresh. Delivery Plan – neighbourhood working and Primary Care/Beccor proposal
8.1	Ms Wynne-Jones provided a brief presentation in relation to the Locality Plan Refresh and the Delivery Plan for Neighbourhood working. It was reported that: - • The Bury health and care system – referred to as the Bury Integrated Care Partnership - developed a Locality Plan in 2021 and updated it in January 2023. • The Locality Plan described a strategic ambition for the operation and improvement of the health and care system in Bury, and for improved population health and reducing health inequalities. • This document was the refreshed Locality Plan for 2026/27, developed in the context of the revised Let's Do It! Strategy for the Borough (2025), the NHS Greater Manchester Commissioning Strategy, and the launch of the national Neighbourhood Health Framework. • The Locality Plan built on a significant period of transformation and improvement in the operation of the health and care system in Bury since 2021. Progress had been made through high quality partnership working and a shared ambition for better outcomes for residents. However, there was still more to do. • The plan outlined the next stage of the health and care reform journey, connected to the reform of wider public services and the economic ambition in the Borough. The Delivery Plan focused on the first 12 months of delivery which included the asks of the Neighbourhood Health Framework for 2026/27. • The deadline for submission of the Neighbourhood plan to Greater Manchester ICB was the 30th September 2026.

8.2	Dr Fines referred to the Beccor proposal and plans that had been written from the ground upwards by Practices. The purpose of the scheme was to identify and engage patients with high unmet need or poor engagement with traditional primary care pathways.
8.3	It was reported that each place partnership had a neighbourhood prevention allocation (a financial allocation) to fund additional costs for partnership activities in the Neighbourhood Plans. For the purposes of financial flows, the default position was that this allocation goes via GP Practices (the alternative option being partial or full reimbursement via the PCN) North, West, East and Whitefield Neighbourhoods have opted to retain reimbursement via the practice. Prestwich have opted for the funding to go via the PCN. It was noted that the ICB would support the release of funding once the plans have been approved by Locality Board.
8.4	The following comments/observations were made by Locality Board members: - This documentation provided a helpful snapshot of the work being undertaken in Bury and was a question raised in relation to the work being undertaken around primary care variations and whether the available data and dashboards were helpful in this regard. It was reported that this was a separate programme of work being progressed by the GP Board (previously discussed via the Primary Care Commissioning Committee) which was then linked back to Beccor.

ID	Type	The Locality Board	Owner
D/09/11	Decision	Approved the Locality Plan and associated Delivery Plan (this decision would need to be ratified at the next face to face Locality Board meeting in October 2026)	
D/09/12	Decision	Approved the Beccor plans (this decision would need to be ratified at the next face to face Locality Board meeting in October 2026).	

9.	Mental Health Update
	<u>Pennine Care Update</u>
9.1	Ms Preedy submitted a set of slides in relation to the latest Pennine Care developments. It was reported that: - - Pennine Care had been rated as 'Well led' following its recent CQC inspection and gave the trust an overall rating of good for its leadership, culture and governance. - Funding had now been secured to address the precious gap in the Crisis Service, the new Crisis Resolution & Home Treatment Team (CRHTT) was a standardised crisis response service across PCFT localities. The service would provide a consistent, 4-hour community crisis response including rapid assessment and short-term crisis resolution support alongside home treatment would be available as an alternative to admission. - As mentioned earlier in the meeting, the official opening and ribbon cutting of 3 Knowsley Place took place on the 23 July 2026 supported by system partners. The building was a community hub in the heart of Bury bringing together a range of mental health and learning disability services, The hub would strengthen partnership working and make it easier to provide joined up care and support across Bury. The building

included 15 consultation rooms and will support more than 8000 appointments each year.

- In relation to the Mental Health Neighbourhood Model, a risk remained around commissioned service capacity and there was a need to address the wider determinants of health and embed mental health support within neighborhood delivery. It was noted that a Pilot evaluation would inform long-term sustainability and future strategic focus.

9.2

The following comments/observations were made by Locality Board members: -

- It would be helpful to have an update on the progress made with CAMHS particularly in relation to neuro diversity at a future meeting.
- The relocation to 3KP had been a positive step with partnership working going from strength to strength.

ID	Type	The Locality Board	Owner
D/09/12	Decision	Noted the update.	
A/09/02	Action	An update on CAMHS to be provided to a future meeting of the Locality Board	Ms Preedy

10.	North Manchester Redevelopment Update
10.1	Ms Kennedy provided a presentation in relation to the North Manchester redevelopments. The presentation covered: - - The timeline for building a new North Manchester General Hospital with an end date of 2035. - This was a once in a generation investment with the patients at the centre of care. - The NMGH New Hospital Project commenced RIBA Stage 1 at the end of April 2026 for the main acute hospital. - In relation to the Standalone outpatient building, the outpatient building was a priority as it would support the transition planning as the new main hospital building was built, The NMGH New Hospital Project commenced RIBA Stage 1 in June 2026 for the standalone outpatient building. To support this a design group had been established with representatives from MFT's clinical groups providing outpatient services on the NMGH site. - Planning was underway for the next design phase: RIBA stage 2, known as Concept Design. This is an exciting phase in the development of the new hospital where there would be engagement with the clinical and non-clinical design groups to explore how departments should be arranged. This phase is expected to be from Sept 2026 through to summer 2027 - In this phase, the design team also begins to develop engineering, digital and sustainability strategies while ensuring the emerging design remains affordable and aligned to the agreed Schedule of Accommodation. - New governance arrangements would support the NMGH New Hospital Project as it moves into the next phase. A NMGH New Hospital Partnership Group was being developed to provide a formal forum for engagement to update health economy partners (NHSE, GM ICB, MCC, Locality representatives (Manchester, Bury, Rochdale, Oldham and Salford) on progress to deliver the New Hospital Project and Transformation Project and for partners to provide their insight and views, and update

10.2	on related initiatives. The Group would be Chaired by Ann Bracegirdle. A summary of the working draft Terms of Reference for this Group has been shared with colleagues from partners organisations. - Continued support and input was welcomed as this project starts to take shape. The following comments/observations were made by Locality Board members: - - A question as to whether Ms Kennedy would you be able to share how the locality can connect into the OP transformation programme in terms of the SPOA/tier 2 work? Ms Kennedy agreed to check with the relevant colleagues leading on this work and report back to Ms Wynne-Jones.
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ID	Type	The Locality Board	Owner
D/09/12	Decision	Noted the update.	
A/09/03	Action	MFT to share how the locality can connect into the OP transformation programme in terms of the SPOA/tier 2 work	Ms Kennedy

11.	Performance and Quality Group update
11.1	Members received copies of the latest report from the Performance and Quality Group meeting for information and assurance.
11.2	The paper provided an update to the Locality Board on meetings, activity and discussions in relation to performance, IDCB work and quality.

ID	Type	The Locality Board	Owner
D/09/15	Decision	Noted the report.	

12.	Any Other Business
17.1	There were no items raised.

ID	Type	The Locality Board	Owner
D/09/17	Decision	Noted the information	

18.	Date and time of next meeting
18.1	Date and time of next meeting in public - Monday, 5th October 2026, 4.00 - 6.00pm In Committee Rooms A and B, Bury Town Hall

Locality Board Action Log – September 2026

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

Date	Reference		Action	Lead	Status	Due Date	Update
2 nd March 2026	A/03/01	Action	The questions raised as part of the Maternity item to be raised with the LMNS and the particularly the availability of a workplan/timescales for the Bury specific data being available.	Dr Fines		April 2026	Email sent and response received following the March meeting to state: - The current GM dashboard does not have the capability to break down service user by postcode, although this is an ambition that we would like. The new national maternity E&E dashboard also unfortunately does not break down by locality: Maternity and Neonatal Equalities dashboard - NHS England Digital We are currently looking to utilise MSDS data which may give us that functionality. Fingertips is currently the only source I am aware of that provides some specific outcomes for Bury relating to maternity. Child and Maternal Health - Data Fingertips

						Department of Health and Social Care MNVP are aligned to maternity provider however they will be collecting information from all localities and share the demographic breakdown quarterly with the system group. I have copied in Natalie who can advise whether the North Manchester service user feedback is identifiable by post code. Update April 2026 – Members discussed the current gap in relation to the availability of maternity data for Bury residents and the need to accelerate process given the links to the first 1001 days and setting the foundations for lifelong emotional and physical wellbeing. There was a query as to whether NHS numbers and home post codes could simply be used to extract some of the Bury maternity data given does not have a single maternity provider in the locality. It was highlighted
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							that other localities would also be in this position as residents may choose to go to other areas for maternity care and vice versa so data still include residents from other areas. It was highlighted that there was still a need to obtain some more definitive timescales for this work and availability of the Bury maternity data. There was also a query as to whether this would link into the Population Health work. It was noted that this was the intention. Update June 2026 - In relation to the availability of local maternity data, the risks around this had been raised with the ICB in relation to this issue and confirmation that this area of work would be prioritised had been received. It was agreed that this action should remain open on the action log for now until the maternity data issue has been resolved by the ICB.
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13 th April 2026/6 th July 2026	A/04/01	Action	A further update/items for approval on the Place Partnership arrangements to be provided to the Locality Board in June 2026. The specific governance arrangements would need to be agreed given the timing of the June meeting.	Mr Blandamer		June 2026	Included on the agenda for June 2026. Final version to be brought back to the Locality Board in October 2026
1 st June 2026	A/06/03	Action	Further discussion on the national diabetes programme to be scheduled for the Major Conditions Board	Ms Wynne-Jones		July 2026	
7 th Sept 2026	A/09/01	Action	The comments made at today's Locality Board meeting in relation to this agenda item to be fed back to both the ICB and NCA following the meeting.	Cllr O'Brien/Mr Blandamer		October 2026	
7 th Sept 2026	A/09/02	Action	An update on CAMHS to be provided to a future meeting of the Locality Board	Ms Preedy		November 2026?	
7 th Sept 2026	A/09/03	Action	MFT to share how the locality can connect into the OP transformation programme in terms of the SPOA/tier 2 work	Ms Kennedy		October 2026	

Meeting: Locality Board			
Meeting Date	05 October 2026	Action	Receive
Item No.	7	Confidential	No
Title	Neighbourhood Working / Locality Estates Development Update		
Presented By	Clare Postlethwaite		
Author	Clare Postlethwaite		
Clinical Lead	Cathy Fines		

Executive Summary
It is recognised that the ageing estate across many parts of the locality risks being an obstacle to service change and expansion. The ability of the estates solution to sufficiently respond to service need is particular challenging due to the economic and financial constraints that exist both within our locality and across Greater Manchester more widely. The Locality Board was last updated in October 2025 and over recent months, significant work has been progressed to ensure that, despite financial and economic constraints, the locality estate plans are sufficiently developed to ensure that the local estates solution continues to be a key enabler to the delivery of service and place-based change within the borough. Recognising the current financial climate across all areas of public service, recent work has focused on the ability of innovative work at partnership level to ensure that focused estates solutions can still be found. The focus of the work remains to ensure that the estate enables neighbourhood working and also provides the accommodation necessary to enable left-shift service discussions. This report provides an update of key estates development work over recent months and also aims to articulate the priority areas moving forward for the locality. This report also outlines the importance of the estate in the delivery of the neighbourhood working proposals across Bury. This report also provides a specific update on some assets identified as tail estate to ensure that the Board is updated on the current position.
Recommendations
To note the content of the report and in particular the key role of partnership working in continuing to strive for aspirational and innovative estates solution across the locality. To note the importance of estate as an enabler to establishment strong neighbourhood working arrangements in each borough. To note in particular the progress made in a number of areas and also the updated position with regard to some tail assets within the locality.

To note the continued focus of the partnerships established in Bury to continue to strive for a locality estate that enables service change across the borough.

OUTCOME REQUIRED (Please Indicate)	Approval ☒	Assurance ☐	Discussion ☐	Information ☐
APPROVAL ONLY; (please indicate) whether this is required from the pooled (£75) 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	☐

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: Will be progressed as necessary on a scheme specific basis.						
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
Bury Locality Board	05/10/2026	

Neighbourhood Working / Locality Estates Development Update

1. Introduction

- 1.1. It is recognised that the current state of many areas of the local estates infrastructure within Bury risk being a limiting factor in the delivery of service change across the borough. In particular, reconfigured estate in all boroughs remains absolutely key to enabling neighbourhood working proposals across Bury,
- 1.2. This report outlines key areas of development work in relation to local estates solutions that are being developed in partnership with key partners in order to ensure that there is a continuous drive for responsive and fit for purpose estate across Bury.
- 1.3. In particular, this report outlines significant progress in a number of areas across Bury that allows us to move towards an estate that can respond and support service transformation across the borough.
- 1.4. The report also provides specific updates with regard to specific assets labelled as tail estate.

