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Agenda Item 1

Agenda

Locality Board – Meeting in Public

Date: 02nd June 2025

Time: 4.00 pm – 6.00 pm

Venue: Microsoft Teams Chair: Cllr O'Brien

Full agenda pack begins on next page.

Date and time of next meeting
Monday, 21st July 2025 at 4.00 pm to be held in person

If you wish to attend this meeting, please contact the Bury Corporate Team at; gmicb-bu.corporateoffice@nhs.net
If you would like to ask a question of the Bury Locality Board, please submit it by **email to** gmicb-bu.corporateoffice@nhs.net **no later than 28th May 2025 at 12 noon.** Questions received after this time will be taken to the following meeting.

Please note that due to the limited time we have, we cannot respond to public questions within the Locality Board meeting. We will acknowledge all the questions we receive and will respond to them formally in writing within 20 days.

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Agenda

Locality Board – Meeting in Public (on Teams)

Date: 2nd June 2025

Time: 4.00 pm – 5.30 pm

Venue: Microsoft Teams

Chair: Cllr O'Brien

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.10	10 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 7th April 2025 and action log	Paper	Approval	Chair
4.0			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.0	4.10 – 4.20	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
Locality Board Priorities						
6.0	4.20-4.30	10 mins	PSR/Live Well	Paper	Discussion	Chris Woodhouse
7.0	4.30-4.40	10 mins	General Practice Strategy year end report	Paper	Information	Zoe Alderson & Mark Beesley
8.0	4.40-4.50	10 mins	GM Tripartite agreement housing and health	Paper	Discussion	Warren Heppolette and Helen Simpson
Integrated Delivery Collaborative Update						
9.0	4.50-4.55	5 mins	Integrated Delivery Board Update	Paper	Discussion	Kath Wynne-Jones
10.0	4.55-5.00	5 mins	Performance Report	Paper	Discussion	Kath Wynne-Jones
11.0	5.00-5.05	5 mins	Risk Report	Paper	Discussion	Catherine Jackson
Updates						

12.0	5.05-5.15	10 mins	Strategic Finance Group	Verbal	Discussion	Simon O'Hare
13.0	5.15-5.20	5 mins	Population Health and Wellbeing update	Verbal	Information	Jon Hobday
Committee/Meeting updates						
14.0	For information		Clinical and Professional Senate update	Paper	Information	Kiran Patel
15.0	For information		Primary Care Commissioning Committee (PCCC) Update	Paper	Information	Adrian Crook
16.0	For information		SEND Improvement and Assurance Board Minutes	Paper	Information	Will Blandamer
17.0	For information		System Assurance Committee update	Paper	Information	Catherine Jackson
Closing Items						
18.0	5.20-5.25	5 mins	Any Other Business	Verbal		
19.0	_____	_____	**Date and time of next meeting in public - Monday, 21 July 2025, 4.00 - 6.00pm in Committee Rooms A and B, Bury Town Hall**	_____		
			The public, including the press, to be excluded from the next meeting due to the confidential nature of the business to be transacted.			

Meeting: Locality Board			
Meeting Date	02 June 2025	**Action**	Consider
Item No.	2	**Confidential**	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary

NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).

NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.

The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.

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

In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.

The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.

There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.

Recommendations

It is recommended that the Locality Board:-

- Receive the latest Declarations of interest Register;
- Consider whether there are any interests that may impact on the business to be transacted at the meeting on 2nd June 2025 and

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

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

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

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

Implications						
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐

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

Committees and Sub-Committees

Locality Board

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

Name			Current Position	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
					Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Voting Members (Pooled Budget & Aligned & Non-Pooled Budget)												
Cllr	Eamonn	O'Brien	Leader of Bury Council & Joint Chair of the Locality Board	Bury Council - Councillor	X			Direct	Councillor		Present	As per policy - see details above
				Young Christian Workers - Training & Development	X			Direct	Development Team		Present	
				Labour Party		X		Direct	Member		Present	
				Prestwich Arts College		X		Direct	Governor		Present	
				Bury Corporate Parenting Board		X		Direct	Member		Present	
				No Barriers Foundation		X		Direct	Trustee		Present	
				CAFOD Salford		X		Direct	Member		Present	
				Prestwich Methodist Youth		X		Direct	Trustee		Present	
				Unite the Union		X		Direct	Member		Present	
Cllr	Tariq	Tamoor	Executive Member of the Council Adult Care and Health	Bury Council - Councillor	X			Direct	Councillor	May-10	Present	As per policy - see details above
				Health Watch Oldham	X			Direct	Manager	Aug-20	Present	
				Pretty Little Thing				Indirect			Present	
				Action Together CIC	X			Direct	Employed		Present	
				The Derby High School			X	Direct	Governor	Apr-18	Present	
				St Lukes Primary School		X		Direct	Member		Present	
				Unite the Union		X		Direct	Community Member	May-12	Present	
				Labour Party		X		Direct	Member	Jun-07	Present	
Cllr	Smith	Lucy	Executive Member of the Council for Children and Young People	Bury Council	X			Direct	Councillor		Present	As per policy - see details above
				Business in the Community	X			Direct		July 2023	Sep-23	
				The Christie NHS Foundation Trust				Indirect	Related to Spouse	Jul-23	Present	
				Labour Party				Direct	Member		Present	
				Community in the Union				Direct	Member		Present	
				Socialist Health Association				Direct	Member		Present	
				Catholics for Labour				Direct	Member		Present	
				GMB Union				Direct	Member		Present	
Dr	Fines	Cathy	Associate Medical Director and Named GP	GP Federation	X			Direct	Practice is a member	2013	Present	Declaration of interest as per policy as detailed above (Y,Y,Y,Y,Y)
				Tower Family Health Care	X			Direct	Partner in a member practice in Bury Locality	2017	Present	
				Horizon Clinical Network	X			Direct	Practice is a member	2019	Present	
				Greater Manchester Foundation Trust				Indirect	Husband is employed		Present	
	Jackson	Catherine	Associate Director of Nursing, Quality & Safeguarding	Northern Care Alliance				Indirect	Partner is a Director at the Northern Care Alliance	2019	Present	As per policy - see details above
	Ridsdale	Lynne	Chief Executive for Bury Council	Bury Council		X		Direct	Chief Executive	Mar-23	Present	As per policy - see details above (Y,Y,Y,Y,Y)
	O'Hare	Simon	Locality Finance Lead	Simkat Shore Holdings LTD	X			Direct	Director	Apr-19	Present	As per policy - see details above. (Y,Y,Y,Y,Y)
	Kissock	Neil	Director of Finance/Section 151 Officer	None Declared					Nil Interest	Aug-24	Present	
	Heppolette	Warren	Chief Officer for Strategy & Innovation	Greater Sport			X	Direct	Trustee	2018	Present	As per policy - see details above (Y,Y,Y,Y,Y)
				FC United			X	Direct	Director	2021	Present	
Voting Members (Aligned & Non-Pooled Budget)												
Dr	Howarth	Vicki	Medical Director – Bury Care Organisation, NCA	Unilabs Ltd - Private Histopathology Service	X			Direct	Providing services as Consultant Histopathologist to the	2011	Present	As per policy - see details above (Y,Y,Y,Y,Y)
				Tameside and Glossop Integrated Care NHS Foundation Trust	X			Direct	Bank Consultant Histopathologist performing Coronial Post-	2015	Present	
	Fawcus	Joanna	Director of Operations, NCA	None Declared					Nil Interest	Nov 23	Present	
	Allan	Lorna	Chief Digital and Information Officer Digital Services, NCA	Trustee at St Leonard's Hospice in York			X	Direct	Trustee	Dec-23	Present	###### Y
				Host Non Exec of Aqua (Advancing Quality Alliance)		X		Direct	Host Non Exec	Sep-24	Present	
Dr	Patel	Kiran	Member of the Locality Board	Tower Family Health Care - Primary Care General Practice	X			Direct	GP Partner	Jul-18	Present	As per policy - see details above (Y,Y,Y,Y,Y)
				Bury GP Federation - Enhanced Primary Care Services	X			Direct	Medical Director	Apr-18	Present	
				Laserase Bolton - Provider of a range of cosmetic laser and injectable	X			Direct	Medical Director	1994	Present	
				Laserase Bolton - Provider of a range of cosmetic laser and injectable				Indirect	Spouse is a Shareholder	2012	Present	
				Tower Family Health Care - Primary Care General Practice				Indirect	Spouse is a Director	Jul-18	Present	
	Preedy	Sarah	Chief Operating Officer, Pennine Care NHS Foundation Trust	None Declared					Nil Interest	Nov 23	Present	
	Hargreaves	Sophie	Chief Officer, Manchester Foundation Trust	Manchester & Trafford LCO				Indirect	Spouse works as Transformation Manager	Sep-18	Present	As per policy - see details above (Y,N,N,N,N)
	Tomlinson	Helen	Chief Officer, Bury VCFA	Bury VCFA (Voluntary, Community, Faith & Social Enterprise)	X			Direct	Chief Officer in organisation which may seek to do business with health or social care organisations	Nov-21	Present	As per policy - see details above (Y,Y,Y,Y,Y)
	Blandamer	Will	Deputy Place Based Lead & Executive Director Health and Adult Care	Ashton on Mersey Football Club Trafford			X	Direct	Chairman	2024	Present	As per policy - see details above (Y,Y,Y,Y,Y)
				Manchester Football Association			X	Direct	Non Exec Director (Board Champion for Safeguarding)	2018	Present	
				Francis House Hospice (Manchester)				Indirect	Spouse is a Registered Nurse	2024	Present	
				University Hospital of Wales				Indirect	Daughter is a Foundation Year 1 Doctor	2024	Present	
				Leeds University				Indirect	Daughter is a medical student	2019	Present	
	Richards	Jeanette	Executive Director of Children and Young People, Bury	None Declared					Nil Interest	Nov 23	Present	
	Hobday	Jon	Director of Public Health	None Declared					Nil Interest		Present	As per policy - see details above
	Bulman	Richard	Director of Nursing, Bury Care Organisation	None Declared					Nil Interest	2025	Present	
	Crook	Adrian	Director of Adult Social Care and Community Services	Bolton Hospice			X	Direct	Trustee	Jul-05	Present	As per policy - see details above (Y,Y,Y,Y,Y)
Non-Voting Members												
	Wynne-Jones	Kath	Chief Officer, Bury Integrated Delivery Collabrative	KWJ Coaching and Consulting	X			Direct	Owner	July 21	Present	As per policy - see details above (Y,Y,Y,Y,Y)
				Roots and Branches CIC	X			Direct	Director	Nov 23	Present	
				The University of Manchester - Elizabeth Garrett Anderson programme	X			Direct	Tutor	Oct-22	Present	
	Richardson	Stuart	Chief Executive, Bury Hospice	None Declared					Nil Interest	Mar-25	Present	
Invited Members												
Cllr	Bernstein	Russell	Cllr Bury Council, Conservative Leader	Bury Council	X			Direct	Councillor	May-21	Present	As per policy - see details above (Y,Y,Y,Y,Y)
				Philips High School			X	Direct		Sep-19	Present	
				Bury and Whitefield Jewish Primary			X	Direct		Sep-19	Present	
				Conservative Party		X		Direct	Councillor	Jul-19	Present	
Cllr	Smith	Mike	Attendee of the Locality Board as Leader of Radcliffe First	Angles and Arches	X			Direct	Director	16/1/2009	Present	As per policy - see details above (Y,Y,Y,Y,Y)
				Anodising Colour		X		Indirect	Spouse is a lab technician	2017	Present	
				Radcliffe First		X		Direct	Leader	2019	Present	
				Radcliffe Litter Pickers		X		Direct	Member	2019	Present	
				Growing Older Together		X		Direct	Member	2019	Present	

Meeting: Locality Board			
Meeting Date	02 June 2025	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 7th April 2025 and action log		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary

The minutes of the Locality Board meeting held on 7th April 2025 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed

Recommendations

It is recommended that the Locality Board:-

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

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

Draft Minutes

Date: Locality Board, 7th April 2025

Time: 4.00 pm

Venue: Committee Room A and B, Bury Town Hall, Knowsley Street, Bury

Title	**Draft Minutes of the Locality Board**
Author	Emma Kennett
Version	0.2
Target Audience	Locality Board
Date Created	April 2025
Date of Issue	April 2025
To be Agreed	Monday, 2nd June 2025
Document Status (Draft/Final)	Draft
Description	Locality Board Minutes

Document History:

Date	Version	Author	Notes
April 2025	0.1	Emma Kennett	Draft Minutes produced
April 2025	0.2	Emma Kennett	Reviewed by Will Blandamer
Approved:			
Signature:			..... **Add name of Committee/Chair**

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public (face to face) 7th April 2025 4.00 pm until 6.00 pm **Chair – Dr Cathy Fines**

ATTENDANCE

Voting Members
Dr Cathy Fines, Senior Clinical Leader in the Borough (Chair) Cllr Eamonn O'Brien, Leader of Bury Council Cllr Lucy Smith, Executive Member of the Council for Children and Young People Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health Mr Warren Heppolette, Chief Officer for Strategy and Innovation (GMIC) Ms Lynne Ridsdale, Place Based Lead Mr Simon O'Hare, Associate Director of Finance Ms Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury) Ms Lorna Allan, Chief Digital and Information Officer, NCA Ms Sarah Preedy, Chief Operating Officer, Pennine Care Foundation Trust Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise) Ms Jeanette Richards, Executive Director of Children and Young People, Bury Council Mr Jon Hobday, Director of Public Health Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care Mr Adrian Crook, Director of Adult Social Services and Community Commissioning
Non-Voting Members
Ms Catherine Wilkinson, Director of Finance, NCA Ms Ruth Passman, Chair, Bury Healthwatch Mr Stuart Richardson, Chief Executive, Bury Hospice
Invited Members and Observers
Cllr Bernstein, Conservative Opposition Party Ceri Kay, Legal Services, Bury Council Ms Chloe Ashworth, Democratic Services, Bury Council Mrs Emma Kennett, Head of Locality Admin & Governance, NHS Greater Manchester (Bury)

BURY INTEGRATED CARE PARTNERSHIP

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies and Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Mr Neil Kissock, Dr Vicky Howarth, Mr Richard Bulman, Ms Joanna Fawcus, Director of Operations, NCA Dr Kiran Patel, Medical Director, IDCB Ms Kath Wynne-Jones and Cllr Mike Smith.
1.3	The meeting was declared quorate.