2. Background

- 2.1. Whilst aging estate remains a limiting factor to service delivery and aspirational change, it is recognised that financial and commercial pressures across all public sector partners risks constraining the strategic ambition within estates plans across the borough.
- 2.2. Local estates planning is further complicated by health funding structures which often mean that the impact of backlog maintenance issues are not funded at a local level hence, are not easy to demonstrate as a basis of required change and estates solution. Currently, it is also the case that many of the estate solutions needed require budget support from areas no longer delegated to locality control hence, detailed prioritisation and assessment at a Greater Manchester level is required.
- 2.3. Accepting that financial constraints may delay progress in some areas, over recent months close partnership working and collaborative discussions have continued in order to find innovate and low-cost solutions to ensure responsive estates solutions can still be achieved.
- 2.4. It is clear from progress being made across the borough, that the strength of partnership working within Bury enables pragmatic estates solutions to be reached, even in the face of challenging economic conditions both nationally and locally.

3. Key Areas of Estates Development Planning

- 3.1 The key driver for estate project prioritisation across Greater Manchester remains the outputs of the PCN estates toolkit project. This project was a nationally driven initiative, supported by Community Health Partnerships, that involved detailed work at Primary Care Network (PCN) level to understand current pressures alongside longer term clinical plans within each area. The output projects resulting from this PCN level work were then scored and ranked at a locality level.
- 3.2 Alongside the data and project listings included within the PCN estates project toolkit, over recent months this work has been refined to ensure an ongoing focus on both the national Neighbourhood Health Centre programme and also local aspirations and targets relating to the Greater Manchester Live Well initiative.
- 3.3 The focus within the locality, since the last update to the Locality Board, has remained securing a

solution for the two major priority schemes identified by the toolkit (Uplands proposal (Whitefield) and the Prestwich community hub regeneration proposal) alongside keeping pace with emerging need across our borough.

- 3.4 Strategic estates work over the past twelve months has also focused on defining a solution in each borough of Bury that enables the Integrated Team in each borough to be based within the locality in which they work. This work is now well developed with the strategic direction in each borough of Bury now better understood, namely :-

East Bury – solution focused around existing estate, potentially New Kershaw Centre.

North Bury – solution focused around Tottington and Ramsbottom health centres and Ramsbottom library linking to wider regeneration proposals within the town centre. Plus outreach provision in some areas of borough.

Whitefield – establishment of Live Well Centre, Whitefield,

West Bury – solution working across Radcliffe Hub and Radcliffe Primary Care Centre.

Prestwich – Prestwich Health Centre solution, linked to wider regeneration of Town Centre.

- 3.5 Recognising the need for a joined-up response to future development residential proposals, as a locality, collaborative work continues to ensure that the Health and Wellbeing Strategic Planning Document is inclusive and ensures that health infrastructure need is fully considered in response to any planning submission. Work continues in this regard locally with ongoing advisory support from the national NHS Property Services planning team, with outputs to date recognised as setting a precedent for good practice in strategic planning across Greater Manchester.

4 Associated Project Developments

- 4.1 The identified site of the Uplands Project redevelopment (Whitefield) was purchased by NHS Property Services in July 2025, with a planning consent achieved in July 2026 - alongside a related tender process for the construction contract for this scheme. After many months of work on the current scheme, in August 2026 confirmation from NHS England was received to approve the additional funds required to progress this project. On this basis, a contract award has now been made with a start on site being planned towards the end of November 2026/early December 2026 (subject to the necessary pre-planning conditions being met.) Tenders received estimate a construction period of circa ten months hence, a new facility is now expected to be ready for occupation around September/October 2027.
- 4.2 Detailed discussions continue to secure a solution in Prestwich, whilst aspirations to achieve a joint service solution for Prestwich remain – currently a solution on the existing health centre site may offer the most deliverable solution hence, the site has been reclassified as core estate to aid in discussions to this regard. Since the last update to the Locality Board, Prestwich has been identified by NHS Greater Manchester as a key strategic scheme noted with strategic capital allocated to the scheme on this basis. This securing of capital funds has enabled more specific and advanced discussions to be progressed by locality partners and NHS Property Services to identify the most appropriate and achievable solution for this site.
- 4.3 Bury was successful in securing funds for a number of Utilisation and Modernisation Fund (UMF) schemes across Bury GP practices – a national release of capital grant funds to deliver additional clinical capacity within GP primary care estate. The locality had 5 schemes approved with total funds secured of circa £227k via the first round of funds allocated – work on all of these schemes has now been completed. The second round of funding secured an additional £462k against 3 identified schemes within Bury and work is now progressing to support the practices involved to deliver these schemes. It is important to note that to date, all UMF schemes submitted by practices within the borough have been successful in securing the funds required. Of the initial 5 schemes progressed,

one practice is yet to have the required funds released due to some queries over the timing of the works undertaken, the locality continues to support a formal appeals process to attempt to ensure that the funds committed are released in full to the practice involved.

- 4.4 Radcliffe Primary Care Centre is the only LIFT asset within the Bury estate and work has been ongoing to ensure better utilisation of the building to ensure a service offer in line with the requirements of the local population and also fully in line with the Live Well aspirations for the borough. In particular, significant work in partnership with the corporate collections and support team has enabled a refocused reception provision at the centre that enables full-service integration – the aim being to allow all residents access to a full range of support services in one place. In May 2026, a visit to the site of the Chief Executive of Community Health Partnerships was convened to showcase the commitment of all Bury partners to an innovative and forward thinking service offer – discussions that followed were successful in securing £2.74m for the site via the Neighbourhood Health Centre programme, with this being the only Greater Manchester scheme to have secured funds in the first round of issue. The scheme has now been recognised as an exemplar for joint service working and has been confirmed as a fast-track delivery project on this basis, with a target financial close of March 2027. The capital funds secured will enable conversion of the disused single chair dental suite (no longer compliant for dental service delivery) alongside a redesign of the reception atrium space to enable a true integrated service offer.
- 4.5 Noting the success of the service integration at Radcliffe Primary Care Centre, work continues in partnership with the corporate collections and support team to achieve a similar model of joint service delivery across other sites in Bury.
- 4.6 The framework for an integrated care team base in each borough of Bury has now been agreed in principle, subject to further work to agree the scope and funds available to deliver each element. Due to funds already secured in Radcliffe (NHC national funds) and Whitefield (Live Well delivery funds), the solution in both of these boroughs are now being progressed – noting the opening of the Whitefield Live Well Centre in August 2026.
- 4.7 NHS partners have worked together with Local Authority colleagues to enable the refurbishment of ‘The Ark’ and the opening of the Bury Live Well pilot site in Whitefield. This scheme opened in August 2026 with it to be the integrated care team base for this borough.
- 4.8 Work is now also progressing with key system partners to attempt to achieve a ‘Health on the High Street’ solution for Bury with this scheme noted by NHS Greater Manchester as a potential future call on Neighbourhood Health Centre funds available.

5 Sunnybank Clinic – Disposal of Tail Estate

- 5.1 Further to previous Locality Board approval to dispose of this site, once the site had been vacated in full – the site was sold at auction in July 2026.

6 Associated Risks

- 6.1 Whilst the intent and strength of partnership across the borough continues to ensure innovate and forward-thinking estates solutions to be considered, it is recognised that there remains a risk that financial constraints at a local and also Greater Manchester level create a risk to the ability to deliver proposals as quickly as hoped.
- 6.2 It is recognised that external factors, such as the planning and contractual tendering process for all schemes, may delay current anticipated completion dates – it is also important to note the new local

NHS Greater Manchester guidance with regard to approvals required for additional GP accommodation that will need to be factored into approvals processes for all schemes moving forward.

7 Recommendations

- 7.1 To note the content of the report and in particular the continued efforts to work in partnership to enable strategic estates change, despite the challenging financial and economic climate.
- 7.2 To note the continued strength of partnership working across Bury that continues to allow innovative solutions to be achieved in line with local aspirations for neighbourhood working.

8 Actions Required

- 8.1 The Locally Board is required to:
 - Note the progress to date on schemes across the Borough alongside recognising the related risks to delivery.

Clare Postlethwaite

Associate Programme Director (Bury Locality)

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October 2026

Meeting: Locality Board			
Meeting Date	05 October 2026	Action	Receive
Item No.	8	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 Locality Board of progress with the work of the IDC, and progress with the delivery of programmes across the Borough.
Recommendations
The Locality Board are asked to note the report.

OUTCOME REQUIRED (Please Indicate)	Approval ☐	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 Locality Board progress which has been made with the key programmes of work within the IDC.

2. Programme Delivery

- The majority of the new ICB Place Based Partnership Team are now in post. We are now defining the roles and responsibilities across the totality of the resource we have in Place.
- The Locality Plan, the Delivery Plan and the BECCOR plans have now been signed off by the Integrated Delivery and Locality Boards and submitted to GM. We are now gearing up our governance arrangements to assure delivery and reviewing Terms of Reference for all parts of our system
- We are in the process of reviewing our delivery arrangements for our Integrated Neighbourhood Teams. Given the CLM changes at the NCA and statutory requirements of the council, we have needed to relook at the single line management arrangements that are in Place, and in the process of Consultation with teams. However the principle of neighbourhood approach will remain at the heart of everything we do.
- An outline of the 4LP programme of work with the NCA has now been agreed. We are in the process of scoping the content of these programmes.

3. IDC Programme Highlights:

3.1 Frailty and Falls

- Planning for **Falls Prevention Week** (21st - 25th September 2026) **is underway**, supported by local team initiatives, the publishing of 7,000 bespoke fall prevention booklets and working with Public Health to develop a landing page on Falls Prevention for the duration of next week.
- **The NCA Frailty SDEC and Geriatrician GIRFT report** has been shared. A meeting has been scheduled to review the findings and to look at any improvement opportunities. Key highlights from the report include:
 - Fairfield demonstrates the strongest early assessment and discharge performance across NCA sites.
 - Fairfield has been recognised as having outstanding acute frailty performance.
 - The population aged over 85 is projected to increase by approximately 4% per year over the next 20 years.
 - Admissions of patients aged over 75 have increased by 10% over the last 12 months.
- **Urgent Community Response, the falls and fracture prevention service and MFT** will be attending the GP Webinar on 29-09-26 to promote alternatives to hospital admission by maximising the use of community-based services, offers and update on new pathways.

- Phase 2 of the **Geriatrician led Fairfield Care Home Outreach Programme** will begin in October, introducing two monthly MDTs to support GPs with advice and guidance for care home residents at risk of deterioration and hospital admission. Comms will be circulated to all assigned care home GPs in September 2026.

Discussions have taken place this month with NCA rheumatology colleagues to help shape the emerging **Fracture Liaison Service business case**, ensuring it reflects local needs and existing prevention activity. Primary Care, Community and Pharmacy will be helping shape that in the coming months.

- The latest **EPaCCS Task and Finish Group** has taken place, with a briefing paper produced for the PEOLC Board on implementation progress. The project manager has worked with NCA IT to develop a SystmOne EPaCCs notification, to alert community staff when an EPaCCs record is live. Conversations have also taken place around piloting EPaCCs for Children, the NCA will commence with HMR with a view that Bury will shortly follow.

A bi-monthly meeting has been established with the PEOLC Programme Lead to strengthen alignment between the Frailty and End of Life Care programmes.

3.2 Mental Health

Strategic / commissioning:

- Bury Mental Health Strategy Refresh – approved by Locality Board.
- MH Programme delivery plan revised and updated and incorporated into Locality Plan – update to come to MHPB in October.
- Advocacy STAR resubmitted to GM ICB by Bury Council – recurrent funding approved.

Coping & Thriving:

- Bury Live Well Centre opened in Whitefield.
- Connect 5 and Helping Yourself to Wellbeing delivery progressing with Bury Adult Learning Centre and Creative Living for Talking Therapy waiting lists.

Suicide prevention:

- The Bury Suicide Prevention Day Vigil and Walk of Remembrance took place on Thursday, 10 September 2026 to observe World Suicide Prevention Day.
- Ongoing planning for [Bury Suicide Prevention Conference](#) – 14th October.

Primary & Community:

- Ongoing engagement and planning for test of change to involve wider group of community partners in East Neighbourhood mental health huddle – commenced at the beginning of September 2026.
- Performance concerns in relation to waiting times for NHS Talking therapies raised at meeting with PCFT in August – awaiting further assurance and improvement plan – due to be considered at PCFT CRM in September.
- Escalated Neighbourhood Mental Health Service VCSE funding situation to Finance Review Group.

Crisis & inpatient:

- Second meeting held between ASC MH, Housing and PCFT ward managers to develop joint protocol.

- Bury community based 24/7 Crisis Resolution Service will launch at the end of September. Comms has been produced for stakeholders including Primary Care. An update is being provided for MHPB and the Bury Primary & Secondary Care Interface meeting in September.
- Days Away from Home Pilot completed, and Outcomes/Next Steps Report produced for MHPB.
- The Section 117 Aftercare Review Programme continues to make good progress and remains on track to deliver against its agreed objectives. An update report has been shared with MHPB.

CYP:

- Further planning with partners to re-establish multi-agency / disciplinary triage panels for new referrals for CYP autism and ADHD assessments in line with the new GM model of care. Triage panel recommenced on 2nd September.
- Further impact assessment and planning work pending the decommissioning of the domestic abuse support provider for children & young people, Talk, Listen Change from end of September 2026. Briefing provided to the Bury Domestic Abuse Partnership Board and referrers. Agreement that interventions will be completed for all CYP currently in receipt of a service. Referrers of CYP on the waiting lists are being written to with a list of alternative sources of support. The list of CYP on the waiting lists being reviewed by Children's Service to identify any specific needs / risks.
- Planning work to mobilise and promote the GM commissioned Chat Autism & ADHD service to bury CYP and parents and carers.
- Some additional capacity to support Community Paediatrics to undertake ADOS assessments / observations for children on the autism assessment pathway implemented as a short-term measure. The indications are that this has reduced overall waiting times for assessment. Discussions underway about potential to extend the initiative.

Misc:

- The second Bury Armed Forces Covenant Conference takes place on Thursday, 17 September 2026 at the Fusilier Museum in Bury. Mental health, wellbeing, social isolation, and local support networks for veterans, service personnel, reservists, and their families.

3.3 Neighbourhoods

Programme wide:

- Completion and Locality Board approval of BeCCoR section 3 Neighbourhood Health Action Plans with a focus on prevention and population health:

NEIGHBOURHOOD	FOCUS
East	High respiratory need / COPD. Stretch to cover patients with co-morbidity in relation to CVD. Focus on 'missing pts', from COPD cohort and remaining 5 cohorts. Includes focus on reviews, vaccination uptake, self-management and engaging missing patients involving community partners.
West	CVD, high QRisk and childhood asthma. Includes community outreach, prevention initiatives and health promotion.
Prestwich	CVD Need cohort focused on high-risk patients with significant cardiovascular unmet need. Includes targeted outreach to improve engagement and completion of high need reviews.
Whitefield	CVD cohort (including hypertension, AF and diabetes). Includes

	engagement with <i>hard-to-reach</i> groups through the Whitefield Live Well Hub and neighbourhood events.
North	CVD Core, CVD Stretch and primary prevention cohorts. Focus on proactive identification and engagement of patients who have historically not attended reviews

- Workforce consultation in relation to changes in Neighbourhood Lead roles.
- Successful expression of interest to national programme of consultancy support to enable Health & Wellbeing Boards to oversee the implementation of the NHSE Neighbourhood Health Framework – initial meeting held with consultants.
- Baseline audit of progress in implementing the requirements of the NHSE Neighbourhood Health Framework completed.
- Revised SOP for ACM circulated with strengthened recording requirements.
- Work ongoing through Neighbourhood Leadership Teams to review cohorts of risk and develop action plans.

West:

- Attendance at Growing Together monthly stall to promote ACM on 14th August 2026.
- Ongoing work on project to implement patient led ordering of medication with GPs and community pharmacies.
- Health and social care partners are working with members of the PLST and focusing one area of Radcliffe due to social isolation, drug use, criminality and mental health. Looking at ways to improve support to vulnerable people while GMP focussing on criminality.
- Ongoing design and development work in relation to the establishment of Live Well spaces and the Live Well offer in Radcliffe.

East:

- Ongoing engagement and planning for test of change to involve wider group of community partners in East Neighbourhood mental health huddle – commenced at the beginning of September 2026.
- East neighbourhood event – Hoyles park

Prestwich:

- Meeting at Ezra care holding a workshop face to face for the Jewish community with social prescriber – held every 2nd Wednesday of the month. Great attendance.

Whitefield:

- Formal opening of Bury's first Live Well Hub in Whitefield: <https://buryvcfa.org.uk/news/whitefield-welcomes-new-live-well-centre-community-celebration>.

3.4 Cancer

Cancer

- Launch of VCSE grants through the VCFA for the Neighbourhood Cancer Live Well Fund 26/27. The grants are designed to support local VCSE organisations to deliver community-led projects that improve cancer awareness, reduce inequalities and help people in Bury live well with and beyond cancer. Grants close 4th October.

Early cancer diagnosis position

A significant improvement in our performance. Bury have exceeded the 3% improvement target set by GM Cancer for 2025/26 and have also moved above the Greater Manchester average, as illustrated in the graphs below:

- **April 2025:** 56.7% (8th position in Greater Manchester)
- **March 2026:** 62.0% (4th position in Greater Manchester)

This represents an improvement of 5.3% over the year and a rise of 4 places within the Greater Manchester ranking, reflecting the positive impact of the work undertaken to support earlier cancer diagnosis across the system.

Whilst it is challenging to attribute this improvement to any single initiative, it is clear that it reflects a sustained collective effort across the system. A range of interventions through programmes in Bury have contributed to strengthening early cancer diagnosis performance over the past year, including:

- Development and delivery of Early Diagnosis Action Plans across all four PCNs, supported by GM Cancer Primary Care Facilitators.
- Full rollout of the Lung Cancer Screening Programme across all PCNs
- Inclusion of cancer emergency presentation and referral activity within the Primary Care Quality Visits to support identification and reduction of unwarranted variation
- Delivery of tumour-specific education through the GP Clinical Masterclass programme, led by NCA Consultants which has been extended to other NCA localities through our training hub
- Embedding cancer awareness and prevention messaging within NHS Health Checks as well as practitioner training, supported by the Public Health Team
- Cancer awareness campaigns developed by GM Cancer shared through VCFA, PSLTs, council and Primary Care

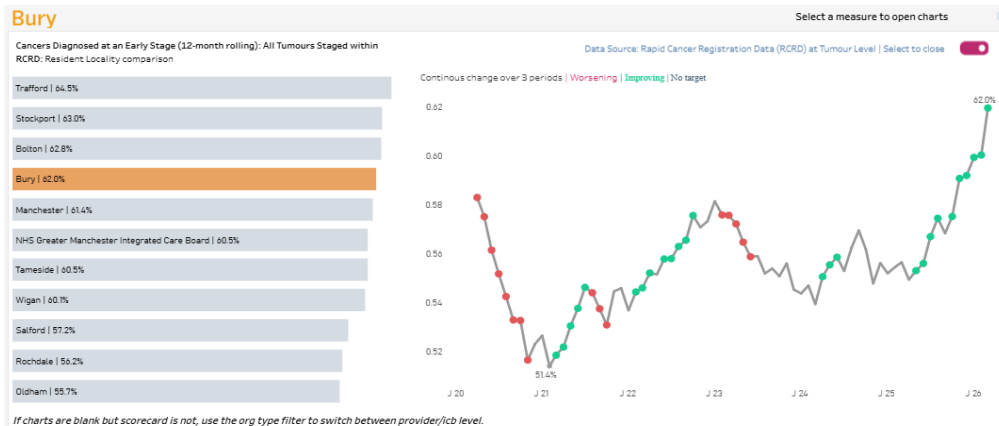
The improvement in performance is a testament to the collaborative work undertaken by primary care, GM Cancer, Public Health, secondary care partners and VCFA supported through our neighbourhoods and wider system to improve earlier diagnosis and outcomes for our population.

As always, we remain cautiously optimistic, whilst this improvement is very positive and reflects the collective efforts across the system, there is still more work to do as the GM Cancer improvement target remains at 3% for 2026/27.

**April
2025**



March 2026



3.5 Neighbourhood Health and Care

GP Board Plan on a Page submitted to IDC along with other programme plans.

GOAL 1 IMPROVE HEALTH OUTCOMES (high-priority cohorts)

- BeCCoR Schemes 26/27 approved
- Respiratory Diagnostic Hub 26/27 Scheme – Revised specification received and STAR form submitted to GM
- Paediatric Phlebotomy - 26/27 Scheme – agreed through STAR
- Quality Visits – Several visits now in the diary

GOAL 2 IMPROVE ACCESS TO GENERAL PRACTICE

- 90% of clinically urgent appointments to be delivered on the same day
 - Only 4 practices currently achieving requirement
 - NHS E seeking assurance for those under 60% achievement. For Bury this is Greyland, Monarch and Blackford House.
- Enhanced Access 26/27
 - Utilisation remains a concern across all PCNs
 - July and August data received for Horizon – data shows over offer in hours and increased utilisation
 - July and August data received for Prestwich and Whitefield – data shows an under-offer in hours against contract which has been flagged with the provider for resolution
 - July and August data outstanding for Bury PCN
- Estates – Work continues to improve premises across the borough, both through new developments and reconfigurations
- Patient-led ordering and increase NHS App uptake – Knowsley & Rock meeting on 04/08/26 with Sharon. Monarch/ Radcliffe- agreed for Sept go live. Mile lane not responded. Whittaker Lane, Walmersley Road & Ramsbottom have not engaged – information shared with practice.

GOAL 3 IMPROVE EXPERIENCE OF PLANNED CARE

- SPOA - Concerns remain regarding the impact on General Practice and patient choice implications (discussions ongoing).

GOAL 4 IMPROVE URGENT AND EMERGENCY CARE PERFORMANCE

- Data now being received monthly for the Acute Visiting Services, Rapid Response and Hospital at Home

GOAL 5 IMPROVE PATIENT AND STAFF SATISFACTION

- GP Patient Survey - results analysed and paper drafted for September GP Board
- Practice/PCN Survey –all practices/PCNs have returned their staff lists
- Workforce Strategy (including training and education) - Paper submitted to the HIVE for ownership moving forward

OTHER PROGRAMMES

- RACI – Work ongoing to determine alignment of PC functions between GM and Place
- Annual eDeclaration - submission analysed and outcomes shared with September GP Board

3.6 Social Care

Older People and Aging Well & Dementia

Progress and Challenges

- Care at Home tender underway, significant time currently being spent on evaluation of bids.
- Reablement Transformation programme underway, delivery group established and Discovery Phase complete, QA Officer to undertake a 'deep dive' assessment.

LD and Autism

Progress & Challenges

- More Providers who support complex and challenging behaviour now working in Bury eg Amore. Dedicated Provider Forum/GM Framework/ relationships.

Carers, Prevention and Physical Disabilities

Progress and Challenges

- Co-production Framework approved and published. Team pack prepared.
- Prevention- Information and Advice- 12 weeks of engagement activities progressing through localities.
- Improvement and Adaptation Board established- work streams defined. Foundation commissioned approved for Housing Assistance Policy.

Mental Health

Progress and Challenges

- Scoping ASC commissioning intentions- aligned with wider Mental Health Strategy

3.7 CVD/Diabetes

- A standardised pathway for onboarding patients onto Hybrid Closed-Loop has been developed across NCA, enabling effective and consistent patient management throughout the pathway
- Successfully delivered a Pathway 2 Remission session through the GP webinar, increasing knowledge and awareness of the pathway and its benefits among primary care professionals.
- Development of a new Structured Diabetes Education referral template to facilitate a simpler, more consistent referral process for clinicians and improve patient access to education services.

3.8 Community and elective

- Dermatology – GM has started the second procurement for Community Dermatology services which form part of the GM Dermatology MoC, Gm has started the decommissioning of the dermatology SPA provided by Accenda, The SPA will be built into the new community dermatology services.
- Mobilisation of the GM wide A&G initiative provided through Consult Connect (CC) is now complete with all GP practices having access to A&G, ties into improvement plans for BeCCoR for primary care – The CC contract is being discussed within GM a quarterly progress report is being prepared for October.
- NCA FLP - Currently undertaking a scoping exercise of the Community Health Service contract, Bury will be part of community dietetic service review.
- GM MSK Model of Care review, Bury place and Bury NCA colleagues are part of a GM wider working group to develop a single GM MSK pathway.
- Mandatory Elective SPOA is being rolled out, with NCA has implemented Gynae and Castro working towards and working on cardio and ENT following with Urology, Trauma/Ortho, Paediatrics, Respiratory, Rheumatology, Neurology, IECP.
- NCA supported by Place reps are mobilising tier 2 Gynae and ENT services funded through NHS GM until April 2027, NCA is also working on a sustainability plan presented through a MOU to be signed off by the DPBLs and sent through to GM NHS.