2	Declarations Of Interest
2.1	NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).
2.2	NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.
2.3	The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.
2.4	Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.
2.5	In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.
2.6	The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.
2.7	There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.
2.8	**Declarations of interest from today's meeting 7th April 2025 and previous meeting 3rd March 2025.**

ID	Type	The Locality Board	Owner
D/04/01	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 3rd March 2025 were considered as a true and accurate reflection of the meeting.
3.2	The status in relation to existing actions was documented as part of the Action Log

ID	Type	The Locality Board	Owner
D/04/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting and noted the updates in respect of the actions from the last meeting.	

4	Public Questions
4.1	There were no public questions received.

ID	Type	The Locality Board	Owner
D/04/03	Decision	Received the update.	

5	Place Based Lead Update
5.1	Mrs Ridsdale presented the latest Place Based Lead update to the Locality Board. It was reported that: • In terms of the recent announcements regarding the abolition of NHSE and the challenge to significantly reduce ICB costs by 50%. Focus across NHS Greater Manchester had been to engage with NHS Greater Manchester staff as fully as possible in a spirit of openness and transparency, including a Greater Manchester wide all staff briefing event being held on the on 2nd April 2025. Locally weekly briefings and listening events with NHS GM staff were being held, amplifying the weekly live leadership briefings from Mark Fisher. It was recognised that it was a very challenging time for NHS Greater Manchester staff in Bury. • NHS Greater Manchester Bury leadership and staff intended to fully contribute to the development of the new operating model required of the ICB. Whilst recognised the very challenging position, it was believed that the transformation of the operation of the health and care system underway in Bury, described in our locality plan, and so strongly supported by NHS GM Bury colleagues, is was very much with the grain of intent – place focused, integrated delivery in neighbourhoods, prevention rather than treatment orientated, high quality partnership working regardless of organisation, and aligning and benefitting from Greater Manchester wide strategic intent. • The Government's confirmation of the full rebuild of North Manchester General Hospital was warmly welcomed. This was a vital step forward for both patients and NHS staff, ensuring access to modern and high-quality healthcare. As an area facing some of the most significant health challenges in the country, the patients of North Manchester General would greatly benefit from this investment, helping to reduce health inequalities and improve outcomes for local people. The Locality Board will be aware that North Manchester General is the hospital of choice for many residents in the South of our borough for elective and also urgent care and we are delighted to see this investment. Work would continue with colleagues from MFT in continuing to refine the proposed operating model for the redevelopment particularly ensuring a strong connection to community and primary colleagues as the outline business case develops. Colleagues from MFT would attend a future locality board to provide more detail and clarifying mechanisms for further engagement of key stakeholders. • Locality Board colleagues will recall the previous commitment to improve relative funding for GP services in Bury. Colleagues from Bury have advocated strongly into the NHS GM BeCCoR Programme which was an accelerated GM GP Incentive Scheme to deliver consistent solutions to some of the system challenges we are facing and preventative, proactive care closer to home. The broader ambition was to expand this approach to wider primary care. This was part of the strategic delivery of the Greater Manchester Primary Care Blueprint previously considered at this Locality Board. An additional investment of £7.28 million had been included in the NHS Greater Manchester budget setting for 2025/26. This was a phased, additional investment that would start the levelling up process from 2025/26 and as such Bury stands to benefit from the programme in order to close the gap in LCS funding between Bury and most other parts of Greater Manchester. This was a positive development for Bury and the Primary Care Commissioning meeting last week reviewed the prioritisation of the additional funding.

	Colleagues from across Bury were commended for making this case, based on the presentation of December 2024 from Dr Patel to the Locality Board. • In relation to the Whitefield GP Premises Scheme, all relevant permissions were now in place to support the progression of the prevision of the GP services currently delivered from the Uplands building in Whitefield to the former library site. All parties involved in the scheme were thanked for their support including the Council for the leadership around unlocking the site, NHS Property Services for their commitment to the scheme, NHSE and NHS GM for approval for the scheme, and to the practice and local Patient Participation Group for their on going support. A construction timeline would be confirmed in due course.
5.2	The following comments/observations were made by Locality Board members: - • There was a need to be mindful that it was not just residents from the South of the borough that accessed North Manchester for hospital services and this development would be key for all people in the borough. There was also a need to acknowledge that maternity services were also available at North Manchester and there was a need to assess how these plans may impact on utilisation of other hospitals such as Bolton going forward. • In relation to the future organisational reforms, it was important for the locality's voice to be heard as part of these developments including the longstanding funding issues. It was noted that the recent advocacy in relation to the GM GP Incentive Scheme was a good example of where the locality's voice could positively influence. • The future GP plans would be available in quarter 2 of the financial year.

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

6	Outcome of LGA Assessment and next steps
6.1	Mr Crook submitted a report in relation to the Local Government Association Peer Review of Adult Social Care. It was reported that: - • Adult Social Care was now subject to inspection following a change in the health and care act under the last government. • As part of the ongoing preparation to be ready for this forthcoming inspection the council commissioned a peer review from the local government association (LGA). • Whilst not the CQC, the LGA structed the review to mirror as closely as possible the real CQC inspection process. • The slide deck provided a comprehensive overview of the Local Government Association's peer challenge for Bury Metropolitan Borough Council (MBC). The peer challenge team, consisting of experts from various councils and roles, conducted an extensive review involving documentation, case files, and numerous meetings with stakeholders. • The presentation outlined key assurance themes such as working with people, providing support, ensuring safety, and leadership. It highlights the strengths of Bury MBC, including passionate staff, visible leadership, financial stability, and progress in managing waiting lists. Additionally, it emphasised the exemplary integration with health services, strong relationships with commissioners, and robust quality assurance frameworks. • Key considerations for improvement included better engagement with Carers, addressing website accessibility issues, and expanding the commissioning function. The presentation also discussed strengths and considerations in areas such as assessing needs, supporting people to live healthier lives, equity in experiences and outcomes, care provision, and commissioning • The peer challenge team commended Bury MBC for its strong governance, management, and sustainability practices, highlighting the competence of Cabinet Members, supportive senior leadership, and exceptional health and care partnerships.

	• The presentation concluded with a focus on learning, improvement, and innovation, recognising the value of collaborative relationships, formal development opportunities for staff, and innovative integrated teams. • Overall, the peer challenge team appreciated the dedication and achievements of Bury MBC staff and encouraged continued progress in areas identified for improvement. • Three quotes made by the peer team of note were “the staff are spectacular”, “the sense of collaboration in every service and at every level is pallable” and “we have travelled the length and breadth of the country looking for integrated neighbourhoods that work, we found them for the first time here in Bury” • The review has provided considerable assurance we are on the right track to achieving Good and have given us areas where we can deliver further improvement to ensure this result
6.2	The following comments/observations were made by Locality Board members: - • A question raised as to whether there was any shared learning across Greater Manchester in the context of the financial challenges. It was noted that Peer reviews were already shared across Greater Manchester and Bury had already benefited from its early implementation of neighbourhood working and would be difficult to force the benefit across the wider NCA footprint as a ‘drag and drop’ approach would not work in this instance given the varying progress that has been made across the different areas. • Live Well and the neighbourhood model alignment would be key components of locality working going forward. These components also linked to the Pennine Care Strategy. • It was clear that there was a strong leadership team in Bury that had led to improved partnership working and outcomes across the borough which was promising at a time when significant reductions were being made. • It was important to ensure that the outcome of this assessment was taken back to staff on the front line within individual organisations so all of the workforce were sighted on these important findings.

ID	Type	The Locality Board	Owner
D/04/05	Decision	Noted the presentation and findings within.	
A/04/01	Action	Separate copies of the Locality Plan and the Outcome of LGA Assessment to be forwarded to Mr Heppolette	Mrs Kennett

7	Lets do it Strategy/ Locality Plan
7.1	Ms Ridsdale submitted an updated version of the Lets do it Strategy to the Locality Board.
7.2	The Lets Do It Strategy was originally created in 2020 and is a partnership strategy that sets out a vision for Bury in 2030.The Strategy outlined how partners across Team Bury will work with residents and communities to deliver better and more equal outcomes for people.
7.3	It was highlighted that whilst the core missions of the strategy remained the same, the strategy was written in the wake of Covid-19 and since then significant changes to the context have happened. The strategy refresh was an opportunity to reconsider what the missions and outcomes of the strategy mean in 2024, and how we want to work together to deliver on these in the remaining 6 years of the strategy’s life.
7.4	The strategy has been co-produced through Team Bury and through engagement with residents and communities.
7.5	A recent Safeguarding Away Day had focused on a Case Study whereby the Public Service Leadership Team (PSL) has been referenced as being key to tackling an Organised Crime Group in a particular area.

7.6	Mr Blandamer presented a revised Locality Plan to the Board. It was reported that the Bury Integrated Care Partnership Locality Plan had been refreshed for 2025/2026 in the context of the revised Lets Do It Strategy for the Borough (2025) and the NHS Greater Manchester 3-year Sustainability plan (2025-2027).
7.7	The plan built on a period of transformation and improvement in the operation of the health and care system in Bury since 2021. Progress had been built on high quality partnership working and a shared ambition for better outcomes for our residents. However, there is still more to do. This plan outlined the next stage of our Health and Care reform journey, connected to the reform of wider public services and the economic ambition in the borough. The detail of the plan focused on the first 12 months of delivery which included the asks of the NHS operating plan for 2025/26.
7.8	It was highlighted that because of the heavy focus in the Locality Plan on population health, prevention and well-being, this document also serves as the Borough Health and Well Being Strategy, as required by the Bury Health and Well Being Board.
7.9	It was proposed that an Executive Summary of the Plan be produced and that further detail around the priority areas be brought back to a future Locality Board meeting.
7.10	The following comments/observations were made by Locality Board members: - • There had been an excellent job undertaken in bringing all the key components of these plans together. • It was positive that children had been reflected as part of the plans however was important for children to be seen as an opportunity not a problem which was the way many of the risks were written. • An offer made in terms of some Greater Manchester benchmarking/advice on different ways of spending the pound In Bury. A general discussion took place regarding some of the historic resourcing in Bury and was noted further information on resource allocation would be brought back to the Locality Board in June 2025 as part of the Finance report.

ID	Type	The Locality Board	Owner
D/04/06	Decision	Noted the revised Lets do It Strategy.	
D/04/07	Decision	Approved the refreshed Locality Plan for 2025/26 subject to a few minor amendments being made. NB – there was a request as part of the Pennine Care Service Mapping item to ensure that the Mental Health priorities are adequately covered in light of the service maps presented.	
A/04/02	Action	It was proposed that an Executive Summary of the Locality Plan be produced and that further detail around the priority areas be brought back to a future Locality Board meeting	Mr Blandamer

8	Pennine Care Service Mapping
8.1	Ms Preedy presented a report in relation to the Pennine Care Service Mapping work that has been undertaken which highlighted the level of variation in services across the PCFT footprint to inform service and investment planning. It was reported that: - • Pennine Care have recently refreshed their Trust Strategy which outlined the future vision for clinical models of care and sets the ambition and plans for services. The direction of travel was to change the shape of services, moving from a bed-based model of care to a significantly

	developed community offer. The aim was to drive out the unwarranted variation, improve outcomes, increase access, reduce waiting times and increase efficiency. However, it was essential that all services were safely staffed and the gaps in core services were addressed. • Variation had been identified in terms of where the organisation was 'Not compliant/fully compliant against a LTP/national standard', 'Have significant variation against national benchmarks for services' or 'Have identified significant gaps in the demand and available capacity in services through local service planning.' • The headline variances/gaps identified during the exercise were: • Staffing levels within our inpatient wards; • Alternatives to admission services – specifically crisis resolution and home treatment • Increased and growing pressure on CAMHs capacity • Neurodevelopment pathway leading to increased waiting lists • Parent and infant mental health service offer • Insufficient funding for memory assessment services • Staffing gaps for talking therapies • Physical Health services • Care Home Liaison/Day Hospital service • Section 136 suites • Medicines and prescribing shared care arrangements • The identified service variation was in the context of generally low levels of spend compared to national benchmark information, and a significant underlying deficit. Therefore was recognised that a full solution to reducing variation requires a different commissioning approach and further investment to address current gaps, 'level up' services across our five localities and significantly increase community capacity (in partnership with our communities and VSCE). • Internally within the Trust work was underway to develop a set of consistent service models to support the reduction in unwarranted variation. PCFT was also working closely with provider partners to ensure greater standardisation of pathways across GM, address workforce challenges and increase the opportunities for research and innovation. • Despite these gaps, it was noted that there was some good care happening within mental health services with under occupancy within crisis services being seen.
8.2	The following comments/observations were made by Locality Board members: - • The Locality Board were reminded that the locality mental health priorities were considered by the Locality Board a number of months ago and the known gaps in service provision were considered as part of this work at the time however this further piece of work validated this position. • There were a number of Mental Health indicators already included as part of the Performance Report which linked to these areas. • There had historically been underfunding and a number of challenges in terms of Mental Health Services in recent years including expensive ED/Section 117 cases. • There was a need to prioritise the gaps highlighted within the report in the context of patient safety, the Lets Do it Strategy and financial position and articulate the main focus/ambition going forward. It was noted that a prioritisation process had already commenced within recent months from both a strategy and risk perspective. • A query as to what influence the locality had to address these gaps given the Greater Manchester ICB commissioning infrastructure that was now in place. • This was an extremely difficult position for the locality to be in and seemed much bigger issue to address than simply moving money around the system and there needed to a response to the issues raised. • A query as to whether PCFT would be looking to 'even up' on any of the service gaps in the short term.