3.9 Palliative and End of life

- Implementation of the Rapid Discharge checklist for PEOLC patients – awaiting sign off from the Admissions, Discharge & Transfer group for approval. pilot wards continue using document.
- NCA has developed a draft Business Case for 7 day community palliative care service currently going through a NCA Governance process.
- Expanding EPaCCS across other services.

4. Recommendations

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

Kath Wynne-Jones

Chief Officer – Bury Integrated Delivery Collaborative

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September 2026

Meeting: Locality Board			
Meeting Date	05 October 2026	Action	Receive
Item No.	9	Confidential	No
Title	Bury Adult Social Care Business Plan		
Presented By	Adrian Crook		
Author	Adrian Crook		
Clinical Lead			

Executive Summary
This paper contains the 3 year business plan for the Adult Social Care Department in Bury
Recommendations
The Locality Board is asked to note the contents.

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	☐
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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		



**OUR PLAN FOR
ADULT SOCIAL CARE
2026-29**

**LET'S BE INDEPENDENT
LET'S BE INVOLVED
LET'S BE CONNECTED**

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A Summary of Our Plan

Our Vision

“The people of Bury will have independent lives, involved and connected to their communities”

Our Priorities

- Promoting independence.
- Delivering best ever services.
- Making Bury a great place to work.

All the work that we do will be informed by:

- **Coproduction** – working in partnership with people who draw on care and support, carers and residents.
- **Inclusion** – reducing inequalities in care and support by ensuring services meet the diverse needs of all communities.
- **Quality assurance, evaluation and continuous improvement** across all our services.



Our story in Bury

Living in Bury

Bury Metropolitan Borough is made up of six towns: Bury, Ramsbottom, Tottington, Radcliffe, Whitefield, and Prestwich. People in Bury are proud of their community, the busy market, and the area's history with textiles.

About 195,000 people live in Bury (2021 census). The average age is 40. There are more people over 50, and fewer people aged 35 to 49. This means more people may need support in the future, so we need to be ready to help and make a real difference.

Adult social care is part of the council's bigger plan, called "Let's do it!". This plan is about working together, joining up public services, and making Bury better for everyone. We want Bury to improve more than other similar towns in the North. We asked our community about this vision, and adult social care is committed to making it happen.

Population	Deprivation	Life expectancy	Age distribution
195,500	10%	77.2 Years	59% aged 18-64 years
		80.9 Years	18.5% aged 65+ years
		 	

Bury
Council



Challenges

Bury faces significant challenges in relation to rising demand for a range of services across the council create unsustainable pressures on council services and budget, this is identified in our Corporate Risk Register. This also includes demand pressures via the NHS, which affect the Council's demand profile. In particular, the Locality Plan identifies:

- The need to strengthen our model of neighbourhood working.
- The need to ensure the prioritisation of prevention and early intervention.
- The need to ensure greater engagement of people in co-design and coproduction.
- The need for financial stability within locality budgets.

These challenges must be addressed within the context of the local authority's statutory duties, primarily described in the Care Act 2014 which includes:

- Promoting wellbeing
- Providing advice and information
- Providing prevention activity
- Assessments and review
- Support for people who meet Care Act eligibility
- Support for unpaid carers
- Safeguarding adults at risk of abuse or neglect
- Independent advocacy
- Market shaping
- Integration of care and support with health services

We will ensure that we are prepared for any forthcoming changes to legislation or our national and regional operating frameworks.

What we have achieved so far

- Improved independence and outcomes for our learning-disabled residents evidenced by our spending on younger adults only increasing by 23% compared to 37% nationally.
- Only 8% of our residents with learning disabilities who require supported living are now out of borough compared to regional average of 28%. This means we have right sized our offer, and we are keeping people closer to their communities.
- We have some of the best cancer screening rates in Greater Manchester for the learning disability population. We are focused on tackling health inequalities experienced by those with learning disabilities. Health checks are currently at 83% compared to only 47% 3 years ago.
- Best performing local authority in Greater Manchester against targets for discharging people from long stay hospitals 2024/25 and 2025/26.
- Significant reductions in home care and care home staff vacancies – because of our work on provider support and the real living wage etc. the care sector in Bury is a good place to work.
- Top 8 in the country for the number of care homes ranked as good or outstanding by the Care Quality Commission (CQC).
- All care categories are above England average as rated by CQC.
- No provider failure in the last 2 years.
- Urgent community response is the best in Greater Manchester in performance terms and the busiest service per head of population.
- Better than England average for keeping people at home following discharge from hospital.
- Better than England average on patients discharged on discharge ready date.
- Significantly below the England average for delayed discharges from hospital.
- Number of student placements up 150% in one year, and social work apprenticeships nearly quadrupled in 4 years. Vacancy rate at only 2%. Bury increasingly seen as a great place to be a social worker.
- Adult and Carer feeling of safety is above or matching England averages.
- Consistently high levels of outcomes being asked and met in Safeguarding.
- Advocacy provided for people being safeguarded is above the England average.
- A steady and sustained reduction in safeguarding required in care homes as care home quality has improved.
- Rapid improvement in carer satisfaction score. We are now at the England average, but we are ambitious to do more.
- Carers able to find information is now above the England average.

Our Adult Social Care Principles

Our Adult Social Care principles guide how we work. Staff from different teams, including social workers, commissioners and many others helped to create these principles. We kept our 'Let's do it!' strategy front of mind and talked about what makes good adult social care and what people need from us.

We will use these principles to guide how we work with our communities.

- 1. Listen.** We listen, keep you in the loop and act on what matters.
- 2. Strengths.** We support your strengths and local opportunities.
- 3. Trust.** We are committed to honesty, building trust.
- 4. Together.** Everyone has something to offer and we work together.
- 5. Choice.** You know your life best, and we know your neighbourhood.
- 6. Learning.** We keep learning from you.
- 7. Co-production.** We will work with you to create and improve services.

Priority - Promoting Independence



Bury's strengths-based practice journey has evolved over five years. Our work puts people at the centre, focusing on what matters most to the people living in our neighbourhoods, empowering them to take control of their health and well-being using an asset and strengths-based approach. Our approach has progressed from ethnographic approaches to collaborative models supporting independence. Key principles are person-centred and relational practice, supported by social work training offer.

We will:

1. Embed strengths-based practice in social work and occupational therapy.
2. Redesign the adult social care front door.
3. Deliver a commissioning strategy for supported living.
4. Deliver our autism strategy and design services for autism.
5. Transform our reablement services.
6. Collaborate with young people and their families on preparing for adulthood.
7. Coproduce a young adult carers service.

Priority - Delivering Best Ever Services

**Delivering best
ever services**



Co-ordination of support through our Integrated Neighbourhood Teams bring together health, social care, and voluntary sector services in the community. They deliver and co-ordinate person centred care through detailed assessment of clinical, social and environmental needs working with the individual to plan and enable independence. Our strong belief in doing things together enterprisingly sees the council lead on the delivery of intermediate care services, including our urgent community response service, falls pick up service and hospital at home service.

We will:

1. Develop an enablement and community offer for mental health and adults with learning disabilities.
2. Develop and deliver a social care performance improvement programme.
3. Transform our Mental Health services including mental health aftercare.
4. Improve the customer journey for people who need care and support.
5. Deliver the Carers Strategy and strengthen our approach to supporting unpaid carers.
6. Increase our availability of therapy in our social work services.
7. Deliver and embed our outcome focused safeguarding process.

Priority - Making Bury a Great Place to Work



Our workforce is our biggest asset. A diverse workforce brings various perspectives and experiences, enhancing creativity and problem-solving. It also increases staff satisfaction, retention, and morale, which helps reduce turnover and support consistency and quality in practice.

Our Adult Social Care Provider Workforce Support Offer and Centralised Permanent Recruitment Function support providers with requirements, recruitment and retention. Bury Flex is a centralised shared workforce function that gives providers access to a “ready to work” bank of flexible staff, greatly reducing agency usage.

We will:

1. Deliver a refreshed Adult Social Care workforce strategy.
2. Deliver our Providers workforce strategy and care academy.
3. Develop a workforce that reflects the borough’s population.
4. Develop Provider workforce skills to support people to live independently.
5. Develop clear career development pathways for all staff and apprenticeships.

Cross-cutting workstreams

Coproduction

Co-production is the idea that commissioners and providers of services should work in partnership with people who draw on care and support, carers and residents to design, commission, deliver and contribute to the ongoing improvement of care and support.

- We will develop a strategic approach to co-production, building on our existing networks.
- We will ensure that co-production runs through the culture of the department
- We will ensure commissioning of services use co-production approaches in development and reviewing.

Inclusion

Our Inclusion priorities are to:

- Create a workforce that reflects the diversity of our communities by identifying and removing barriers to equality and discrimination.
- Embed inclusion across the department with robust governance to ensure accountability and impact.
- Address and reduce inequalities in care and support by ensuring accessible services meet the diverse needs of all communities.
- Build a stronger data foundation for insight-driven equality.
- Deliver our Sensory strategy.

Quality Assurance, evaluation and continuous improvement

Our Social Work Quality Assurance Framework aims to set direction, support delivery, manage risk, monitor and review practice and outcomes for adults and carers with care and support needs and ensure our stated priorities are being met, guaranteeing the voice of the person using services is heard.

The Council utilises an in-depth Quality Assurance Audit to assess and support providers with a robust Quality Assurance and Improvement Framework that captures all QA processes, including renewed governance arrangements and feedback mechanism as well as providing detail on how the authority supports and manages the provider markets.

There is a dedicated Quality Assurance Framework for the Intermediate Tier, which provides a structured and consistent approach to monitoring quality, safety, effectiveness and experience, drawing together audit, performance monitoring, learning from incidents and complaints, feedback from people using services, carers and staff practice standards.

We plan to embed a Departmental Quality Assurance Framework that provides evidence of how the council is performing against achieving outcomes and experiences for residents.

Measuring Success

We propose to use the following set of headline measures to track the achievement of our vision:

Our Vision

"The people of Bury will have independent lives, involved and connected to their communities"

Independent lives

Quality of life of people and carers who used ASC services
Overall satisfaction of people and carers who used ASC services
No ongoing support following reablement (ST-Max)
Permanent admissions to residential/nursing care (65+)
Long-term support users living at home/with family – learning disability (18–64)
People in receipt of care and receiving direct payments

Involved

People who have control over their daily life
Carers who feel involved in discussions about the person they care for

Connected to their communities

People and carers who use ASC services find it easy to find information about support
People who feel safe
People and carers who use ASC services have as much social contact as they wanted

Additionally, we will report the following measures through our corporate and departmental performance reporting:

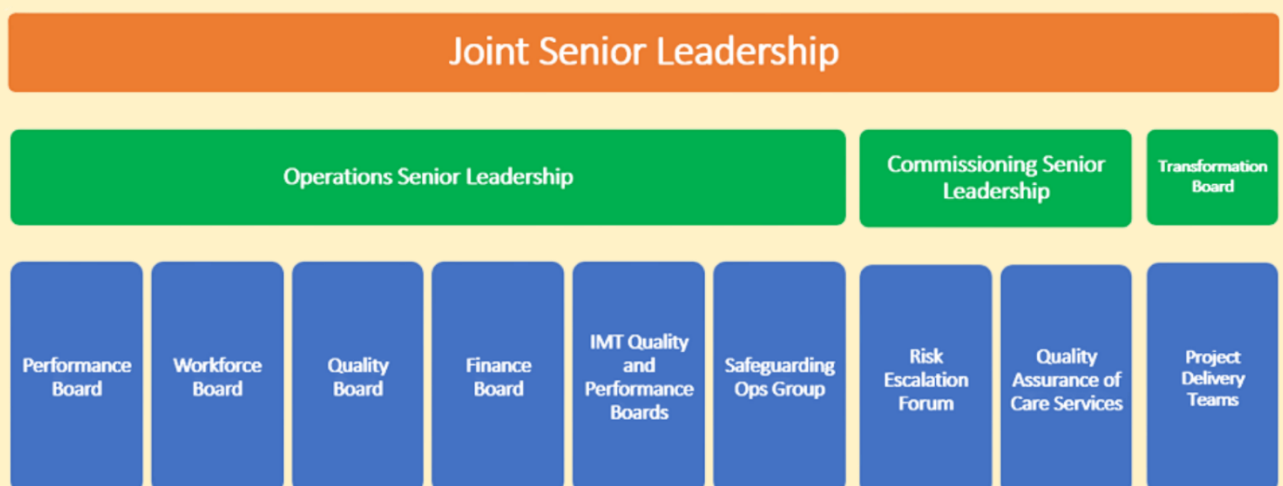
- Access to local authority-arranged care or funded users by age and setting (nursing, residential and community) per 100,000 adults.
- Proportion of staff in the formal care workforce leaving their role in the past 12 months.
- Overall satisfaction of people who use services with their care and support.
- Overall satisfaction of carers with social services (for them and the person they care for).
- Proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that the risk was reduced or removed - Corporate Plan Metric.
- Adults aged 18 or over in receipt of care and receiving direct payments.
- Median number of days from the start of a request to the beginning of the response from the local authority.
- Median number of days from the start of a request to the start of the first service.
- Proportion of people who receive long-term support who are enabled to live in their home or with family.
- Proportion of people who received reablement during the year, who previously were not receiving services, where no further request was made for ongoing support - Strategic Plan Corporate Plan Metric.
- Proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge.
- Number of adults whose long-term support needs are met by admission to residential and nursing care homes, split by age (aged 18 to 64 or 65 and over) per 100,000 population.
- Emergency admissions to hospital for people aged over 65 per 100,000 population.
- Average length of discharge delay for all acute adult patients.