	• There was concern from a children and families perspective in relation to the service variation presented given there was expected to be an increase in demand for mental health services in the coming months/years. • This was clearly a high risk area that the Locality Board needed to respond to and manage accordingly in the context of the Lets do It Strategy, Locality Plan and prevention agenda. • The ICB were developing a Mental Health Strategy and this work would need to align with the overall plans going forward. • Consideration would be given to revisit the Locality Plan from a Mental Health perspective given the issues presented today as well as a further discussion being required at the Mental Health Programme Board. • All available opportunities with the voluntary sector needed to be explored further from a partnership and collaboration perspective in the context of the Memorandum of Understanding (MOU) already in place. As part of this, there was a need to review where conversations were currently taking place and where further conversations may be required. • A suggestion made in terms of the available mechanisms in relation to funding and service delivery linked to 'left shift'. The BECOR and Mental Health Integrated Fund were both opportunities to try and plug some of these gaps in core services. • There was a need to ensure that the right care and support was being provided for the Bury people and was also acknowledged that there a lot of people who actually present at health services who do not have a health problem hence their was educational element that also needed to be picked up.

		The Locality Board	
D/04/07	Decision	Noted the update	
A/04/03	Action	A need to further review the Locality Plan from a mental health perspective given the discussions at today's meeting.	Mr Blandamer
A/04/04	Action	A position statement on the response to the gap analysis was required for a future meeting of the Locality Board. This would need to be produced in conjunction with Pennine Care, the Mental Health Programme Board and Greater Manchester ICB colleagues.	Mr Blandamer

9	Integrated Delivery Board Update
9.1	Mr Blandamer presented the latest Integrated Delivery Board update. It was reported that: - • Following a workshop to understand all our interventions across the Borough focused on high intensity service users in October 2024, a gap was identified in supporting the management of patients who frequently attend A&E for Mental Health issues. Given the volume of demand that this patient group was generating, dedicated staffing resource was put in place to support this patient group. A test of change including active case management, care coordination, an MDT approach and community outreach commenced in FGH led by an A&E Nurse and supported by Pennine Care Trust seconded Mental Health Nurse. Recent data shows that of the 50 high intensity users, 31 patients are having fewer numbers of attendances, resulting in a 17% reduction in FGH A&E activity. There was a need to consider the longer-term sustainability of this change when the test of change ends in March 2025, which was being discussed with PCFT and the NCA.

ID	Type	The Locality Board	Owner
D/04/08	Decision	Noted the report.	

10	Performance Report
10.1	Mr Blandamer presented the latest Performance report to the Locality Board. It was reported that: - • The report was quite large in nature however demonstrated the breadth of the work being undertaken within this area. • There had been an error within some of the performance narrative where absolute numbers are used and which therefore shows Bury relatively poorly given its size This would be rectified as art of the next report. • There was a need to review the Mental health indicators in the context of the Service Mapping items considered earlier within the meeting.

ID	Type	The Locality Board	Owner
D/04/09	Decision	Noted the update	
A/04/05	Action	There was a need to review the Mental health indicators in the context of the Service Mapping items considered earlier within the meeting.	Mr Blandamer

11	Strategic Finance Group Update/ Better Care Fund 25/26
	Strategic Finance Group Update
11.1	Mr O'Hare presented the latest Strategic Finance Group Update to the Locality Board. It was reported that: - • The purpose of this report was to update the Locality Board on the financial position of all partners, with specific focus upon the budgets delegated to the locality board by NHS Greater Manchester (GM) both in year in 2024/25 and also with regard to budget setting for 2025/26. • The Board were asked to retrospectively approve the award of contracts for 2024/25 for Primary Eye Care Services and Community Echocardiography Services. These service were funded from locality budgets and therefore to satisfy governance approval from Locality Board is required. • The month 10 NHS GM position is showing a deficit of £74.7m versus an expected deficit of £3.7m, giving an unplanned variance of £71m. Discussions remain ongoing with NHS England on the deliverability of this agreed year end position. Within this position the Bury locality budgets, for which this board is responsible for are forecasting a deficit of £6.16m versus an expected break even annual position. • The Northern Care Alliance (NCA) were £3.9m overspent at month 10 versus a plan of £3.1m and have forecast to achieve their agreed deficit of £4.4m. Pennine Care NHS Foundation Trust (PCFT) are reporting a £0.4m deficit at month 10 versus a break even plan, but continue to forecast a very slight surplus at year end. • As at Month 10 £395m of CIP has been delivered by NHS GM against a £380m plan, the forecast CIP position was delivery of £497.3m versus a £490.3m plan. In terms of month 10, local CIP delivery on delegated budgets, £3.21m has been delivered against a plan of £4.29m, with shortfalls against plan in Medicines Optimisation and Complex Care, this therefore puts a risk of £1.65m on the full delivery of 2024/25 CIP. • All partners were working on budget setting and plans for 2025/26, with the council the most advanced, having formally signed off a balanced budget in late February, due to the regulatory requirements and the release of draft financial settlements before Christmas. NHS budget negotiations continue between NHS England and NHS GM, with a final plan to be submitted week commencing 24th March, the overall spending reduction across the whole of the NHS is making this very, very challenging to balance the costs of service delivery within the allocations available.

	• The final values for the Bury locality healthcare budgets for 2025/26 show a slight increase in budgets or from 2024/25 forecast out turn of £0.65m or 0.9%, inclusive of inflation, of £71.98m. The total CIP expected from localities is 4% in 2025/26 and local and GM wide discussions are taking place to support locality targets and delivery of these.
11.2	The following comments/observations were made by Locality Board members: - • It was evident as part of the Greater Manchester Sustainability Plan that there was a lot of reliance being placed across the 5 pillars to make savings however the Care Model had not yet seen the required level of 'left shift' to realise these benefits to the full potential.
	<u>2025/26 Better Care Fund</u>
11.3	Mr O'Hare presented a report in relation to the 2025/26 Better Care Fund. It was reported that: - • The purpose of this report was to update the Locality Board on the plans for the deployment of the Better Care Fund (BCF) in 2025/26, which had been jointly worked up between the council and health partners. • The BCF had been in existence for a number of years and supported local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. In Bury the BCF aligned to the Health and Well Being Strategy and the Let's Do It! 2030 Strategy along with the Bury Health and Care Locality Plan, the NHS Greater Manchester (GM) Operating Plan and the NHS Long Term Plan. • The intention was to ensure that individuals and families were at the centre of their care and support, and that their needs are met in a holistic way by providing the right support and care, at the right time, supporting residents to be healthier and have a higher quality of life for longer. • The 2025/26 BCF had seen 2024/25 values uplifted nationally and it has been mandated that all of this uplift is to flow to Adult Social Care. This has required additional money to be added to the BCF for non council services and whilst this commitment is sound, the values and mechanism are not fully worked through at this stage but they will be by the end of April 2025. • The 2025/26 BCF has also seen the funding for the BCF discharge fund that ran in 2023/24 and 2024/25 now brought in to the core BCF. • Contributions to the BCF are as follows: - £19.58m NHS minimum contribution - £2.14m NHS additional contribution - £9.41m Local Authority Better Care Grant - £2.58m Local Authority Disable Facilities Grant **£33.70m Total** • There have been no significant changes to the schemes funded in 2024/25 in this 2025/26 plan, as the 2024/25 plan was already delivering to the key metrics laid out in the 2025/26 guidance. This plan was approved by the Health and Well Being Board in March and will also be approved by the NHS GM Board. Quarterly updates will be brought to the Locality Board on progress of the delivery of key metrics and expenditure. • There had been a query raised from Greater Manchester perspective around the level of contributions to the funds which were higher than the recommended amount contained within the guidance. This was thought to be the same in 3 areas and linked to whether the Council or NHS are heading up particular areas. An appropriate response would be provided in this regard.

ID	Type	The Locality Board	Owner
D/04/10	Decision	Noted the updates on financial positions for 2024/25.	

D/04/11	Decision	Noted the updates for 2025/26 budgets and plans, in particular the proposed settlement for the Bury locality.	
D/04/12	Decision	Approved the retrospective contract awards for Primary Eye Care Services and Community Echocardiography services.	
D/04/13	Decision	Noted the contents of the paper and the attachments regarding the detail of the BCF	
D/04/14	Decision	Expected quarterly updates on progress versus metrics and expenditure.	

12	Population Health and Wellbeing update
12.1	Mr Hobday submitted the latest update in relation to Population health and wellbeing.
12.2	It was reported that: - • A Greater Manchester Population Health Committee meeting was held on the 18th March 2025. Key items discussed included reviewing achievements of 24/25, the draft reducing prevalence and proactive care plans. • At the most recent Health and Wellbeing Board the key items discussed included the Crime and Safety Plans, The Better Care Fund Progress and planning reports, an overview of the Bury Physical Activity Framework, VCSE contribution to health and an update the outcomes framework. • The crime and safety plan provided an overview of the 5 key priorities which include tackling offences against children, prevention of serious violence, domestic abuse in the context of the trio of vulnerability, supporting and safeguarding cohesive communities and ensuring resilient and safer spaces and how these contribute to supporting positive health and wellbeing and reducing inequalities. • The VCSE contribution to health item was presented by the VCFA and looked at the breadth of the work the voluntary sector does and outlined how this supported health and wellbeing and contributed to reducing inequalities. • Finally, the outcomes framework provided a focus on key outcomes where performance was above national and regional average including the percentage of youth not in employment or education, prevalence of overweight and obese children in reception, smoking rates in adults and breast screening coverage. It also included outcomes where we were performing less well than national and regional levels including the number of children in low-income families, vaccination coverage for 1 year old immunisations, cervical screening coverage and under 75 mortality rates.

ID	Type	The Locality Board	Owner
D/04/15	Decision	Noted the update.	

13	Clinical and Professional Senate update
13.1	Dr Fines presented the latest update report in relation to the Clinical and Professional Senate held in March 2025. It was reported that:- • The Women's Health Hub offer would end of the 31st March 2025 as there was no longer any funding for this service despite having been well received. Long-acting reversible contraception (LARC) had been offered through this service however there was now an opportunity via the development of a standardised gynaecology services into primary care specification to provide equity in service provision across the borough.
13.2	The following comments/observations were made by Locality Board members: -

	• The Women's Health Hub had been a good starting point for laying the foundations for future service requirement and there was a need to ensure that there is strong communication around the availability of future services and availability across all age groups going forward. • It was important not to lose the outreach focus of this service as part of future services.

ID	Type	The Locality Board	Owner
D/04/16	Decision	Noted the information	

14	Primary Care Commissioning Committee (PCCC) Update
14.1	Members received copies of the latest PCCC update from the March meeting. In terms of decisions taken at the meeting, it was reported that: - • In terms of Rock Healthcare Proposed Move from Radcliffe **–** PCCC supported the recommendation for Rock Healthcare to be allowed to close the Radcliffe site and move all operations to the Moorgate site in Bury. • Bury LCS 2025/2026 – PCCC supported recommendations to approve the specification presented whilst noting and supporting an in-year variation should it be needed subject to the availability of the funding and further discussion on some aspects of consistency across the neighbourhoods. • Workforce Strategy - PCCC approved the task and finish groups to look at the priority areas such as recruitment and retention, training and development and staff wellbeing. With the purpose to develop a co-designed strategy which can be brought to a future PCCC Meeting, this will enable the support of the strategy plan and its implementation. • Terms of Reference – PCCC agreed there were no changes required to the Terms of Reference as part of the annual review process.

ID	Type	The Locality Board	Owner
D/04/17	Decision	Noted the information	

15	SEND Improvement and Assurance Board Minutes and outcome of Deep Dive
15.1	Members received minutes from the SEND Improvement and Assurance Board Meeting held on the 26th March 2025 for information.