Governance and Assurance

Our assurance governance, rooted in the principles of business and practice assurance, includes boards for Performance, Quality, Workforce and Finance. A Legal Gateway Panel has also been introduced. This enables oversight and feedback to senior leadership but also embeds ownership and understanding of Adult Social Care strategic and statutory requirements.

Our governance arrangements enable the monitoring of performance and assurance across all areas of service delivery. This enables our department to identify themes and trends using data, monthly assurance reporting and robust escalation enables the early identification of issues impacting service quality and provision for action planning and escalation to address.

An annual delivery plan is prepared with regular performance reporting in place. A quarterly report for Members provides a public overview of performance across Adult Social Care in Bury, supported by relevant datasets.





Bury
Council

ADULT SOCIAL CARE DELIVERY PRIORITIES 2026-2029 June 2026

Theme	Reach	Priority	Baseline position	KPIs / Success Measures	Financial Impact	SLT Leads	Output/products	Assurance	Q1 milestones	Q2 milestones	Q3 milestones	Q4 milestones	RAG Status
Promoting Independence	Significant financial or performance impact	Embed strengths-based practice in social work		% increase of people who say they have achieved their goal % reduction in mean number of hours of care at home % increase of each or VCA provision % increase number of practitioner recorded as a provision in the Support Plan % increase in number of people after review have a decrease in long term support % increase in number of risk assessments used to support decision making in support plans		Ernie Massey	AAC Principles BOP LAD healthcheck audit New LAD forms BOP KPI dashboard	Senior Leadership Team	Completed reviewed BOPs with standardized template across all teams Enrolled quality assurance tools as BOP Complete the 7 Principles which will include feedback from our working groups - Complete MAPP and Support Plan Workshops and produce final documents	Staff handbook completed Review of audit from System-C On line with Liquid Logic changes following Testing and process mapping Huddle Rollout to additional teams started with 8 week content agreed Staff Training program started and delivered	Completed Liquid Logic changes KPIs dashboard fully functional On line with Liquid Logic changes following Testing and process mapping	Continued embedding with new post in place to deliver support from PSW CA check on system at 36 month review to reflect on work completed	ON TRACK
Promoting Independence	Significant financial or performance impact	Care at Home - referral - relative residential - proportional response to needs New Brokerage Manager - future service offer to support delivery of the Aging Well Strategy 2025-2030	Our providers are keen to offer respite and want to be a trusted assessor Clear guidelines Cautious risk apportion New Brokerage Manager - future service offer Highest spender per person in the NW	Optimized care packages "everybody with a care package has been through respite" % increase in respite from completion of a care at home % decrease in commissioned package of care after completion of a care at home % increase in referrals for tenancy related support (housing)	Reduction in average cost of package of care Reduction in overall cost of Care at Home	Deb Yates	New contract awarded and implemented October 2026	Aging Well Partnership Board Senior Leadership Team	Tender live on the 01st May 2026	Tender Evaluations	Report to Cabinet Contract Awarded October 2026 Implementation	Business as Usual Continued Provider Performance Customer Survey (Annual)	ON TRACK
Promoting Independence	Significant financial or performance impact	Embed strengths-based occupational therapy practice	No therapy practice framework currently in place Therapy expectations vary across teams, with strengths based practice not consistently embedded, evidenced or assured.	% of cases where therapy input supports proportionate care planning (reduced reliance on care following therapy input) % of therapy assessments and interventions audited as strengths based, proportionate and outcome focused	Indirect - supports reduced escalation and more proportionate care planning, contributing to improved value for money across adult social care pathways.	Faive Sykes	A. Agreed Therapies Practice Framework to place which sets clear expectations for strengths-based, person-centred and proportionate OT practice B. Defined practice standards and principles for therapy, linking therapy assessment and intervention to independence outcomes and prevention of escalation. C. Embedded quality assurance and audit framework D. Baseline assurance report completed, evidencing current practice, variation and development priorities.	MT Quality Board	Scope, purpose and governance for the Therapies Practice Framework agreed, including alignment with supervision and quality assurance.	Therapies Practice Framework developed and agreed including standards, principles and audit approach.	Therapies Practice Framework embedded within supervision and quality assurance arrangements.	Baseline assurance established through audit and supervision review, with development priorities identified	NOT STARTED
Promoting Independence	Significant financial or performance impact	Embed Occupational Therapy within Social Work Pathways	Occupational Therapy input is available to social work teams but it is not yet consistently embedded at the entry point of assessment and review. This limits the ability to shape care decisions early, support proportionate care planning, and prevent escalation to higher cost commissioned care.	% of social work cases where OT input is provided early in the assessment or review process % of cases where OT input contributes to reduced or avoided care package escalation C. Agreed model for OT contribution to care reviews and complex decision-making D. Agreed post meeting between OT and social work, supported by shared training and case discussion E. Evidence of impact demonstrating reduced or avoided care package escalation By year end, OT input is embedded within social work pathways, shaping care decisions earlier and contributing to smaller or avoided care packages.	Mixed impact: Some costable savings through reduced commissioned care hours, alongside avoided escalation into higher cost care through more proportionate and preventative interventions.	Faive Sykes	A. Embedded OT presence within priority social work pathways (assessment, review and care planning) B. Clear referral routes and decision-making points and expectations for OT involvement C. Agreed model for OT contribution to care reviews and complex decision-making D. Agreed post meeting between OT and social work, supported by shared training and case discussion E. Evidence of impact demonstrating reduced or avoided care package escalation By year end, OT input is embedded within social work pathways, shaping care decisions earlier and contributing to smaller or avoided care packages.	Senior Leadership Team	Agree priority social work pathways for embedded OT input and define referral points and expectations.	Targeted OT availability model developed and piloted within agreed social work pathways	OT input embedded within pathways, with performance data and case review collected to evidence impact on care decisions and escalation.	Review effectiveness of embedded OT model and evidence impact on care decisions and escalation.	NOT STARTED
Promoting Independence	ACC system	Re-design the adult social care front door (CAD)		Conversion rate from calls to allocation Number of enquiries resulting in referrals to the third sector Customer satisfaction / user feedback		Paul Carr	Discover, Design and Develop a redesigned Front Door based on a preventative offer for social care. This needs to include review of function of CAD and Living Well, alongside information, prevention and advice including the digital offer	Performance Board and Quality Board	Discovery phase: Work with CAD operations manager and partners to review what is working in our region. Using data and information for other CQC assessment and knowledge from staff Develop/produce the project plan encompassing the outputs/products with VCA, partners and those with lived experience	Continue design phase of transformation project Develop the plan that the transformation will take place (share the designed transformation programme with SLT drawing in what the need to prevention and budgetary control)	Deliver the transformation project when it has been defined, reporting back according to SLT on a regular basis Review milestones for Q3 depending on development of transformation programme	Continue Delivery of transformation project Review and report back to SLT to test into 27/28 strategic plan	NOT STARTED
Promoting Independence	Service delivery (BCL) or improvement	Deliver a commissioning strategy for supported living with the aim of ensuring sufficiency, reducing demand and improving cost effectiveness	Provision has increased over recent years 40 over 50s currently in supported living Supported Living Budget is increased by over £1.6million 256 people living in supported living Currently we spend £173 on average per person than the GM average. We have few people place out of borough but those that are place are expensive currently 56 OOB costing £2.7million	Less waits in supported living placements Reduction of care package in own home is supported living cost Increased number of people moving on from supported living to more independent living	A reduction in the supported living budget Supported living Budget used more effectively (costs maintained in a timely way)	Aimee Dyer, Anna Jenkins	Supported Living Allocation Framework Detailed projections for future changes in demand based on known population Plan for new schemes included financial impact A programme of reviews to maximise hours in supported living and promote independence	Finance Board	Supported Living Allocation Framework developed and implemented, including need to prioritise referrals and allocate supported living placements Data collected on current and future demand Phase 1 of targeted reviews complete highlight report shared with SLT.	Phase 2 targeted reviews complete - highlight report shared with SLT Scope and plan developed for OOB reviews Plan to allocate beds at William Kemp House and Fletcher Fold approved and all people allocated to start the planning.	Phase 3 targeted reviews completed - highlight report shared with SLT Ongoing coordination of William Kemp House and Fletcher Fold moves	Phase 4 targeted reviews complete Review of Supported Living Allocation Framework William Kemp House and Fletcher Fold moves Scope and plan delivery plan for 2027/28	ON TRACK
Promoting Independence	Significant financial or performance impact	Development of a transformation programme that addresses use of residential care for older adults including for hospital discharge	50% are supported in residential care Falling below stat neighbours for supporting people at home.	% Reduction in avoidable admissions to long-term residential care % Decrease in short term placements via Integrated Discharge Team More people supported at Home (Home First)		Deb Yates	% Reduction in avoidable admissions to long-term residential care Reduced "residential by default" hospital discharge decisions with Home First, strengths-based pathways Grow alternative community-based services including respite, home care, intermediate care and voluntary sector support Improve flow through hospital discharge pathways, reducing delays and long-term placements made from acute settings Strengthen early intervention and prevention to avoid crisis that drive the use of residential care Improve capacity and resilience of the community workforce and provider market. Ensure better outcomes for older adults in line with what matters to them.	Aging Well Partnership Board Senior Leadership Team	Data analysis completed Project Initiation Document done Programme Delivery Group established Outcome Strength Based Pathways to be used by Integrated Discharge Team	Progress Highlight Report shared with Commissioning Strategy Group Outcome Strength Based Pathways to be used by Integrated Discharge Team		Reduction in avoidable admissions to Residential Care Aligned to the transformation of Home Based Respite, new pathways established	ON TRACK
Promoting Independence	Significant financial or performance impact	Deliver our autism strategy and design services for autism	The number of adults supported by Bury Council with Autism is unknown. There is a limited specialist offer for adults with Autism.	50% increase to 20-26 baseline for people involved in autism peer networks	Not known currently as autism is not recorded on information systems as a PIR	Helen Dawson	Autism strategy published, including feedback from consultation network	Transformation Board LD & Autism Partnership Board	Hold Provider event to build relationships with autism-specific Providers (20+ Providers attended)	Highlight report from "Inspect for AUP" about their engagement events and outcomes Case tracking exercise complete to determine operating pathways and what good looks like for operations.	Audit of Care Providers and their skills Delivery of 3 year training plan Outcome Agreed Community Crisis offer	Autism Partnership Board Designed	ON TRACK
Promoting Independence	Significant financial or performance impact	Development of a transformation programme 18-65 year olds	Bury - along with GM - supports more people 18-64 than England average. Managing LD activity and spend is important (volume) - but fastest growth areas are private and self support	KPIs (not): Use of Resource report recommendations Volume and waiting lists of reviews are on target (Ola) Increase in investment in "other" support to both and supporting non traditional services/self care (Tim and others) Ratio of suitably qualified staff receiving strengths based training (Elaine) No. of working age adults accessing employment/education support		Anna Jenkins	This is an overarching programme linked to the following strategic objectives and their out puts Supported Living Strategy Autism Strategy Mental Health Strategy PFA Standards and Dashboard Review of Employability Services Review of Community development offer for working age adults.	Senior Leadership Team	Discovery phase	Design Phase	Development Phase	Delivery Phase	NOT STARTED
Promoting Independence	Significant financial or performance impact	Transform our respite services		% of people completing respite with no onward long-term commissioned care % reduction in escalation from respite into residential or nursing care Improvement in functional independence outcomes at respite and Reduced length of respite episodes where appropriate Improved flow through respite pathways (referral to start / completion)		DI Henney	New operating model Increased capacity Referral to start time reduced Improved outcomes	Performance Board, Respite Board and Senior Leadership Team	Design the future operating model. Define eligibility and referral criteria. Review and implement areas of test of change. Define workforce roles.	Develop strength-based and asset based training Formulating processes Review job description and supervision structures Implement new model of working	Introduce clear referral pathways. Develop discharge planning and review points. Monitor outcomes and staff feedback. Refine the model based on learning.	Setting goals for 2027 Evaluation of impact reduce long-term home care packages. Faster hospital discharges. Higher care satisfaction Improved staff confidence in strengths-based practice.	ON TRACK
Promoting Independence	Service delivery (BCL) or improvement	Collaborate with young people and their families on preparing for adulthood	All young people Bury to be eligible for ASC at age 18 with have access to a named PFA Social Worker by age 15. Most of the young person is listened and fed into service delivery and reporting. PFA dashboard/tracker measures.	Reduction in costs against savings targets		Linda Prescott	Finalised PFA pathway standards Agreed PFA dashboard/tracker measures End of Year PFA performance and impact report	Senior Leadership Team Childrens SLT	Full review of COP and legal work along with care allocations focused on getting the team back on track. Regular attendance of TM at both Adults and Childrens Legal gateway Recruitment to vacant posts Review PFA eligibility and early identification criteria Establish baseline position for PFA allocations, including cohort aged 14-15 and current allocation gaps Finalise PFA pathway standards, including requirements for capturing the voice of the young person Review and agree PFA dashboard / tracker measures, reporting frequency and governance arrangements to produce a highlight report	Implement allocation model to ensure early identification and ensure early PFA Social Worker by age 15 Begin phased rollout of named PFA Social Worker allocation for identified cohorts Embed consistent practice for recording the voice of the young person within PFA assessments and care planning PFA dashboard / tracker goes live with monthly reporting to Adults SLT.	Majority of young people aged 15 Bury to be eligible for ASC allocated a named PFA Social Worker. Quality assurance activity completed to review consistency, completeness and impact of young person voice. PFA dashboard used routinely to monitor demand, performance, outcomes and cost avoidance. Implement review of savings and cost avoidance delivered through PFA intervention.	All young people Bury to be eligible for ASC at age 18 allocated a named PFA Social Worker by age 15. Demonstrable evidence that the voice of the young person informs service delivery, planning and reporting. End of year PFA performance and impact report produced, including outcomes and financial impact. Delivery against savings targets confirmed and priorities for the next delivery year agreed.	NOT STARTED
Promoting Independence	Significant financial or performance impact	Review of employability services.	We currently have no people in Personals day care services - Provider (Personas) are supporting 16 people to move from day care services into employment 26/27 and 27/28.	16 people in paid employment by March 28	Reduction in number of day care placements £20k 26/27 £70k 27/28	Helen Dawson	Review of progress and options for service redesign	LD & Autism Partnership Board Highlight report	Reporting requirements established.	Establish 5 year trajectory for demand. Highlight report required	Review of activity and project to date with any recommendations	Activity for 2027 delivered against plan. Delivery plan available in section 27/28 plans	NOT STARTED