ID	Type	The Locality Board	Owner
D/04/18	Decision	Noted the minutes	

16	Any Other Business
17.1	There were no items raised.

ID	Type	The Locality Board	Owner
D/03/19	Decision	Noted the information	

17	Date and time of next meeting
18.1	It was noted that the next Locality Board meeting would take place on **Monday, 2nd June 4.00 - 6.00pm, Microsoft Teams.**

Locality Board Action Log – April 2025

BURY INTEGRATED CARE PARTNERSHIP

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

Date	Reference	Action	Lead	Status	Due Date	Update
4th November 2024	A/11/07	Chair of the Send Improvement and Assurance Board could be invited to a future Locality Board meeting.	Dr Fines		TBC	It was noted that Mr Blandamer had mentioned to the Chair of the Send Improvement and Assurance Board and this would be picked up in due course.
3rd February 2025	A/02/01	An update on End of Life Care/Hospices be submitted to a future Locality Board meeting.	Mr Richardson	---	Summer 2025	
3rd February 2025	A/02/03	Mr McCaul agreed to provide some further detailed Bury specific Pharmacy First data to the Locality Board in due course.	Mr McCaul		TBC	
7th April 2025	A/04/01	Separate copies of the Locality Plan and the Outcome of LGA Assessment to be forwarded to Mr Heppolette	Mrs Kennett		April 2025	Sent on the 8th April 2025
7th April 2025	A/04/02	It was proposed that an Executive Summary of the Locality Plan be produced and that further detail around the priority areas be brought back to a future Locality Board meeting	Mr Blandamer	---	July 2025	
7th April 2025	A/04/03	A need to further review the Locality Plan from a mental health perspective given the discussions at	Mr Blandamer	---	July 2025	

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

Date	Reference	Action	Lead	Status	Due Date	Update
		today's meeting.				
7th April 2025	A/04/04	A position statement on the response to the gap analysis was required for a future meeting of the Locality Board. This would need to be produced in conjunction with Pennine Care, the Mental Health Programme Board and Greater Manchester ICB colleagues.	Mr Blandamer	---	July 2025	
7th April 2025	A/04/05	There was a need to review the Mental health performance indicators in the context of the Service Mapping items considered earlier within the meeting.	Mr Blandamer	---	July 2025	

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	02 June 2025	**Action**	Receive
Item No.	5	**Confidential**	No
Title	Place Based Lead Update - Key Issues in Bury		
Presented By	Lynne Ridsdale, Place Based Lead		
Clinical Lead	Dr Cathy Fines		

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

1. NHS Structural Changes

The Locality Board in April was appraised of the proposed structural changes in the NHS, affected particularly the ICB and NHSE. Since then, there have been numerous forums for discussion and engagement at a GM level to which Bury colleagues have fully participated. In Bury we have also created discussion opportunities within the Council cabinet, with Pennine Care, with NCA and with Primary Care through the GP Leadership collaborative and with PCNs. We have also discussed the proposition of place-based partnership working at the Integrated Delivery Board last week recognising the scope to build out of the success of our partnership working in Bury.

We note the GM ICB high level submission to NHSE recognising the scale of the proposed running cost reduction required (39%) and the key features of a future NHS GM operating model – a strategic commissioning function and redesigned and strengthened model of place-based partnership. Locality Board has the opportunity to consider further and ensure the full contribution to the intensive design phase in GM over June and July.

In the meantime I would like to place on record my appreciation of the outstanding contribution of NHS GM (Bury) staff to the operation of our partnership working in Bury, and to recognise their continued dedication to improve things for Bury residents despite the considerable anxiety and distress the potential restructure is causing. I thank all partners for their kindness to NHS GM staff at this time but note also a number of partner organisations are facing their own period of uncertainty for staff and I am sure our partnership will continue to support all staff with kindness, respect, and courtesy.

2. CQC inspection of Bury Council Adult Services

At the last meeting of the Locality Board in April, the outcome of the LGA review into Adult Services was considered, recognising the imminent CQC inspection. We have now had the call, and over the last 3 weeks colleagues in Adult Care have assembled all necessary evidence in accordance with the submission requirements, and this has now been submitted. We are awaiting confirmation of the formal inspection visit which can be between 6 weeks and a number of months and will advise all colleagues when confirmed.

3. Locality Assurance Meeting

The NHS GM internal assurance and review process provides for a 'Locality Assurance Meeting' and this will be held on 5th June. NHS GM corporate colleagues wished to receive assurance from the locality on a number of issues including reducing Clinically Ready for Discharge numbers and bed days from mental health in patient provision, grip and control on CHC and complex care expenditure (including s117), Cost per Astro PU (a medicines optimisation KPI) , Talking Therapies waiting times, and progress on the Adult ADHD commissioning proposals. GM wide colleagues also particularly wished to commend the locality on antimicrobial resistance prescribing work, and progress on improving our performance on the 8 diabetes care processes.

Locally we have particularly asked NHS GM wide colleagues for confirmation of the steps being taken to address the service gaps in Pennine Care provision discussed by the Locality Board in April, and also resolution to a challenge over the funding of RBMS provision in Bury – a vital service in

support of GP practices, patients, and the efficacy of referrals to secondary care.

The next Locality Board will receive an update from the meeting.

4. Bury SEND Improvement and Assurance Board

Locality Board colleagues will note the routine updating of the Board of the work of the independently chaired SIAB in Bury. The meeting held on 28th May received an update on the contribution of NHS partners to the SIAB performance improvement plan priorities. This is attached in today's papers. A particular priority for the children and young people is waiting times in the NHS and for information the report notes:

- Good progress on waiting times for speech and language therapy and including good utilisation of the 'Can do' app by families.
- Important transformation and efficiency work in the provision of Community Paediatric Services and also a request for consideration of additional capacity to cope with demand growth
- Maintained positive position for Community Physio and Community OT services.
- Good position for core CAMHS services but continued very challenging position on CAMHS waiting for Neurodevelopment pathway cohort. In this context the work being done on a delivery partnership for a new ND pathway – responding to a GM specification and funding allocation – is highlighted.
- Very high waiting times for Adult ADHD and locality board members will be aware of the GM wide consultation of a new delivery model for ADHD for adults currently out.

Locality Board colleagues will be aware a key feature of the PIP is not only waiting times for evidence of the support for children young people and families while waiting. There are good examples of this in place in some services, but the SIAB suggests further work is required to consistently articulate these arrangements to families and I would be grateful for the support of colleagues in this.

I would like to particularly commend work from NCA colleagues in the development of the SEND HV services, supported by investment from the Council and previously recognised as a key priority for the Locality Board. I am aware NCA colleagues are submitting the work of this newly established team for an HSJ and having reviewed the application and seen the testimony from families about the impact of the service on children and families I would like to offer them the very best of luck in the award application.

5. Live Well

This meeting will receive a brief update on opportunities around the live well fund – considerable investment from both GMCA and NHS GM in driving forward the reform of public services, with the twin appreciation of the role and capacity of the voluntary sector and the opportunity to build out of our model of neighbourhood team working in health ad care and wider public services. The paper provides an overview of our approach and opportunity in Bury I would like to commend it to the Locality Board, particularly in the light of the emergent operating mode of the ICB in creating the conditions for integrated neighbourhood team working to thrive. While I am sure we have a good model of neighbourhood team working in Bury (and that was validated by the LGA review) I am sure

we all need to test our organisation for further opportunities – 'from hospital to community' and 'from treatment to prevention' as Lord Darzi said. I do believe we have much further to go on this – Council, Pennine, NCA, Primary Care and others and would value the support in doing so.

Lynne Ridsdale
Place Lead NHS GM (Bury)
Chief Executive Bury Council
30/5/25

Meeting: Bury Locality Board			
Meeting Date	02 June 2025	**Action**	Consider
Item No.	6	**Confidential**	No
Title	Update on PSR and developing Bury's Live Well Offer		
Presented By	Will Blandamer, Deputy Place Based Lead, NHS GM Bury		
Author	Chris Woodhouse, Strategic Partnerships Manager, Bury Council		
Clinical Lead	Dr. Cathy Fines		

Executive Summary

This report builds on previous updates to Locality Board on the development of Bury's neighbourhood model, articulated and driven through the Borough's LET's do it! approach, and increasingly honing Bury's neighbourhood model to best position the locality to benefit from ongoing devolution opportunities. In particular, it sets out the development of proposals for the implementation of the GM Live Well initiative anchored into Bury's neighbourhood working approach..

Recommendations

To note the update report and support system commitment to furthering Bury's neighbourhood model through Live Well implementation

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

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

Implications						
Are the risks already included on the Locality Risk Register?	Yes	☐	No	☐	N/A	☒
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	☐	No	☐	N/A	☒
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☒	No	☐	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☐
If yes, please give details below:						
EQIA in development and will be kept live						
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 CARE PARTNERSHIP

PSR and Live Well update to Locality Board – May/June 2025

1. Context

1.1 This report builds on previous updates to Locality Board on the development of Bury's neighbourhood model, articulated and driven through the Borough's LET's do it! approach, and increasingly honing Bury's neighbourhood model to best position the locality to benefit from ongoing devolution opportunities.

1.2 The way public services work together in our neighbourhoods, in integrated teams and in partnership with the voluntary sector has been described as innovative and brave by the Local Government Association and through work to refresh the LET's do it! strategy there has been a recommitment to this approach. Bury is strongly placed to further develop the neighbourhood model to deliver on national opportunities through the Prevention Demonstrator and Get Britain Working Demonstrator and within the region to embed Live Well principles locally.

1.3 The image below sets out a summary of integrated neighbourhood working in Bury. In recent months there has been the clarification and reiteration of what is meant by neighbourhood working to embed a consistent understanding. Neighbourhood working refers to the establishment of multi-agency teams working on geographical footprints of 30-50k population, created to ensure front line public service staff know each other, can work collaboratively with each other, and have a shared understanding of the community strengths in the place.

1.4 The intent is create models of joined up and person-centered services, with a particular focus on the delivery of new joined up multi-agency working addressing segmented cohorts of the population in order to reduce, delay, or eliminate risk of escalated harm, poor outcomes, and unnecessary use of costly and reactive public service spend. It includes the operation (on the same footprint) of integrated health and care teams including primary care, community care, adult and children's care, mental health services, and aspects of secondary care delivered in neighbourhoods. In addition it is presumed to include representatives from the Council, DWP, Voluntary Services, GMP, GMFRS, Housing providers and others.

1.5 Locally this is building on a strong base of collaboration and place based working:

Implementing Live Well in Bury

2.1 The flagship initiative with the city-region is that of the Greater Manchester Live Well Model. Live Well is a cornerstone of the 10-year Growth & Prevention Delivery Plan and the Greater Manchester Strategy, aimed at reducing health, social, and economic inequalities across Greater Manchester

2.2 The vision for Live Well is that by 2030 it will provide, "a comprehensive, connected, and equitable support system for all residents of Greater Manchester, fostering a supportive, inclusive, and thriving community environment. By integrating support, focusing on prevention, and promoting economic and social inclusion, 'Live Well' will ensure that every resident can live as well as possible"

2.3 There are 4 key components of the model.

1. The establishment of Live Well centres, spaces & offers
2. Integration of support through an optimum Neighbourhood Model
3. A resilient VCFSE eco-system
4. A culture of prevention – with workforce and organisational development geared towards prevention

2.4 Bury colleagues from across the public and voluntary sectors have been actively involved in GM Live Well shaping activity, including on 19th March 2025 at Gorton Monastery. To support the implementation of this approach NHS GM and GMCA have identified and created a £10m fund. This will sit alongside the £10m regional investment from DWP Economic Inactivity Trailblazer work.

2.5 Bury's implementation allocation for Live Well, based on demographic percentage of the regional population, will be £676k of which at least 50% (£338k) is to be allocated to the local VCFSE sector. In return for the reginal investment there is a need for the locality to sharpen the local vision for Live Well in the context of Neighbourhood working, which locally is through our LET's do it! approach, and specifically identify the location and delivery model of an exemplar/ 'flagship' Live Well centre in the locality with this to be in operation by the end of 2025/26.

2.6 Through Bury's Public Service Reform Steering Group which meets monthly under the direction of the nominated Live Well lead for Bury, activity had accelerated during the past month on bringing system partners to further shape a potential Live Well proposition. This had included a consideration of opportunities to maximise alignment between existing place based integration with evolving model of Family Hubs; further work to build on learning from the Aging in Place Pathfinder projects across the region; and new opportunities as they come to light – such as the recent national government announcement of VALOUR Centres of place based support to Veterans.

2.7 In consideration of potential flagship sites, a number of key considerations are being made:

- Provision shouldn't duplicate other functions (e.g Ingeus Neighbourhub in Millgate which could be seen as a Live Well space in its own right) but instead complement and connect via 'hub/spoke' arrangements
- It must feel 'of the community' and VCSE leadership to the building is important and we need to co-design it with the community – noting that at least 50% of the available funding is towards the live well exemplar.
- The need to focus on targeted not universal service provision and therefore respond to local need
- The need to recognize any given building can't house everything - there are some competing demands
- Maximise opportunities to bring staff from different sectors together, and it is likely to be a base for integrated team working, potentially as anchor tenants of the building.
- A building that is open and accessible and welcoming with an intention for this to be volunteer led
- A place that has a point of navigation to a multiplicity of services in the neighbourhood and in the borough including a digital component

- A place that is bookable from which public services can deliver on a drop in basis
- A place that is bookable and supportive of a range of voluntary service delivery, drop in, and meeting space.
- Recogntion that a building might operate differently in the day and in the evening, and at weekends, and this will vary by neighbourhood including consideration of cultural sensitivities and customs.

2.8 Activity is progressing at pace to further develop an implementation plan for Bury including:

1) Further shape the framework describing Bury's Live Well Model and identification of flagship site proposal to inform co-development with the local community and local VCFSE sector
2) Development of a high level implementation timeline
3) Furthering investment proposal with VCFSE as part of formal sign agreement of Memorandum of Understanding with the Sector.
4) Confirmation of non-recurrent and recurrent funding arrangements.
5) Establishment of high level risk and issues log.

2.9 A further verbal update will be provided at the June meeting given the dynamic nature of the development of Live Well implementation proposals currently and Implementation Leads from Greater Manchester will be attending Locality Board meetings across districts in the coming months.

Recommendations

3.1 That Locaity Board receives this update and consider opportunities as both a collective Board and system representatives to shape Live Well implementation in Bury.

Meeting: Locality Board			
Meeting Date	02 June 2025	**Action**	Receive
Item No.	7	**Confidential**	No
Title	General Practice Strategy Year End Review 2024/25		
Presented By	Zoe Alderson, Head of Primary Care (Bury)		
Author	Zoe Alderson, Head of Primary Care (Bury)		
Clinical Lead	Dr Catherine Fines, Associate Medical Director (Bury)		

Executive Summary

The purpose of the attached paper is to provide the Locality Board with a year-end review of achievements against the Bury General Practice Strategy and an opportunity to shape and influence priorities.

Recommendations

The Locality Board is requested to:

- Receive the update being provided and acknowledge the achievements to date.
- Note the risks being presented.
- Note the required pause in refresh for 2025/26.

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

Links to Locality Plan outcomes	
To support a local population that is living healthier for longer and where healthy expectancy matches or exceeds the national average by 2025.	☐
To achieve a reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction.	☒

Links to Locality Plan outcomes	
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**
GPLC	21/05/2025	At the time of writing this paper the outputs of this meeting where not available

PCCC	27/05/2025	

BURY INTEGRATED CARE PARTNERSHIP

General Practice Strategy

1. Introduction

1.1. The purpose of the attached paper is to provide the Locality Board with a year-end review of achievements against the Bury General Practice Strategy and an opportunity to shape and influence priorities.

2. Background

2.1. The Bury General Practice Strategy was developed and published in 2023 by the Bury General Practice Leadership Collaborative (GPLC) in partnership with its practices, with the aim of looking specifically at general practice and describing a clear vision of the future, shaped to meet ever increasing demands through the delivery of five specific goals:

- Goal 1 - Develop and promote a new model of general practice.
- Goal 2 - Increase capacity within general practice and meet appropriate demand.
- Goal 3 - Have a resilient workforce and an attractive place to work.
- Goal 4 - Strengthen the relationship between provider partners across the Bury system.
- Goal 5 - Improve outcomes for patients by reducing inequity and variation in access and quality of care

2.2. It was intended that this year-end review would provide a further and more comprehensive update in addition to resetting the ambition for 2025/26 however, in light of recently announced NHS Reforms it will be necessary to do this refresh once the Government's 10-Year Plan for Health is published. This is expected to be between May and June 2025.

2.3. The document is being presented in draft form in order to incorporate any additional feedback which may be received from GPLC members who are due to meet prior to PCCC.

3. General Practice Strategy

3.1 Key highlights which the committee should be aware of are:

- Practices delivered 30,000 more appointments in 2024/25 then before the pandemic (excluding additional at scale services)
- Nearly 15k additional appointments were offered during 2024/25 through winter pressures funding used to support the delivery of Winter Surge Hubs (WSH) and Acute Respiratory Hubs (ARH) and demonstrated reduced attendances across

A&E and BARDOC and released pressure on Primary Care in the process.

- Primary Care Networks (PCN) offered an additional 46 hours work of clinical time above and beyond that contracted through the Directed Enhanced Service (DES). In total offering 35,969 appointments
- PCN's have achieved/exceeded the upper threshold target for both Investment and Impact Fund (IIF) indicators for 2024/25, ranking Bury 3rd in GM, which is an amazing achievement to be congratulated.
- 65% of registered patients are now enabled via the NHS App, supporting an increase in repeat prescribing by this method from 214,956 in March 24 to 323,327 as of March 25.
- Referral to Pharmacy First by Practices has increased from 2193 in March 24 to 6418 as of March 25.
- Significant achievements against the Bury Locally Commissioned Service for 2024/25 for a range of Frailty and COPD indicators.

4 Associated Risks

4.1 There are several risks associated with the delivery of the Bury GP Strategy these include:

- Underutilisation of additional services delivered beyond a patient's own practice and DNAs more generally**.** Communications support is needed to promote services more effectively in highlight the number of appointments which are wasted as a result of patients not attending their scheduled appointment.
- From 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent appointment requests, medication queries and admin requests. This poses a clinical risk if there are any procurement delays,
- Whilst the continued standardisation of incentive schemes across GM (through BeCCoR) provides an opportunity for additional financial levelling to the borough, it also comes with the potential risk that funding previously allocated to locality work including neighbourhood specific requests may be redirected to other priorities.
- Whilst our overall whole time equivalent workforce per 100,000 patients has continued to increase for a second year, our GP workforce has reduced by 1.12. This along with our aging workforce numbers continues to be of concern for longer term workforce resilience.

5 Recommendations

5.1 The Locality Board is required to:

- Receive the update being provided and acknowledge the achievements to date

- Note the risks being presented
- Note the required pause in refresh for 2025/26

Zoe Alderson
Head of Primary Care
May 2025

Bury Primary Care (General Practice) Strategy

2024 - 2025 Review

Contents

1. Introduction

The Bury General Practice (GP) Strategy was produced and published in 2023 and was framed around five overarching goals of significant importance to our practices, whilst also ensuring it echoed the Greater Manchester Primary Care Blueprint and National Level Strategic ambitions.

An update of progress against this strategy was presented to various boards throughout September and October 2024 and demonstrated an immediate positive impact.

It was intended that this year-end review would provide a further and more comprehensive update in addition to resetting the ambition for 2025 to 2026 however, in light of recently announced NHS Reforms it will be necessary to do this refresh once the Government's 10-Year Plan for Health is published. This is expected to be between May and June 2025 with ongoing engagement and planning informing the Spending Review, also due to take place in Spring 2025.

2. Aims and Objectives

The aims and objectives of the Bury GP strategy are depicted in visual form below (Figure 1 – Vision). The visual describes the purpose of the strategy, the overarching vision, and how that vision will be considered a success through the attainment of **five key goals**:

Goal 1 - Develop and promote a new model of general practice.
Goal 2 - Increase capacity within general practice and meet appropriate demand.
Goal 3 - Have a resilient workforce and an attractive place to work.
Goal 4 - Strengthen the relationship between provider partners across the Bury system.
Goal 5 - Improve outcomes for patients by reducing inequity and variation in access and quality of care.

The goals themselves are aligned to nine programme areas, which will be explored in greater detail in Section 4.

General Practice Strategy

Purpose: To look specifically at general practice and describe a clear vision of the future, shaped to meet the ever-increasing demands.

Vision:

- A strong, resilient collaborative general practice that interacts effectively as a partner across the health and care system.
- To provide holistic care across the neighbourhood in which the Practices operate, with the aim of reducing inequity & variation in access, quality of care, & outcomes.
- To be open to innovative ways of working.
- To embrace collaboration with other Practices when opportunities present.
- To work effectively with system partners.
- To provide a workplace that is satisfying, safe & inclusive to employees.
- To contribute to the offer of Bury being the best place to live, work & study.
- To provide a quality learning environment to trainees of all health & care disciplines as well as opportunities for mentoring, coaching & lifelong learning.

Goals:

- Develop & promote a new model of general practice
- Have a resilient workforce & an attractive place to work
- Increase capacity within general practice & meet appropriate demand
- Strengthen the relationship between provider partners across the Bury system
- Improve outcomes for patients by reducing inequity & variation in access & quality of care

Example Measures:

Reduce inappropriate demand on general practice by increasing self-referral options for patients

Reduce the carbon footprint of prescribed inhalers

Reduce the % of patients waiting over 28days (all modes all HCPs)

Reduce in the % of inconsistent categorisation mapping

Increase utilisation of Enhanced Access capacity across Bury

Increase the % of patients enabled to order repeat prescriptions online

Increase the % of patients enabled to view their detailed coded record online

Increase in the % of appointments where time from booking to appointment was <2wks

Programmes:

- Alternative at Scale Solutions
- Communication & Engagement
- Data & Digital Ambition
- Effective Pathway Navigation
- Estates, Current & Future Need
- Integration Wider PC, PSR, Neighbourhood
- Quality & Assurance
- System Leadership
- Workforce, Recruitment, Development & Retention

Figure 1 – Vision

3. Governance

The responsibility for the delivery of the Bury General Practice Strategy sits with the General Practice Leadership Collaborative (GPLC), with assurance around the work programme being provided by the collaborative via both the Integrated Delivery Collaborative (IDC) and Primary Care Commissioning Committee (PCCC), with the later also being the accountable board for Primary Care through to Greater Manchester PCCC, see Figure 2 - Governance Structure below for more details.

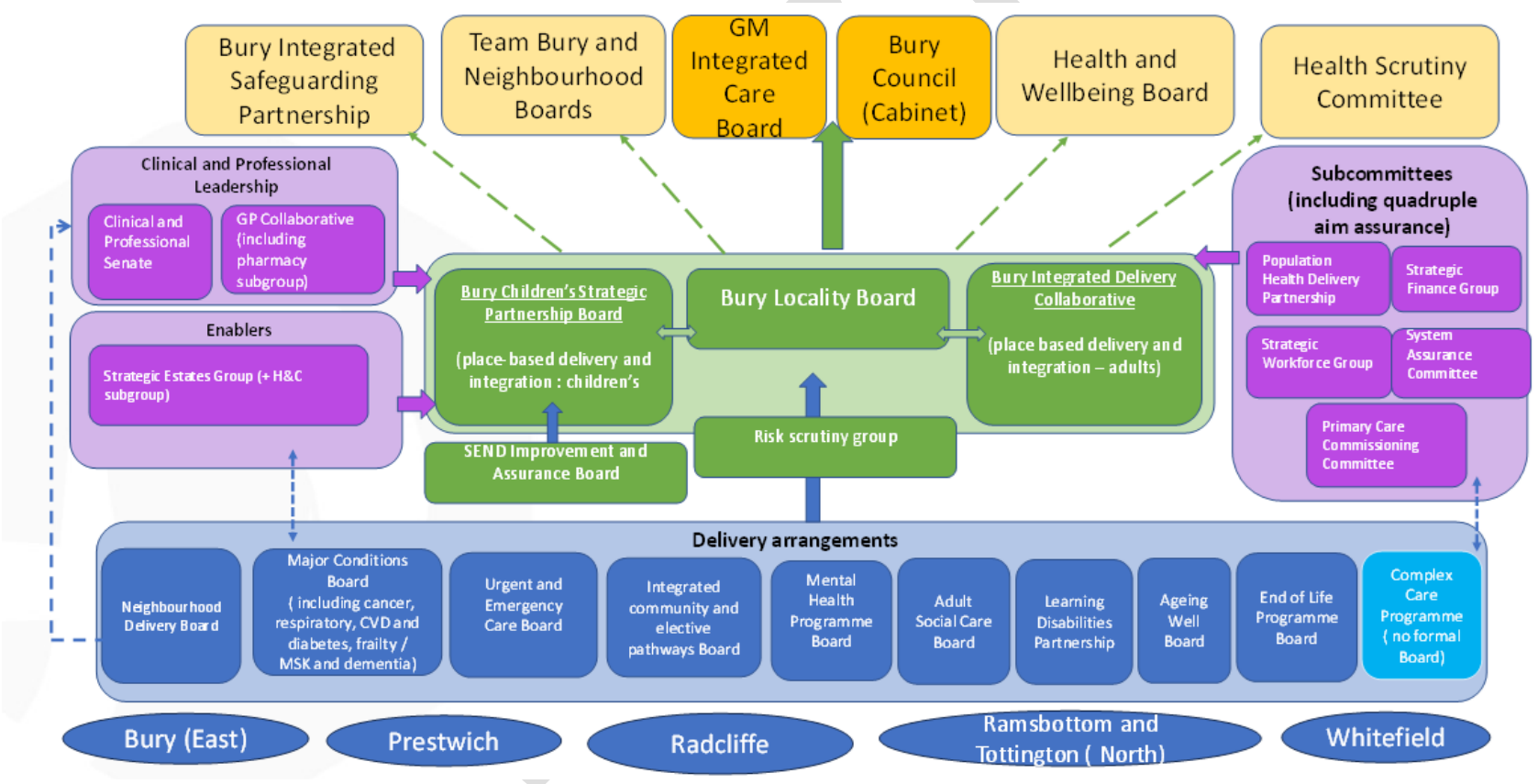


Figure 2 - Governance Structure

Assurance is provided in the form of a highlight report and risk log covering each of the programmes described in this update, which is submitted to the GPLC and IDC monthly, and PCCC bimonthly.

All papers for the GPLC meetings, including the meeting action log and any decisions made are shared with all practices via the Bury Information Hub on our local SharePoint site. In addition, practices receive regular updates via our fortnightly inhouse webinars and quarterly engagement events.

4. Programmes of Work

There are nine programmes of work against which the delivery of the strategy is focused, these are shown in **Error! Reference source not found.** below:

Figure 3 – Nine Programmes of Work

4.1. Alternative At Scale Solutions

Intention:

The model of general practice is ever changing and there continues to be significant challenges at play including premises, workforce and the finances associated. The ability to deliver services at scale, for example either on a hub or neighbourhood level provides an opportunity to:

- Provide Greater Accessibility: Expanding services means more patients can access care, reducing waiting times and improving overall healthcare provision.
- Ensure Efficient Resource Use: Larger-scale operations can optimise staffing, appointment scheduling, and facilities, leading to better efficiency.
- Standardised High-Quality Care: A scaled-up approach allows practices to ensure consistent, high-quality care across various locations.

Progress:

Several schemes have been delivered at scale during 2024/25, offering additional capacity and access for patients, these include:

Women's Health Hubs (WHH) – The WHH commenced operation in October 24 and ran until 31 March 25 offering Long Acting Reversable Contraception (LARC) to a defined cohort of patients, aimed at reducing both inequalities in access and secondary care waiting times for specific interventions. During its 6 months of operation, the WHH offered 277 appointments, seeing 231 patients. The WHH ceased operations at the end of March 2025 with the introduction of a newly procured Community Gynaecology Service pending, though concerns have been raised that this change in approach no longer addresses any inequalities or gaps in service which the WHH strategy had ambitions to address and instead places focus directly on reducing secondary care pressures. Discussions are taking place between Public Health and the GP Federation (Fed) which if agreed will see the Fed able to continue to offer LARC for any patients registered with a Bury GP.