Preventing independence	Service delivery (B&C) or improvement	Co-produce and publish a Young Adult Carers offer	There is no clear offer for Young Adult Carers which take into account their needs and support to help them live their lives.	Clear Young Adult Carers Charter that provides pledges from the council and partners how they will be supported in their important role in the community.		Alfred Ayr	Published Young Adult Carers Charter	Senior Leadership Team	Confirm purpose and scope for the Young Adult Carers Charter	Begin engagement with young adult carers using multiple ways: 1:1 conversations, small group sessions, Creative or informal engagement, Digital / written report. Provide clear information on what a Charter is and how it will be used. Engage lived experience priorities (support gaps, transitions, education, employment, health, information). Actively reach underrepresented groups and communities. Capture insight to accessible and inclusive ways.	Co design sessions with young adult carers to: Test priorities, Agree what commitments matter most (Shape language and tone of the Charter). Draft the Young Adult Carers Charter collaboratively. Review check feasibility with partners (without compromising users' voice). Show draft Charter back with young adult carers for approval and refinement. Agree embedding commitments into Commissioning intentions. Service expectations. Partnership working. Agree review cycle with young adult carers.	Finalise Charter with young adult carers	ON TRACK
Best Services Ever	Significant financial or performance impact	Review our community enablement for adults with learning disabilities and mental health needs	Currently no enablement services available to adults with LD or MH needs.	% achieving 25% of goals within 8-12 weeks improvement between start of discharge (using validated tool) % exiting with no or reduced package vs baseline % reporting improved independence & control	Reduction in LD and MH budget	Anna Jenkins	Review of current Bury offer & demand Development of business case (included costed options) for new offer Commission new service	Senior Leadership Team Mental Health SLD & Autism Partnership Boards	Review of current Bury offer & demand	Engagement events with people with lived experience to inform review	Business case for new service (included costed options) to S-LT	Commission or motivate new service (depending on option chosen)	NOT STARTED
Best Services Ever	Significant financial or performance impact	Brokerage service redesign	Our current Brokerage function operates across multiple referral pathways, with processes that are largely manual and fragmented. Referrals are received from	Full adoption of a single e-Brokerage platform (improved speed, consistency, and transparency) Stronger financial gap and market management	Deliver annual fiscal savings Strengthen financial control and sustainability	Saeed Laval	The output is a modern, data-driven brokerage function that delivers both better outcomes for residents and significant financial benefits for the Council.	Commissioning Leadership Meeting	Consultation ongoing with IESB and Survey Council	Establishment of a clear Brokerage Manager and clear end-to-end workflow	Review of the plan against target which would inform next steps	Delivery of agreed e-Brokerage function with target date 2026/2027	NOT STARTED
Best Services Ever	Service delivery (B&C) or improvement	Designing and deliver a social care performance improvement programme	Community Care budget expenditure	Outcome: Update to universal services Care and OT operational readiness Outcome reviews: Operational readiness reviews, cascaded, management and delivery. Establish baseline position and data definitions for each		Sae Masood, Darren Pegram	Improvement Programme	Performance Board	Agree programme scope and benchmarks for 'Transformational' across Social Work, Therapy and OT assessment timelines, mental reviews, cascaded, management and delivery. Establish baseline position and data definitions for each	Established a clear Brokerage Manager and clear end-to-end workflow	Delivered performance gap, monthly team performance reporting, exception reporting and operational recovery plans for any team off-track. Start to establish early outcomes with (reduced overdue reviews, improved timeliness, improved deflection)	Demonstrate sustained improvement and reduced variation across teams. Review and operational readiness and lessons learned. Agree 2027 priorities and refresh targets.	NOT STARTED
Best Services Ever	Service delivery (B&C) or improvement	Bed-based services improvement programme	Length of stay average 40 days, people waiting over 7 days for bedded HC admission and therefore, hospital sending people into short term residential care.	Reduce length of stay to 30 days Improved independence at point of discharge	A reduction in short term care from hospital and an increase in people going through IMT services	Louise Palmer	Clear process for key worker to plan discharge from point of admission with clear goals and discharge destination.	IMT Performance Board	Review current process and commence key worker process with Discharge Planning meeting within 2 weeks from admission for all new customers admitted to Kildare.	Review process of all customers in service (Kildare and Bishurst) and audit estimated date of discharge and date CPM next place.	Audit length of stay, implement CPM within 1 week of admission at last base.	Review impact and confirm next step improvements.	ON TRACK
Best Services Ever	Significant financial or performance impact	Transform our Mental Health services (transformation programme)	900 people on the 117 register for Bury, last review of 117 after care eligibility took place in 2014. Referral pathways to the LD and MH Teams are not clearly defined. There are limited options for an alternative to mental health hospital.	No 117 reviews No 117 responsibility ending Reduction in care and support for those in receipt of 117	Reduction in 117 budget Bury and ICB	Anna Jenkins	Review Mental health and LD referral pathways 117 Aftercare Review Review/Design MH Crisis Bed/Step Down offer Mental Health Strategy	Mental Health Programme Board, Senior Leadership Team and Primary Care Community Transformation Board.	Review criteria and screening tool for each service. Review results of the Mental Health Neighbourhood Pilot Days away From Home Hospital Discharge Pilot 117 review procedure and plan for 117 reviews agreed. Establish a Mental Health Partnership Board	Workshop with wider partners to develop pathways to and from the mental health teams. Analysis of DASH Pilot and proposed for future practice model Gap analysis of MH Aftercare services. 117 Reviews Progress Report MH User Involvement group meeting to have taken place	Mental Health Hospital Discharge Framework & Performance Dashboard 117 Progress Report Horizon Scan and consider options against Crisis bed/MH Step down offer. Design MH Partnership Board and governance structure.	117 aftercare framework agreed for long term implementation. QA Approve to 117 aftercare defined. Options Approved MH Crisis Bed/Step Down Service	ON TRACK
Best Services Ever	ABC system	Improve the customer journey for people who need care and support (safe systems)				Emma Massey		Performance Board	Discovery phase including definition of the project for 12 months and requirements- develop a plan to improve pathways and communication touch points.	Mapping and evaluation. Recommendation for improvement plan.	Implementation		NOT STARTED
Best Services Ever	Service delivery (B&C) or improvement	Implementing forthcoming Mental Health reforms and DASH/PS			Ensure the Supervisory Body is strategically prepared for the future implementation of the Liberty Protection Safeguards	Paul Carr	Practice and Policy is aligned to forthcoming changes in legislation. Opportunities and risks reviewed regularly and maximised and mitigated.	Senior Leadership Team	Deliver BIA training for social work staff Keep up to date with the Department of Health's implementation plan for the Mental Health Act - this has not been published yet.	Contribute to NIMADASS DASH Leads Response to the Government consultation			NOT STARTED
Best Services Ever	Service delivery (B&C) or improvement	Ensure fit for purpose business systems (LAS and Continuity)	Lack of confidence in forecasting. Lack of having visibility to evidence impact. End-to-end (including referrals into the system, online portals/referral forms etc) Create a full list of issues. We don't know what we don't know. No governance in place.	Reduction in use of spreadsheets outside Continuity and LAS Implementation of digital self-service % increase in use of self-reporting to digital offer Use for customer involving Customer satisfaction		Darren Pegram	LAS Health Check audit Business Systems governance for change control Online Financial Assessment Portal Customer Finance Portal A opportunities assessment GDA capacity review	Senior Leadership Team	Appointment of Digital Programme Manager. Set up delivery governance plan AICCDAT Performance/Improvement Review Group. Define future state requirements.	Map priority ABC pathways. Confirm delivery plan and monitoring. Interface and integration design (Legal Logic to Continuity). Prioritise LAS workflows (i.e. front door) triage, assessment, support plan) Clearer data and migration strategies	Build in system amendments. Assurance and controls testing commenced.	Go live and stabilisation continues with plans in place for 2027 continuation of delivery.	NOT STARTED
Best Services Ever	Service delivery (B&C) or improvement	Deliver timely advice and accessible digital services	Lack of knowledge and accessibility of universal services means that more people are accessing later, most costly interventions.	% of people receiving first contactable advice (phone, web or email) % of enquiries that start and complete through digital routes (web forms, chat, portal) Average time from digital referral/enquiry to advice outcome/success/booking provided % of users reporting advice helped them take the next step and reduced need for repeat contact Usage rates of digital services by key cohorts compared with overall service users (to identify and reduce digital exclusion gaps)	Less costly interventions by preventing escalation of needs and crisis management.	Alfred Ayr	Clear, prevention focused digital advice offer that is usable, inclusive and joined up with the Adult Social Care website and the Bury directory	Senior Leadership Team	Confirm scope of "timely advice" is in line with Prevention and Wellbeing priorities (early help, prevention, independence) Map existing digital and non-digital advice routes (e.g. Adult Social Care website, Bury Directory) Identify priority life events and trigger points where advice is most needed (e.g. caring roles, hospital discharge, housing issues) Agree design principles for accessibility, usability and inclusion (plain language, mobile friendly, assisted digital) Align delivery with voluntary, community and faith sector partners already supporting prevention and wellbeing	Begin training frontline staff to use the digital offer to provide proactive advice at key life events (e.g. VCAFA services, social prescribing and neighbourhood support)	Formally launch the digital advice offer as part of the Prevention and Wellbeing programme Promote the offer to residents, partners and staff, emphasising prevention and independence Monitor usage, access and outcomes to assess contribution to prevention aims Gather feedback from residents and practitioners Agree ongoing review and improvement cycle aligned to Prevention and Wellbeing governance	ON TRACK	
Best Services Ever	Significant financial or performance impact	DFG and major and minor adaptations review		% of DFG cases progressing within agreed timescales (baseline established in OT and improvement demonstrated over the year) % of approved DFG cases completed within target timescales, with reduction in long-running cases by Q4 % of DFG recommendations assessed as necessary, appropriate and proportionate, evidenced through audit % of cases where timely adaptations prevent escalation into increased care packages or long-term care, evidenced through case review and audit.	Some cashable savings, alongside avoided escalation into higher-cost care and improved value-for-money from DFG use	Faive Byers	1. Refreshed Housing Assistance Policy and guidance 2. Regular performance oversight of the DFG pipeline (demand, delays, blockages) 3. Agreed Minor and Major Adaptations Framework, setting out clear criteria, OT decision-making, funding routes (DFG / RRO), and pathways for delivery, aligned across OT, Housing and Commissioning 4. Improved DFG budget oversight and governance, with clear visibility of demand, pipeline and pressure through weekly Housing and OT finance governance 5. Evidence of impact on prevention and independence 6. By year end, DFG decisions are made faster, long-running cases are reduced, and adaptations are more consistently preventing escalation into higher-cost care.	Senior Leadership Team	Using Foundations review and existing performance data, agree a defined and prioritised set of DFG, minor and major adaptations improvement actions for 2025/27, including governance, ownership and scope across OT, Housing and Foundations. Agree required updates to the Housing Assistance Policy / RRO, informed by the Foundations review.	Travelable agreed Foundations recommendations into a clear DFG and adaptations improvement plan Embed the Minor and Major Adaptations Framework, building on Foundations findings. Strengthen performance and financial oversight for DFG delivery, in line with Foundations recommendations.	Implement agreed changes to DFG and adaptations pathways. Embed the Minor and Major Adaptations Framework into OT and Housing practice. Strengthen performance and financial oversight for DFG delivery, in line with Foundations recommendations.	Review impact of DFG and adaptations improvements on timelines, consistency, escalation, into higher-cost care. Demonstrate progress against Foundations recommendations. Agree any further improvement actions for 2027/28.	ON TRACK
Best Services Ever	Service delivery (B&C) or improvement	Strengthen our Disability Services Occupational Therapy offer	The Disability Services OT Service provides specialist functional assessments, equipment and adaptations, sensory pressures and pathway complexity (not early and consistent intervention to support independence or prevent escalation into commissioned care)	Reduction in waiting times for Disability Services OT assessment % of cases where OT intervention supports independence at home, evidenced through reduced escalation into commissioned care % of cases involving timely equipment or adaptation provision, supporting functional independence Reduction in care package escalation following Disability Services OT involvement Reduced delays and long-running cases within Disability Services OT pathways	Mixed impact. Some cashable savings through reduced care package escalation and reduction in commissioned hours, alongside avoided escalation into higher-cost care through timely intervention.	Faive Byers	A. Strengthened Disability Services OT operating model, improving access and prioritisation B. Updated OT Equipment and Adaptations criteria guidance, aligned to Foundations recommendations C. Evidence of impact on prevention and independence D. Refreshed quality and performance oversight for Disability Services OT E. Updated Disability Services OT performance dashboard By year end, people are waiting less time for Disability Services OT assessment and equipment, and a greater proportion of cases are resolved without escalation to commissioned care.	IMT Quality Board	Confirm baseline using existing performance report Agree scope of OT Equipment & Adaptations guidance update in response to Foundations Agree refreshed Disability Services OT performance dashboard requirements	Update and re-issue OT Equipment & Adaptations Criteria Develop refreshed dashboard (building on existing data) Use refreshed data to evidence outcomes and reduction	Embed updated guidance and dashboard into practice. Use refreshed data to evidence outcomes and reduction	Review impact and confirm next step improvements.	NOT STARTED