Quality Assured Spirometry (QAS) – QAS was introduced in January 23, its aim was to improve the diagnosis of COPD and asthma within Primary Care by improving access to quality assured spirometry at a neighbourhood level and was successful in offering QAS to all patients aged 18+ in Bury and addressing the backlog generated during COVID (and to some children however, this was not contracted and was sporadic given the additional training required on staff) however the service ceased as of 31 March 2025 due to funding issues. A proposal will be presented at PCCC in May which if supported will see continued investment for 2025/26 supporting the standardisation of QAS and FeNO across GM.

Urgent and Emergency Care Monies (UEC) – Nearly 15k additional appointments were offered during 2024/25 through winter pressures

funding used to support the delivery of Winter Surge Hubs (WSH) and Acute Respiratory Hubs (ARH). There is evidence to suggest that these clinics reduced attendances across A&E and BARDOC and released pressure on Primary Care in the process. This detail will be presented at Primary Care Commissioning Committee in May. UEC Board has approved funding for additionality in Primary Care in 25/26. The team will work with colleagues to enable implementation and monitoring of any agreed schemes.

Addressing Variation in Vaccination Uptake – Huntley Mount on behalf of Bury PCN and the GP Federation on behalf of Horizon, Prestwich and Whitefield (HPW) have held various MMR clinics with the aim of supporting the improvement in vaccine uptake across Bury. Reporting for this work goes through the Vaccine Assurance Committee and outputs have been extremely positive. The devolution of vaccination responsibility to ICBs from April 2026 will give additional opportunities to use this approach to address inequalities more routinely by targeting specific cohorts through the provision of detailed data and intelligence.

Enhanced Access (EA) – In 2024/25 over 11k hours of clinical capacity was offered across the locality, this included 46 hours' worth of clinical time over and above those contracted. This is a much improved position to last year demonstrating the progress made this year with all PCNs ending the year having achieved the contractual requirements. Further work needs to be done to ensure that a greater proportion of appointments are utilised, which whilst not a contractual requirement of the EA, is paramount to improving access.

Special Allocation Scheme – A SAS service (previously known as violent patient scheme) is delivered as a borough wide service. The team is currently working with the provider to increase the number of people repatriated back to mainstream Primary Care Services in addition to introducing a block contract. As with other contracts differential commissioning rates and models are in place across localities and therefore a GM wide review is needed which we will support.

Learning from the WHH was intended to be used to inform a borough wide delivery model for **Minor Surgery (MS)** aimed at addressing gaps in capacity which have been created as a result of under investment in this contract in comparison with other localities as well as interests, skills and knowledge differences in this area, however it is now more likely that we will need to pause whilst the outputs of the NHS reforms take place.

Measurable Indicators	Target	Mar'23	Mar'24		Mar'25	Change	G1	G2	G3	G4	G5	BP
No. of additional appointments offered through WHH	277	N/A	N/A	↑	277	N/A	✓	✓			✓	✓
• % of appointments utilised	85%	N/A	N/A	↑	87.37%	N/A	✓	✓			✓	✓
No. of appointments offered through QAS		3120	↓ 905	↑	2738	1833	✓	✓			✓	✓
No. of additional appointments offered through ARH	9512	N/A	8697	↑	11004	2307	✓	✓			✓	✓
• % of appointments utilised	↑	N/A	99%	↓	93.43%	-5.57%	✓	✓			✓	✓
• DNA Rate	↓	N/A	7%	↓	6.24%	0.76%					✓	✓

No. of additional appointments offered through WSH	4159	N/A	2473	↑	3778	1305	✓	✓			✓	✓
• % of appointments utilised	↑	N/A	100%	↓	91.55%	-8.45%	✓	✓			✓	✓
• DNA Rate	↓	N/A	9%	↑	9.99%	0.99%					✓	✓

Enhanced Access is not comparable from one year to the next as requirement is based on a specific weighted list size and therefore for the purposes of demonstrating achievement has been separated out below:

Measurable Indicators	Required		Met	Difference	G1	G2	G3	G4	G5	BP
No. hrs offered against the Enhanced Access DES	11,170.72	↑	11,217	46.28	✓	✓			✓	✓
• Bury	2,792.76	↑	2,835	42.24	✓	✓			✓	✓
• Horizon Prestwich and Whitefield	8,377.96	↑	8,382	4.04	✓	✓			✓	✓
% of hrs offered against the EA DES which were utilised	85%	↓	56%	-29%	✓	✓			✓	✓
• Bury	85%	↓	52%	-33%	✓	✓			✓	✓
• Horizon Prestwich and Whitefield	85%	↓	77%	-8%	✓	✓			✓	✓
Equivalent no. appointments offered which were utilised			35,969	N/A	✓	✓			✓	✓
• Bury	N/A	N/A	6,484	N/A	✓	✓			✓	✓
• Horizon Prestwich and Whitefield	N/A	N/A	29,485	N/A	✓	✓			✓	✓

Risks:

1. Patients often perceive that care delivered by someone other than their GP or practice is of lesser quality or standard, this appears to be reflected in both utilisation and DNA rates for services delivered at scale which we need to address. Communications support is needed to positively promote this access, appropriately building on the we are Primary Care Family campaign.
2. Increasing demand within the SAS service is of concern. Whilst will be working across the year to reduce activity and number of patients within 2025/26 there is an additional delivery risk as the current provider has indicated that they are not willing to continue within the proposed financial envelope. We will continue to work through our options to ensure continuity of service and will work with GM colleagues to ensure tariffs are in line with other GM localities.
3. There were 6 practices that opted not to deliver Minor Surgery in 2024/25 citing that the value associated wasn't sufficient to cover their costs. Patients of these practices will have been referred to secondary care which in turn increases pressure on secondary care pathways

that are provided at a higher cost than primary care. The participation agreement for minor surgery for 2025/26 is 30th June at which point we anticipate further abstention.

4. Funding for a Community Diagnostic Hub in Bury was not approved leaving the locality without provision, this leaves us with less options for patients, for example commissioning of QAS amongst other interventions has been commissioned via CDHs in other localities across GM of which General Practice across Bury was initially permitted to use however, the CDH Spokes do not have capacity to take Bury referrals at this time leaving us without central provision or providing it at locality at cost, this continues to be a risk for the locality.

4.2. Communications and Engagement

Intention:

Practices delivered 30,000 more appointments in 2024/25 then before the pandemic and yet sadly our staff continue to receive abuse from patients on a regular basis when the response is perceived not to meet the need. It is demoralising and is having an impact on staff retention and our ability to recruit (as described in greater detail in section 4.9.) which in turn affects patient experience.

This Communications and Engagement programme was therefore aimed at changing the negative narrative around general practice by:

1. Raising awareness about demand and pressures and rebutting inaccuracies with facts and statistics
2. Educating patients about how general practice has changed and why by answering some of the frequent questions.
3. Delivering positive messages showing the range of health care professionals working in general practice, and how they can help patients get the right care at the right time.
4. Raising awareness about alternative access routes
5. Drawing attention to inappropriate requests of the wider system which impact on an already limited capacity within general practice

Effective communication and engagement in healthcare are essential for both patients and professionals because they drive better health outcomes, improve trust, and enhance efficiency.

Progress:

Get to Know Where to Go – Materials supporting the get to know where to go campaign continue to be pushed out through Primary Care in order to expand the knowledge around the Primary Care Family and wider system partners. Practices promote these materials on their

websites but these need to be more readily available to patients through wider social media platforms.

Directory of Services (DOS) – Feedback is currently being sought from practice managers to understand if this is still a requirement.

Bury Information Hub - SharePoint continues to be our primary communication channel for sharing news and education opportunities with general practice. All practice staff have access to the regularly updated pages, which includes a handy A-Z navigation system. We have introduced a daily SharePoint news round up message on teams and now email out a weekly 'SharePoint News You Might have missed'. This has increased the page viewers by 138% and the page views by 307%.

General Practice Webinars – We continue to host interactive fortnightly webinars, with strong attendance from GP's and PM's. These sessions are recorded and can be watched back at a convenient time. Topics covered include cancer, advanced care planning, pathway changes and contractual updates. A survey has been sent to practice staff to gain feedback on the GP Webinars and SharePoint to ensure they are still both effective and to see if there are future topics that staff would like to be covered at webinars.

Engagement Events – Quarterly face to face engagement sessions take place and are well attended by a range of staff from practices, these sessions are more interactive and provide an opportunity for peer support and sharing of good practice.

Older Peoples Forum – The Team have attended several Older Peoples Forums events, highlighting how access to Primary Care has changed. This included an overview of the new roles and IT options available and the production of a FAQ.

Measurable Indicators	Target	Mar'23	Mar'24	Mar'25		Change	G1	G2	G3	G4	G5	BP
Average attendance at GP Webinars	N/A	N/A	37	↑	38	1			✓	✓	✓	
Number of Bury Information Hub Members	N/A	N/A	549	↑	579	30			✓	✓	✓	
Average number of Information Hub Views A-Z (last 90 days)	N/A	N/A	830	↑	1029	199			✓	✓	✓	

Risks:

1. There is no longer any communications or engagement support identified locally meaning opportunities to manage public relations and expectations, particularly through this financial crisis are being missed for example through the use of TV Screens within practices and promoting local messages.

4.3. Data and Digital Ambition

Intention:

It was intended that with the emergence of the Integrated Care System this would allow the digital teams that support primary care to realise more economies of scale and that a huge part of that would be working with PCN's and practices to identify needs across the region and drive down costs through app/software rationalisation and standardisation ensuring that software is fit for purpose to deliver the best possible care to the people of Bury. Several areas where it is considered that economies of scale can be leveraged include.

Telephony – Levelling up the offering allowing for smarter systems with better functionality that will not only improve the experience of the patients contacting our services but also improve workflows and save time for the staff.

E-Consultation – leverage its size to drive down cost of e-consultation while also allowing us to provide a consistent service across the practices.

GMCR – collates patient information from across Greater Manchester into one place, making it easily accessible for health and care professionals to inform direct care from across geographies and organisations.

Data driven improvements - Using data to target and address variation and inequalities in care.

Digital technologies – Widening the use of digital Apps, putting patients at the centre of care, enhancing accessibility, and improving patient compliance.

Progress:

Realtime searching and reporting – The central Data, Insight & Intelligence (DII) team are now producing most of the business intelligence requirements for primary care using data from the Greater Manchester Care Record (GMCR), this not only means that data is refreshed regularly but also aids a consistent data set being used across localities enabling benchmarking to take place. Local needs beyond those available through the GM Intelligence Hub are currently in the scoping phase with the assistance of the new local BI lead.

Data driven inequality identification – This programme of work will commence in 2025/26 and will be focused around reducing unwarranted variation in a set number of areas with specific practices as part of the Primary Care Quality Visit process. A full programme brief and regular reporting data will be presented to Primary Care Commissioning Committee.

NHS App – Practices have actively promoted the benefits of the NHS App to patients and carers enabling them to book appointments and order repeat prescriptions without the need to be held in a queue by busy practice telephone lines. We have seen a 6% increase in registrations

this year. The App also has access to a number of other services including symptom checkers, NHS 111 and online consultations and is widely described as 'a digital front door to GP practice services. Increased uptake of the NHS App and directed support for patients has been identified as part of the patient-led ordering work in GP practice, empowering patients to take control of the ordering of repeat medicines. Support focused on hard-to-reach communities, with a session planned at a community group to talk to community leaders about engaging their population and how we can support increased uptake. Support to communities where digital application was not appropriate was considered, working with GP practices and the community to establish alternatives. Working with local services and community groups to further support digital literacy and opportunities to access digital devices. We will continue to promote the benefits and improvements as upgrades are made as well as through the patient-led ordering work. Prescriptions ordered through the App have increased by 108k this year.

Work continues to push other validated Health Apps which empower patients to look after their own health such as **Myway Diabetes** with 48% of practices currently signed up to the data sharing agreement which enables a smoother onboarding process for the patient.

***Cloud Based Telephony** – It was incorrectly reported in the last update that all practices had transitioned to Cloud Based Telephony, this is not the case as we are aware two practices had technical issues which were still being worked through.

The Digital First Primary Care (DFPC) programme – Digital facilitators and clinical network leads are now in place across all localities. We await further details around their programme of work.

GP Connect – GP connect is an IT system that allows patient records to be transferred from one GP to another. Practices had previously enabled a number of appointment slots based on their list size to be available for these services and there is a further requirement that by no later than 1st October 2025 all practices will have the functionality in GP connect enabled which will; allow read only access to patients' care records (for NHS commissioned providers and private providers where permission has been sought from the patient) and allow community pharmacists to send consultation summaries into the GP practice workflow.

Work continues to be done on further functionality of GP connect including allowing patient access and we will await national / GM guidance on further roll out.

GM Care Record - GP practices in Bury North were invited to express an interest in participating in a proof of value for "Digital Dementia Wellbeing Care Plans within the GM Care Record (GMCR)". Bury were successful, alongside Trafford locality in securing this project. In March 2024, Health Innovation Manchester endorsed a proposal for Bury North to deliver this project as a collaborative through resource identified within the Horizon PCN and wider North neighbourhood team, whereby those patients living in the North Neighbourhood and listed on the North GP Dementia Register were identified as the target cohort. Health Innovation Manchester set Bury a target of completing 390 digital dementia wellbeing care plans, which was achieved and exceeded within a 3-month deadline (1st April 2024 to 30th June 2024.) The project was highly successful achieving positive outcomes including improved care coordination and pro-active care, addressing heath disparities and streamlining care processes, including improved communication between parties. Health Innovation Manchester now refer to Bury locality as

the blueprint within GM, due to the successes achieved. This work also contributed to Health Innovation Manchester receiving a prestigious award at the HTN – Health Tech News Awards for "Best use of digital for Integrated Care Systems". (a copy of the evaluation is available on request)

Online Consultation - Completion of Digital First questionnaire regarding online consultations and platform usage, links to PCARP and digital pathways framework. Funding was secured to carry the current services over until a long-term solution is put in place. This remains a concern for general practice in meeting patients' needs whilst maintaining clinical safety. From 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent appointment requests, medication queries and admin requests.