	Service delivery (BAC) or improvement	Review Short-Term Placements being discharged from the Integrated Discharge Team to support delivery of the Intermediate Tar Strategy 2025(2030)		% Decrease in short term placements via Integrated Discharge Team More people supported at Home (Home First)	Dan Yates	% Reduction in short term placements Reduce 'hospitalised by default' hospital discharge decisions with Home First, strengths-based pathways Review pathways for Carers assessment Grow alternative community-based services including respite, home care, intermediate care and voluntary sector support. Strengthen early intervention and prevention to avoid crisis that drive the use of residential care Improve capacity and resilience of the community workforce and provider market. Ensure better outcomes for older adults in line with what matters to them.	Ageing Well Partnership Board Senior Leadership Team	Data analysis completed Project Initiation Document done Programme Delivery Group established	Progress Highlight Report shared Residential Care Group Intermediate Care Group Pathways to be used by Integrated Discharge Team		Reduction in short term admissions to Residential Care Aligned to the transformation of Home Based placement, new pathways adopted	ON TRACK	
Best Services Ever	Service delivery (BAC) or improvement	Deliver the Carers Strategy and strengthen our approach to supporting unpaid carers in Bury Carers need to have a clear pathway to access support, both by ASC and the community	Carers assessment need to be more holistic Carers need to have a clear pathway to access support, both by ASC and the community	Timeliness of carers assessments % increase in carers on with community and universal service offer % increase in referrals and feedback from Carers Hub Increase in referrals and feedback from universal services?	Aimed Aprs	Review of carers direct payment processes/offer Review pathways for Carers assessment Understand what prevents carers accessing community based services. Agree operational pathway for carers assessments, including priority and escalation routes. Set up routine performance reporting and a monthly improvement arrangements (MFA, Carers Hub, CAD) Launch a referral-and-feedback drive, refresh referral forms, scripts and feedback capture for Carers Hub Workforce briefing: carer identification and "offer" message for all front door and accessible services.	Senior Leadership Team	Confirm KPI definitions, baselines and targets including what counts as an assessment completed on time, what qualifies as community/universal support, what qualifies as a referral and feedback) Increase community/universal offer uptake, make "supported without formal assessment" options visible at first contact and within reviews. Carers Hub referral uplift: targeted outreach to priority teams/PCNs and weekly monitoring of referral volumes. Universal services referral uplift: implement single referral routes from universal services (e.g. Thrives, housing, community connections) and ensure feedback loop back to reviewers. Capture carer feedback regular to update via performance reporting	Deep-dive on assessment timeliness: identify bottlenecks by team/role and implement targeted fixes Strengthen community offer: expand pathways for carers to access support groups wellbeing and practical help Embed Carers Hub referrals across the ASC and VCA system in the borough. Co-production role and carer feedback to improve quality, service changes and visible "you said, we did", communications Nominate champions, refresh carer awareness session. Publish a summary for Carers and partners and confirm how feedback will be captured and acted on going forward.	Sustain and standardise improvements Embed business as usual processes for assessment timeliness and referral rates. Complete end of year performance review against all KPIs and identify what drove change. Refresh targets and improvement priorities for next year (including commissioning, monitoring, front door function) Publish a summary for Carers and partners and confirm how feedback will be captured and acted on going forward. Plan next year engagement-production schedule with carers, Carers Hub and partners to maintain referral rates.	NOT STARTED		
Best Services Ever	Service delivery (BAC) or improvement	Review of complex care packages	A need for a clearly defined Floating Support service (non-regulated/independent, complex/non-complex) to maximise utilisation, simplify pathways, standardise outcomes reporting, and create a single point of accountability for delivery and performance	Service model and delivery- ability to deliver a range of packages of support at scale, response times, locality coverage, delivery hours, flexibility, including evening/weekends of required. Pathway integration- working with MHLD teams, housing, hospital	Aimed Aprs	Recommissioned service for people with complex care needs.	Senior Leadership Team	Review of current position of care packages	Commissioning design (if approved) finalise service specification, KPIs, pricing mechanism and mobilisation requirements	Run commissioning exercise for care provider: publish, clarify, evaluate, moderate, and award (subject to lead-to-market)	Monitor awarded provider (or contract variation) staffing, IT, policies, SLAs and reporting dashboard for compliance	NOT STARTED	
Best Services Ever	Service delivery (BAC) or improvement	Advocacy referrals	Review the CQC report first - waiting times 1 year contract extension We currently have to pay for advocates separately (Arms)		Emma Massey		Senior Leadership Team	Discovery phase Gather evidence and baseline response times alongside statutory duties	Development of implementation plan for all departmental areas.	Implementation		Implement transition plan for existing	NOT STARTED
Best Services Ever	Significant threat or performance impact	Implement Beam Notes			Emma Massey		Quality Board Performance Board	Implementation across the Social Work Teams aligned to SBP implementation	Secure funding for next year. Embed into practice Embed into performance reporting	Review and refine usage of Beam notes	Full review and exploration of all AI tool on the market that support social work practice	ON TRACK	
Best Services Ever	Service delivery (BAC) or improvement	Deliver and embed our outcome focused safeguarding process		Reduction of 5-42 enquiries to under 85 days Review of safeguarding case re-assessment documentation CAD/parent/child/young person discovery and defined Digital offer reviewed and defined Internal review/hearing system embedded Increase in Internal BAs	Paul Carr	A. SAFEGUARDING PATHWAYS AND PROCESSES B. GOVERNANCE AND TRAINING C. DOLS (LPS) D. PREVENTION INFORMATION AND ADVICE E. ELECTRONIC 5-42 ENQUIRY REVIEW (LAS) F. REDUCE 5-42 ENQUIRY LENGTH TO UNDER 85 DAYS AVERAGE	Safeguarding Ops Group Quality Board Senior Leadership Team	A1. Bring Hospital Safeguarding into Safeguarding Team A2. Connect to all staff/Safeguarding Adults Board regarding new Performance for Adult Safeguarding B1. Finalise placement and launch of safeguarding awareness module B2. Modify Safeguarding Operation Group to include Connect and Direct C1. Develop SuP/ToT for DOLS C2. Develop guidance for CoP work D1. Link in with CAD and commissioning and develop awareness of what Bury prevention/information/advice (including digital) offer is. D2. Develop plan alongside commissioning and CAD to bring to BLT regarding prevention information and advice E1. Develop with front line new safeguarding module/forms on LAS E2. Review DOLS recording and archiving system F1. Work with business intelligence to develop additional data set around 5-42 enquiry length	A3. Develop new processes where needed with partner agencies (MAY/MA/MSDC etc) A4. Finalise B3. Finalise and launch internal training/hearing system B4. Ensure that feedback is linked into Safeguarding Operation Group and Adults are linked into Quality Assurance Board C3. Start work on developed plan for Prevention/information and Advice with CAD and Commissioning	B7. Develop "you said/we did" on safeguarding documentation and link into governance B8. Develop shared risk management documentation to support practice risk taking in safeguarding practice. B9. Develop feedback forms for VCA/Community groups around safeguarding/DOLS D4. Continue work on Prevention/information and Advice with CAD and commissioning	B6. Further embedding of CYP/DOLS training and awareness B6. Continue process of developing Internal BA's C3. Continued awareness regarding LPS and consultation as it develops REVIEW OUTCOMES OF SAFEGUARDING TRANSFORMATION PROGRAMME AND REPORT TO BLT	ON TRACK	
Good Place to Work	Enabler	Deliver a refreshed Adult Social Care workforce strategy for the Department			Emma Massey		Workforce Boards	Discovery phase - develop a to support front place to Work Development of implementation plan for all departmental areas.	Sign off and start implementation in July	Workforce strategy fully implemented across services, including delivery of key initiatives (recruitment, retention, development and wellbeing), with progress actively monitored and adjustments made through ongoing feedback and performance data.	Review workforce metrics (turnover, absence, agency usage) and demonstrate improvement.	ON TRACK	
Good Place to Work	Enabler	Deliver our Provider Workforce Strategy and Bury Care Academy	Workforce support in Bury is currently fragmented, with no fully embedded Provider Workforce Strategy. While the Bury Care Academy has been established, it is at an early stage and not yet fully functioning as a coordinated system-wide workforce solution.	A single, coordinated Provider Workforce Strategy A fully operational Care Academy acting as the system hub A stable, skilled workforce with clear career pathways Improved provider performance and CQC outcomes Better value for money, social value reduction and reduced system pressure	Sahmed Laval	Bury Care Academy Provider Excellence Programme Leadership Development Programme College to Care pathway	Senior Leadership Team Highlight Report	Gather feedback from staff and managers to inform development project plan for Q2 24	Bury Care Academy established and recruitment started. Care providers securing reduced access at care setting	Champion initiative established with collaboration with IPC colleagues	Maintain reduction of vacancies across all care settings to a manageable level Engagement of local workforce to assist over reliance on International Sponsored workforce (COG)	NOT STARTED	
Good Place to Work	Enabler	Review our Training Partnership	Current training partnership arrangements exist but are fragmented across providers and internal teams Linked alignment between workforce development commissioning intentions provider quality improvement Validation in provider training standards, access, and uptake	Minimum 95% mandatory training compliance across all ASC services 100% standardised training framework and system adoption 200% utilisation of external training funding Measurable reduction in quality issues (complaints, safeguarding, CQC concerns) linked to workforce improvement 280% provider engagement in Training Partnership / Care Academy model. minimum 95% staff satisfaction target	Sahmed Laval	Standardised ASC Training Framework and Compliance Dashboard Fully implemented Training System (LMS) and reporting model Training Partnership / Care Academy offer for providers Training Impact and Quality Improvement reporting linked to QAF/COG 3-year Training Investment and Cost Assistance plan	Senior Leadership Team Highlight Report	Agreed to fund an Apprenticeship position for Emma M's service for the first 2 years then we review. Recruitment to follow	Adherence for the role and compliance recruitment	Employment checks done and an Apprenticeship start in post	Clear plan to ensure ASC mandatory training are booked for frontline staff and others	NOT STARTED	
Good Place to Work	Enabler	Create a workforce that reflects the diversity of our communities by identifying and removing barriers to equality and discrimination			Emma Massey	Fully implemented Training System (LMS) and reporting model	Inclusion Board Senior Leadership Team	Review existing workforce equality data gaps Analyse protected characteristics data gaps Review staff survey results, complaints, grievances and end feedback for equality themes Conduct listening activity with staff networks, ASC steering group and frontline teams Agree priority focus areas for the year (e.g. recruitment issues, progression, inclusive leadership)	Review and revise recruitment processes (include job adverts, person spec, assessment, shortlisting where possible) Embed EDI responsibilities into job descriptions and objectives Improve data capture for protected characteristics Explore mentoring programmes to develop and retain staff.	Roll out inclusive leadership representative and performance reviews Embed EDI responsibilities into job descriptions and objectives Support ASC steering group to influence policy and service design	Re-analyse workforce data against Q1 baseline Embed training, recruitment changes and progression initiatives Publish annual ASC workforce EDI report Refresh EDI priorities and workshop for 2027/28 Celebrate diversity of the Health and Adult Care department	ON TRACK	
Good Place to Work	Enabler	Develop Provider workforce skills to support people to live independently	Movement to outcomes-based contract for LD Providers (supported living). Providers need to shift culture from "support" to enabling people to live more independently	% of people achieving outcomes in care plan (contract specification will have specific target - 50%)	Heidi Dawson	Training Partnership / Care Academy offer for providers	Senior Leadership Team Highlight Report	Design phase completed.	Deliver Business case with recommendation	Engage Bury care Academy to mobilise offer (subject to funding)	Offer is "not" for Providers - update rates to be monitored	ON TRACK	

Co-production	Enabler	Establish, embed, and evidence meaningful co-production with people who draw on adult social care, agreed carers, and community partners across Bury so that service design, delivery, and improvement are shaped by lived experience.	Improve co-production in ASC in Bury to ensure services are shaped with people and carers, leading to better outcomes and trust.	Ensure co-production runs through the culture of the department. Ensure commissioning of services use co-production approaches in development and reviewing.		Alfred Ayns	Training Impact and Quality Improvement reporting (linked to GAF/COG)	Senior Leadership Team	Agree a shared definition of 'commissioning, aims, and 'what good looks like' for adult social care in Bury Map stakeholders and existing groups. Identify gaps (e.g., seldom-heard communities, carers, self-funders, people with communication needs). Co-design and publish departmental Co-production Charter: recruitment routes, risk descriptors, accessibility, safeguarding, data privacy, and feedback commitments. Set up ways for wider involvement opportunities (mailing list, intranet/website, referral routes via practitioners (VCA)). Set up 2-3 priority workstreams to pilot co-production (e.g. assessment pathway, carers support, commissioning/service review).	Introduce routine 'you said, we did' reporting for each workstream. Strengthen inclusion: targeted outreach and partnerships to support participation from seldom-heard communities: provide interpreters, Easy Read, and alternative methods (online/offline/1:1). Set up ways for wider involvement opportunities (mailing list, intranet/website, referral routes via practitioners (VCA)). Agree information governance approach for co-production activity (consent, confidentiality, use of feedback).	Embed co-production into business-as-usual project initiation documents: commissioning cycles, service change approvals, and quality assurance. Co-produce and publish an accessible Co-production Framework & Toolkit for Bury ASC (including case studies and minimum standards).	Co-produce and publish an annual impact report. Review performance effectiveness and refresh membership to maintain diversity. Set next-year priorities, aligned to statutory duties and ASC strategies.	NOT STARTED
Inclusion	Enabler	Strengthen our approach to Equality, Diversity and inclusion in Adult Social Care	Need to improve inclusion in ASC in Bury so that operational partners, neighbourhood working and commissioning decisions reflect diverse voices and reduce inequality in access and experience	Embed inclusion across the department with robust governance to ensure accountability and impact. Address and reduce inequalities in care and support by ensuring services meet the diverse needs of all communities.		Emma Massey/Alfred Ayns		Inclusion Board Senior Leadership Team	Strengthen the ASC Inclusion Board aligned to Bury Shared Inclusion Strategy and LET's Principles Map where inclusion risks sit across ASC functions Analyse ASC data to identify inequalities	Review commissioning practices around ED and co-productions activities Introduce routine equality impact prompts in ASC decision making Co-design improvements with people who use services and carers Improve accessibility: information in community languages, people with sensory needs, flexible assessment approaches, better use of interpreters and advocates	Monitor workforce indicators and intervene when disparities persist Support ASC services to test and share inclusive practice improvements Strengthen cultural competence in frontline practice Review equality requirements into commissioning specifications and contract monitoring quality assurance	Reassess ASC workforce data against Q1 Capture qualitative feedback from ASC steering group Share learning across corporate and VCA partners Evaluate service changes, commissioning interventions and provider performance. Gather qualitative feedback from people drawing on care and support	ON TRACK
Inclusion	Service delivery (SAD) or improvement	Deliver Bury ASC Sensory Impairment Strategy	Accessibility and pathways of services for people with sensory impairments need to improve, both in the round and community services.	Sensory Partnership established and active: partnership terms of reference agreed, named leads in place, and meetings held at least quarterly with published actions. Accessible information offer in place - a single, agreed set of sensory advice and signposting content available in multiple formats Digital access improvements delivered: key ASC web pages/journeys updated for sensory accessibility Front-door advice is 'right first time': reduction in repeat contacts from people with sensory impairment for the same query and improved satisfaction with information/advice Better intelligence: improved completeness of sensory impairment data		Alfred Ayns	3-year Training Investment and Cost Avoidance plan Sensory Impairment Partnership established and operational Clearer, more accessible information and advice offer Improved early identification and referral pathways Evidence of co-production and lived experience feedback shaping delivery Sensory aware practice embedded across key pathways Stronger links between statutory and community provision Clear understanding of gaps and commissioning implications	Inclusion Board Senior Leadership Team	Establish the Sensory Impairment Partnership, as set out in the Strategy with clear terms of reference and named leads Confirm Year One priorities from the Strategy in implementation and commissioning iterations Map existing sensory impairment services, pathways and community assets across hearing loss, sight loss and dual sensory loss Agree how the Strategy aligns with wider transformation programmes (e.g. prevention, neighbourhoods, Ageing Well) Confirm engagement routes with people with lived experience, carers and specialist partners (e.g. Bury Blind Society and others)	Review and improve accessibility of Adult Social Care information for people with sensory impairment (formats, language, navigation) Strengthen referral routes into sensory support at earlier points, supporting prevention and independence Work with specialist partners (e.g. hearing and sight loss organisations) to clarify roles, pathways and offers Design workforce development activity to improve awareness and confidence in supporting people with sensory impairment, in line with the Strategy's strength-based approach Test changes with people with lived experience and carers	Embed sensory aware, strength-based approaches within assessment, support planning and review processes Strengthen links between sensory impairment services and community based support that promotes independence and wellbeing Support partners to develop or adapt provision that builds independent living skills Identify and address gaps in local provision through commissioning or service development activity, where required Monitor early impact and emerging learning through the Sensory Impairment Partnership	Review progress against Year One priorities through the Sensory Impairment Partnership Gather feedback from people with sensory impairment, carers and partners on what has changed Identify measurable outcomes and learning from Year One delivery Refresh the implementation plan to reflect learning, policy changes and emerging needs Agree Year Two priorities, including any commissioning or transformation activity	NOT STARTED
Quality Assurance	Enabler	We plan to embed a Departmental Quality Assurance Framework that provides evidence of how the council is performing against achieving outcomes and experiences for residents.				Adrian Crook	Delivery of a quarterly assurance framework report	Senior Leadership Team	Research available data sets and other authoritative reports for outcomes. Research current experience collection in the department and external	Draft formal and test if collection can be timely. Engage and seek feedback from users on content. Design and embed feedback collection methods	Prepare a draft	Produce as business as usual	NOT STARTED

Meeting: Locality Board			
Meeting Date	05 October 2026	Action	Receive
Item No.	11	Confidential	No
Title	Population Health update		
Presented By	Jon Hobday – Director of Public Health		
Author	Jon Hobday – Director of Public Health		
Clinical Lead	N/A		

Executive Summary
An overview of the work discussed and planned in key population health/public health meetings.
Recommendations
To note the work being discussed.

OUTCOME REQUIRED (Please Indicate)	Approval ☐	Assurance ☐	Discussion ☐	Information ☒
APPROVAL ONLY; (please indicate) whether this is required from the pooled (£75) 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
N/A		

Population Health and Wellbeing update

1. Introduction

- 1.1. This paper sets out recent population health updates from the Bury Health and Wellbeing Board.

2. Bury Health and Wellbeing Board

- 2.1 The Bury Health and Wellbeing Board met on 3 September. The agenda included discussions on community safety, neighbourhood working, health and wellbeing data, and childhood obesity.

2.2 Community Safety

- An update was received on community safety priorities, including serious violence, domestic abuse, safeguarding children, inclusive communities, safer places and counter-extremism activity. It was highlighted that Bury continues to have lower violence rates than the Greater Manchester average, with targeted work underway on knife crime hotspots and repeat domestic abuse. In addition, learning from the Southport Inquiry is being incorporated into local safeguarding and risk management arrangements.

2.3 Neighbourhood working

- Progress was reported on neighbourhood working across Bury's five neighbourhoods, strengthening integrated working between health, social care, housing, police, VCSE and wider partners. Focus remains on prevention, demand reduction, Live Well implementation, neighbourhood leadership teams and family hub development. Whitefield Live Well Centre opening was discussed, along with further locality-based development planned across the borough.

2.4 Health and Wellbeing data

- A verbal update was received on health and wellbeing data and trends, supporting ongoing monitoring of population health outcomes
- The key positive findings are that smoking rates continue to fall, children's levels of physical activity are improving, community wellbeing remains strong with lower levels of crime.
- The key areas of concern are increasing child poverty and economic inactivity, mental health pressures (particularly in young people), obesity and unhealthy weight continues to get worse despite all the work being done on the agenda.

2.5 Childhood obesity

- The Board considered rising levels of excess weight among children, particularly in more deprived communities. Members endorsed the whole-system approach being led through the Obesity Alliance, recognising obesity as an inequalities issue linked to wider determinants such as poverty, food environments and opportunities for physical activity. Further work will focus on healthy environments, schools, neighbourhood approaches and active travel.

2.6 Overall Themes

- Continued emphasis on prevention, neighbourhood-based working, reducing inequalities and strengthening community assets.

- Opportunities for localities to support targeted obesity prevention, Live Well delivery, safeguarding, domestic abuse prevention and early intervention.
- Greater integration of health, care, VCSE and community safety partners through neighbourhood teams and Public Service Leadership Teams

Jon Hobday

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October 2026