Digitisation of GP Lloyd George records – There are currently no plans around the digitisation of Lloyd George notes which would free up a small amount of valuable primary care estate, this is because of a lack of funding to support this work.

Online Patient Registration Service – All 25 practices have now successfully implemented the new online registration service requirement which enables a quick onboarding process for patients and reduces practice administration.

Electronic Prescribing – there is a vision at GM level to enable electronic prescribing for all prescribers in Greater Manchester, which will further connect secondary care with community pharmacy. There are also ongoing pilot sites in the region for prescribing in community pharmacy.

Patient Charter – In 2025 NHS England will publish a patient charter which will set out the standards a patient can expect from their practice, as outlined in the GP contract. The charter will need to be published on the practice website. This will improve transparency for patients and make it easier for them to know how practices will handle their request and what to expect from their practice. Practices will be required to display

Measurable Indicators	Target	Mar'23	Mar'24		Mar'25		Change	G1	G2	G3	G4	G5	BP
% of patents registered for the NHS App (13+)	↑	55%	↑	59%	↑	65%	6%	✓	✓	✓		✓	✓
no. of prescriptions ordered using the online repeat prescription function	↑	N/A		214,956	↑	323,327	108,371	✓	✓	✓		✓	✓
% of unmapped mode of appointments	↓	0.1%	↑	12.6%	↓	0.1%	-12.5%	✓	✓			✓	✓
Introduction of Cloud Based Telephony (no of practices)	25	9	↑	*23	↔	23	0	✓	✓	✓		✓	✓
Practices use the new online patient registration service by 31/10/24	100%	N/A		N/A	↑	100%	100%	✓	✓	✓		✓	✓
% of practices signed up to the MyWay Diabetes DSA	↑	N/A		N/A	↑	48%	N/A	✓	✓	✓		✓	✓

Dashboards to support the following metric monitoring are no longer available, below is the last available data comparison:

Measurable Indicators	Target	Mar'23	Mar'24		Aug'24		Change	G1	G2	G3	G4	G5	BP
% of registered patients enabled to view their detailed coded record online	↑	5.29%	↑	33.3%	↑	36.74%	3.44%	✓	✓			✓	✓
% of registered patients able to book/cancel appointments online	↑	15.5%	↑	33.8%	↑	38.3%	4.5%	✓	✓			✓	✓
% of registered patients able to order repeat prescriptions online	↑	28.7%	↑	37.4%	↑	41.0%	3.6%	✓	✓			✓	✓

Risks:

1. A significant amount of the primary care teams time is spent on organising and analysing data from multiple sources to support and address ongoing quality and performance assurance, as the DII function and products develop this should hopefully reduce.
2. There remains a gap in communication between the Digital IT programmes of work and Primary Care. There is a growing concern that as a result Bury is disconnected from opportunities to improve our digital capabilities and infrastructure which in turn impacts our capacity and access for patients and ultimately leads to poorer patient experience.
3. The NHS GM Digital and IT team are underway with the re-procurement of GM practices online consultation and triage system for 2025/26. The teams were to organise a series of individual online meetings with each supplier so that practices can hear more about each system. Questions were agreed with input from practices, to help enable practices to understand more about the capabilities of each system. The current suppliers are Accurx, Patchs, iPlato, AskmyGP, Footfall and Econsult and if there is interest from practices, other suppliers that are on the procurement framework will be considered. All practices were to be invited to the series of online meetings. The re-procurement exercise is due to be complete in July 2025, at which point practices / PCNs should be able to exit current contracts and switch to a provider of their choice (on the framework). The time frames do not align with the final date for submitting the self-declaration for the CAIP 24/25 domain however, which is May 2025, further limiting practice / PCN current choice of platform available. This has impacted 3 of the 4 PCNs in the locality, who do not meet the Simpler Online Requests domain of CAIP 24/25 due to limited choice of platform available / clinical safety issues, resulting in 3 PCNs not receiving 10% of their available funding (total of £85,979.17). The 3 PCNs have been advised to share any demonstrable evidence as to why, should they want to appeal non-payment.

4.4. Effective Pathway Navigation

Intention:

A patient should only see a GP if they '**need'** a specific medical response which only they can deal with. It is recognised that patients and system partners all find it difficult to navigate services effectively at times, often deferring to the GP where it is inappropriate.

Without patient and system knowledge and cooperation, this can lead to an overburdened service unable to meet demands.

We need to:

1. Triage and direct patients to the most appropriate professional in a consistent way through care navigation regardless of how that contact is made.
2. Agree a consistent digital offer for patients.
3. Fully utilise and embed the new roles available through the ARRS.
4. Adopt new and collaborative ways to deliver services.
5. Reduce unnecessary hand offs and bureaucracy.

Progress:

Triage and Navigation Training – Practices are now required to implement a single approach for all requests whether online, phone or walk-in as part of their Capacity and Access Improvement Plans. Training, funding and tools were made available to all practices by the national team and practices made responsible for continued roll out to new starters and seeking refresher training where appropriate.

Primary Secondary Care Interface (embedding adoption of the principles) – Work undertaken in 2023/24 was built on in 2024/25 by the introduction of GP Collective Action from August 2024 to March 2025. During this time, the BMA suggested 10 key areas to select and focus on which correlated with local work undertaken to identify areas of bureaucracy which if removed would reduce unnecessary workload burdens on practice teams giving them more time to focus on their patients' clinical needs. Work was undertaken to undertake required changes in four key areas: Onward Referral, Complete Care, Call and Recall, Clear Points of Contact whilst, although the GPCA has been stepped down, work continues to implement system recommendations of the General Practice/Community Pharmacy interface principles (initially through separate, new programmes such as patient led ordering).

Learn From Patient Safety Events (LFPSE) – There is a new contractual requirement for practices to register for a LFPSE account for the purposes of; recording patient safety events at the practice about services delivered by the practice, recording patient safety events that occurred in other health care settings, and individuals being able to download a copy of the record for purposes of supporting appraisal and revalidation. The GM team are currently developing communications and engagement messages which can be shared with general practice

and are arranging training webinars that all GP practices will be invited to.

Patient Led ordering – Our medicines optimisation team continue to support a phased roll out of patient led ordering which links with the digital ambition to increase the uptake of the NHS App. This work also supports embedding the GM GP Practice & Community Pharmacy Interface principles document intended to improve communication and reduce the administrative burden of repeat prescription requests. This work has been completed in 9 practices (1 historic), and a further 2 with confirmed go-live dates, with the remaining practices in that neighbourhood agreeing timescales. Roll-out will continue into 25-26, with the ambition of all Bury practices live with patient-led ordering by March 27. Work will continue to embed the GM GP practice & Community Pharmacy Interface principles.

Primary Care Access Recovery Plan (PCARP) –The aim of the Capacity and Access Improvement (CAIP) funding aimed to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led. All PCNs transitioned to a modern general practice access model, supporting the CAIP domains in 2024/2025 and PCNs will continue to make improvements in these areas in line with CAIP during 2025/26. The 3 domains were around better digital telephony, simpler online requests and faster care navigation, assessment and response. The primary care team will continue to be part of a GM implementation group to understand what the support can be given to practices. Associated targets will be monitored as part of our performance and monitoring process. A central dashboard is intended to support this work. Discussions around issues or sharing of good practice will take place via the PCQV process and be fed through to the GM PCARP working group. For 2025/26 there is a national ask around population health risk stratification (an ICB approach is needed regarding risk stratification tools) in addition to, the introduction of peer ambassador's whose role will be to accelerate the implementation of MGP, as part of a newly launched national Primary Care Transformation Academy.

- The aim of the academy is to bring together a number of clinicians from across the country who have experience of leading on the delivery of Modern General Practice in their own locality.
- The clinicians, or peer ambassadors, will draw on their own experience from general practice or a Primary Care Network (PCN) to support others to take forward the necessary changes to implement modern general practice. Members of the academy will meet quarterly to provide peer support, share learning and influence strategic direction for primary care.

Self-Directed Referrals – we are aware of the 7 services enabling self-referrals, however despite repeated efforts to understand any further developments and timescales, we have been unable to ascertain this information. Appreciating this is a major contributing factor to appointments being used inappropriately, we will continue to link in with community colleagues to understand the detail further.

Wider Primary Care Provision – We continue to support appropriate increased utilisation of wider primary care provision such as Pharmacy First and Community Urgent Eye Services (CUES). In 2025/26 that ambition will include Hypertension Case Finding, Contraceptive, New

Medicines and Smoking Cessation Services in addition to routine self-care and minor illness support. Work will also take place to standardise both the Minor Ailment Services (MAS) and CUES across all GM localities.

Measurable Indicators	Target	Mar'23		Mar'24		Mar'25	Change	G1	G2	G3	G4	G5	BP
% of patients waiting over 28days all modes all HCP	↓	3.2%	↑	4.0%	↑	6.7%	2.7%	✓	✓			✓	✓
Increase the number of referrals via Pharmacy First	↑	1475	↑	2193	↑	6418	4,225	✓	✓	✓	✓	✓	✓
No of practices live with patient led ordering	↑	0	↑	1	↑	9	8	✓	✓	✓	✓	✓	✓
Number of practices attending care navigation training session	↑	0	↑	21	↔	21	0	✓	✓	✓	✓	✓	✓

Risks:

1. CAIP 2025/26 is a PCN self-declaration process and therefore assurance around delivery is limited, however it is likely a post payment verification process will take place, for example this may be scrutiny within one practice in each PCN.
2. The ability for general practice to meet appropriate demand relies on patients having the necessary access to suitable alternatives. Whilst satisfactory progress has been made with Pharmacy (Pharmacy First) and Optometry (Community Urgent Eye Service) there has been little progress locally to expand self-referral options to community services in line with the NHS primary care access recovery plan.
3. Due to capacity constraints within the Medicines Optimisation team, the support available to practices for patient led ordering is limited, resulting in slower progress than desired.

4.5. Estates, Current and Future Need

Intention:

Primary medical providers are contracted to provide services from specific locations. The majority of primary medical contracts are in perpetuity and the location of practices is based on historic arrangements rather than strategic planning. These premises range from purpose-built NHS properties to converted houses; some fit to provide care now and in the future however others will struggle to cope with the changing demand on primary care services. The location of a practice can only be changed by a variation to the contract which is mutually agreed by both the provider and the commissioner following public engagement.

The following are key components of the estates programme:

- There is significant housing, and regeneration works planned for Bury of the course of the next 5/10 years which will impact on the demand and capacity of general practice.
- There is no Estates Strategy for Primary Care – A plan was produced in 2018 but will need to be rewritten with future vision in mind.
- Community Health Partnership (CHP) were commissioned to deliver PCN Estates Strategies, and any funding is now focused on the delivery of these identified priorities.
- Facet surveys are needed to ensure every premises is being fully maximised.
- Digitisation of Lloyd George records gives us an option for freeing up small amount of space but at a cost and not transformational.
- Opportunities to co-locate teams from across primary/community/secondary care.

Progress:

Whitefield – The main process within the estates programme for 2024/25 has been around the work to secure suitable alternative accommodation for Uplands Medical Practice. This remains a key priority for both GM and the locality due to the deteriorating state of the current facility. Funding has been secured and the current plans are progressing at pace.

Prestwich – This is a strategic priority for the locality due to the regeneration proposals being progressed by local partners in this town and the related proposed use of the existing health site. Work has progressed to assess outline design requirements for the GP practices and other health partners due to relocate into the new community hub facility. It is anticipated that this will emerge as a key priority within the PCN toolkit outputs. Work continues to understand the funds flows and governance process required to secure this key scheme and to avoid health system delays impacting on the overall plans for Prestwich. We will continue to develop this scheme along with regeneration partners in the town and work with system partners to understand the funding solution and governance mechanisms.

Town Centre (Millgate) - Preliminary discussions with key health partners have progressed with Local Authority colleagues to understand if a health presence could be achieved within the centre of Bury, linking to the wider plans for the Millgate shopping centre and current pressures on the hospital site. We will continue to work alongside system partners to attempt to achieve a health presence within the Millgate shopping centre.

Rock branch closure – In February 2025, Rock Healthcare submitted a formal application to close the Radcliffe branch of the practice with the intention of operating solely from their main site at Moorgate Primary Care Centre. An Options Appraisal was submitted to PCCC in March 2025 with the committee approving Option 1 to close the site. Rock Healthcare anticipate that the branch closure will be complete by June 25.

The current lease held by Rock at Radcliffe (Lift building with headlease held by Community Health Partnerships) and Moorgate (PFI with headlease held by NHS Property Services) premises have expired. The move from Radcliffe to Moorgate will allow utilisation of void/under-utilised space at Moorgate and will also release in demand space at Radcliffe Primary Care Centre for other uses (there is significant demand

for space in this area with several options to fill the space that would be made available being considered, one relating to a critical service that could locate to Radcliffe.) The additional space needed at Moorgate will be funded via an element of the existing budget allocated to the Radcliffe Primary Care site.

Utilisation – It is recognised that the availability of fit for purpose and accessible health estate for the provision of services remains a limiting factor to service progression particularly due to the complexity of current contractual and funding mechanisms. Some targeted areas of work have progressed this year in particular relating to some of the larger PFI and LIFT facilities to ensure that contractual structures do no limit full building utilisation. A regular review of the void and under-utilised estate across Bury continues on a regular basis alongside a regular strategic view relating to the estate of all system partners to understand any opportunities for space. We will work to ensure that the utilisation across all buildings is fully understood in order to make progress in unblocking obstacles to better building utilisation across the borough. Ensuring that this work enables a more focused system wide view of estate to emerge that better enables accommodation needs to be responded to in line with health and clinical need.

In addition, we will support practices to utilise the suite of aide memoires which will be produced centrally, aimed at assisting GP PC on estates related processes, procedures and developing policies including a prioritisation tool to enable capital funding to be assigned to schemes/areas with the greatest need.

Major Building Projects – Several major building projects are being progressed within Bury (namely Elton, Walshaw and Bowlee/Simister) and initial discussions have commenced to fully understand the likely health impact and therefore, the potential requirement for contribution from the relevant development partners. We will continue to work in partnership with local partners to ensure the health impact of major housing proposal is fully understood and sufficiently planned/allocated within development proposals.

Measurable Indicators	Target	Mar'23	Mar'24	Mar'25	Change	G1	G2	G3	G4	G5	BP
No measurable indicators currently in place/monitored											

Risks:

1. The current economic climate both locally and nationally may impact on the ability of us to respond to identified priorities.
2. The current contractual and funding arrangements may potentially limit the ability to quickly respond to health need from an accommodation perspective.

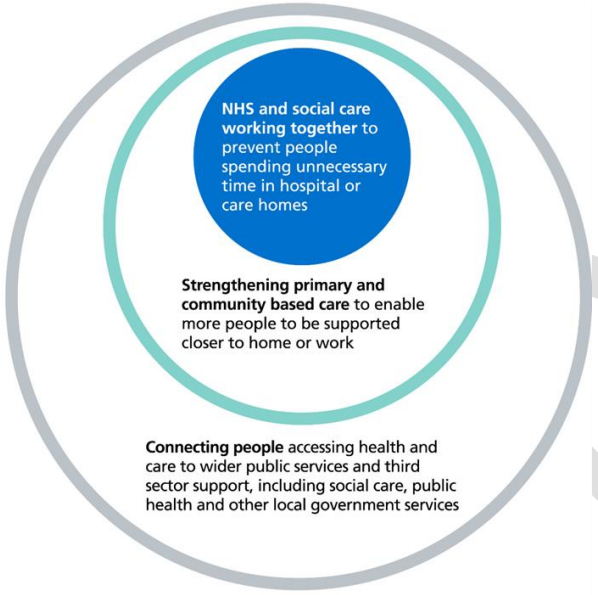
4.6. Integration with Wider Primary Care, Public Service Reform and Neighbourhoods

Intention:

The NHSE guidance on Neighbourhood health sets out a vision for delivering more care at home or closer to home, improve people's access, experience and outcomes, and ensure the sustainability of health and social care delivery. The guidance recognises that addressing our key public health challenges in a sustainable way relies on an increased emphasis on prevention and proactive care delivered through a more closely integrated health and care system at a Neighbourhood level.

The principles and approach set out in the guidance align closely with the GMICB sustainability plan, GMCA Live Well model and the Bury Let's Do It strategy and Locality Plan.

The Guidance recognises that delivering the transformational change needed will require all parts of the health and care system – primary care, social care, community health, mental health, acute, the VCSE and wider system partners –to work more closely together to support people's needs in a more systematic way.



The Guidance sets out 3 key shifts at the core of the government's health mission:

1. from hospital to community – providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care.

2. from treatment to prevention – promoting health literacy, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health.

3. from analogue to digital – greater use of digital infrastructure and solutions to improve care.

Progress:

In recent years Bury has established a number of key building blocks to support this transformation including:

- Integrated Neighbourhood Teams
- Active Case Management [ACM] and MDTs linked to each practice
- Neighbourhood partnership meetings
- Public Service Leadership Teams in each Neighbourhood

- Supporting proactive care at a Neighbourhood level through the Locally Commissioned Services framework.
- Evolving approaches to proactive care developed through our PCNs.
- Examples of cross sector workforce development initiatives on areas such as frailty, dementia, bowel cancer screening, Adverse Childhood Experience and co-occurring conditions.
- Initiatives to improve communication and relationships with District Nursing.
- Work with Fairfield General Hospital to raise awareness about ACM, strengthen referral pathways and link in with the work happening around high intensity service users.

There remain significant challenges to delivering the transformational *shifts* set out in the NHSE Guidance including estates constraints, fragmented digital systems, workforce capacity, funding pressures and governance. However, over the next few years there is the opportunity to make further progress and priorities for 2025/26 include:

1. Review of Active Case Management and MDTs.
2. Improving pathways and alignment with community mental health services.
3. Improving communication and achieving more joined-up planning with PCNs.
4. Implementing EPaCCS within speciality palliative care and community services with EPaCC records viewable by GP practices.
5. A test of change to improve care planning and co-ordination in care homes.
6. The development of an exemplar Living Well Hub in one Neighbourhood in Bury.

We recognise that a significant proportion of GP consultations are not primarily for medical conditions and for many people wider socio-economic circumstances are driving health problems and inequalities. Therefore, reducing unnecessary demand on general practice will be dependent on effective partnership working at a Place and Neighbourhood level not just with other health and care services but also with organisations working in the fields of employment, housing, skills, community safety etc.

Networks versus Neighbourhoods – We are currently in the process of redefining and strengthening the alignment between PCNs and Neighbourhoods as well as wider system partners using a Memorandum of understanding.

Primary Care Networks (PCN) – PCNs continue to work differently to deliver improve care across their practices including:

- Cancer Care - using C-the signs – The team have improved the PCNs detection rate and post diagnosis support has improved.
- Acute Visiting – Provided across the PCN rather than an individual practice basis meaning a fair and consistent response to home

visiting as an integral service providing additional capacity. With strong positive Patient.

- First Contact Physios – A sizeable number of appointments are delivered across practices with high levels of utilisation and the patients passed back to the practice is minimal demonstrating appropriate use.
- Social prescribing – outreach sessions take place across the locality on a weekly and monthly basis from community venues. These range from weekly drop-in session at local churches, mental health group on a Friday lunch time, a weekly gardening group in allotments, weekly walks with different routes, drop in at phoenix centre on a Thursday, a music group, happier and healthier Prestwich (PCN PGG) for patients to take ownership of their own health. The drop-in sessions have representatives from various organisations such as citizens advice, MIND, food banks.

Neighbourhoods – Practices and wider system partners meet monthly to discuss issues and solutions relevant to them. Our locally commissioned service for 2024/25 incentivised practices to further collaborate around Frailty or Chronic Obstructive Pulmonary Disease (COPD), the indicators below demonstrate the significant impact of that work. Unfortunately, the introduction of GM Standards in 2024/25 meant that several indicators including those around Chronic Heart Disease (CHD) had to be stood down, data however continued to be collected and monitored to evidence the impact of that financial shift. For 2025/26 additional funding will enable the adoption Frailty and COPD across the borough.

Wider Primary Care - Work is being piloted in the North of the borough aimed at establishing relationships with wider PC professionals starting with Pharmacy colleagues. This work will also contribute to the deflection work described in section 0.

Measurable Indicators	Target	Mar'23	Mar'24		Mar'25		Change	G1	G2	G3	G4	G5	BP
% of people aged 60-74 adequately screened for bowel cancer (East)	65%/5 %	67.99%	↑	75.10%		TBC					✓	✓	✓
% of non-responders with evidence of a follow up recorded (East)	100%	18.81%	↑	92.98%		TBC					✓	✓	✓
% of people ≥65 with their frailty assessed (Prestwich)	10%	20.92%	↑	41.55%	↑	62%	-20.45%				✓	✓	✓
% of people ≥65 with mild to mod frailty referred to social prescribing (Prestwich)	20%	5.83%	↑	38.37%	↓	12%	-26.37%				✓	✓	✓
% of people on SMI register with Alcohol and Drugs misuse Qs recorded (W&U)	70%	68.66%	↑	91.51%		TBC					✓	✓	✓
% of CHD patients whose annual review included all 6 tests	60%-81%	34.68%	↑	71.58%	↓	57%	-14.58%				✓	✓	✓
% of CHD patients immunised against Flu	90%	75.92%	↓	75.25%		TBC					✓	✓	✓
% of CHD patients immunised against COVID	90%	69.92%	↓	60.93%		TBC					✓	✓	✓

% of CHD patients immunised against Flu and COVID this fiscal year	N/A	N/A		N/A		55%							
% of CHD patients with BP ≤140/90 in last 12 mths	90%	82.69%	↑	89.89%	↓	77%	-12.89%				✓	✓	✓
% of CHD patients with BP ≥140/90 taking antihypertensive medication	80%	68.74%	↑	89.66%	↑	91%	1.34%				✓	✓	✓
% of CHD patients aged 25-84 with risk score ≥60% on LLT	60%	73.94%	↑	77.91%	↑	92%	14.09%				✓	✓	✓

	Target	23/24		24/25	Change	G1	G2	G3	G4	G5	BP
High Risk Reviews CVD and Diabetes	LT 10% UT 50%	43.91%	↑	56.91%	13%				✓	✓	✓

	North		Prestwich		Whitefield		East		West	
	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25
A minimum of 12% of patients ≥65 identified as having frailty as determined by a recording of Rockwood score 5 or 6	10%	16.5%	24.4%	38.9%	13.3%	27.5%				
An annual review of these patients which includes both: 1. A review of the patient's medication; and 2. Calcium/Vitamin D preparation as per GMMMG Formulary except where patient declines or it is not clinically appropriate to prescribe view of these patients	22.1%	86%	11.1%	86.96%	6.6%	82.59%				
70% (of the 12%) considered at high risk of having a fall with a QFracture recorded	0.1%	72.2%	0.8%	47.1%	0.6%	55.9%				
70% (of the 12%) considered at high risk of having a fall with a fall's discussion recorded	0%	71.7%	0%	41.7%	0%	39.6%				
100% of patients diagnosed with COPD as at 31/03/24 have a severity recorded							93.9%	99.93%	95.2%	98.89%
All patient diagnosed with moderate/severe COPD (including those identified as a result of the above) who did not receive an annual review in 2023/24 which includes all of the 4 elements							13%	82.18%	29%	81.34%

95% of eligible patients with COPD receive their pneumococcal vaccination within the neighbourhood							84.64%	94.27%*	90.32%	95.77%*
85% of eligible patients with COPD receive their flu vaccination within the neighbourhood							68.77%	85.28%	72.49%	88.86%

Risks:

1. Only two of our PCN networks are coterminous with our neighbourhood's making integration and collaboration with wider services difficult. Work is taking place to align and support priorities were possible to neighbourhood working for the benefit of patients and wider system efficiencies and the development of a memorandum of understanding will outline and underpin this agreement.
2. Whilst the continued standardisation of incentive schemes across GM (through BeCCoR) provides an opportunity for additional financial levelling to the borough, it also comes with the potential risk that funding previously allocated to neighbourhood work may be redirected to other priorities.

* Please note that the target for these indicators was for achievement by each practice in the neighbourhood in order to receive the reward payment, not for overall achievement. Therefore, all practices in the East achieved and received their associated reward payment whilst one practice in the West did not therefore, the reward payment was not achieved.

4.7. Quality and Assurance

Intention:

General Practice works to serve both national contracts, and enhanced contracts which aim to drive up quality and reduce variation across the borough. By working to ensure the key performance indicators within contracts are met we aim to secure the maximum reward associated and build up a programme of performance improvement across each practice, focusing on areas that require individual improvement but also investigating themes which are borough wide.

We want to work with our practices to ensure all are prepared for their CQC (Care Quality Commission) visits, with the ambition to have all practices across Bury rated Good or Outstanding. We want to ensure that Bury meets or exceeds the national average for "overall experience of making an appointment" as good or very good within the General Practice Patient Survey. We want all practices to comply with the requirement to undertake and submit their Friends and Family Test results, ensuring all patients would recommend us to a friend and we want to reduce the number of complaints received from patients so that your energy can go into patient care and driving up overall patient experience. This will be underpinned by a comprehensive assurance framework, locking in local and national contractual requirements to map out where support is needed the most, allowing us to offer proactive interventions via our Primary Care Quality Visit Programme to improve

performance and reduce inequities across the patch.

Progress:

Care Quality Commission – As part of the Primary Care Quality Visits (PCQVs) we are now incorporating key elements of the CQC framework to help ensure continuous improvement and regulatory alignment. During these visits, we will review each GP Practice's most recent CQC rating and inspection report to assess whether any identified areas for improvement have been appropriately followed up. In addition, we will offer support and resources to practices that may require assistance in meeting CQC standards, helping foster a proactive approach to maintaining high-quality patient care.

General Practice Patient Survey (GPPS) – 2025 GPPS results are not due to be published until July '25. An analysis will be presented at a future GPLC and PCCC, and any issues or good performance raised with individual practices as part of the PCQV process and good practice shared accordingly.

Friends and Family – Since April 2024, 0 practices have been issued a breach of contract notice due to failing to submit FFT data for 3 consecutive months. 100% of practices submitted FFT results in January 2025 a total of 2,689 responses with 92% of patients submitting a positive response. Overall, for GM, there were 71,484 responses received with 93% of patients submitting a positive response. The total number of responses received between April 2024 and January 2025 was 25,976 this is an increase on April 2023 to January 2024 which saw a total number of responses of 19,583.

Primary Care Quality Visits (PCQV) - All 25 practices received a PCQV in 2024/25. The PCQV support process is aimed at having an open dialogue/discussion on concerns and continually raising performance. In 2024/25 a key part of these visits included reviewing cancer screening data and childhood immunisation rates, with an emphasis on encouraging practices to increase uptake in these vital areas. We aim to work collaboratively with teams, identifying barriers and sharing best practice to support improvements. Over the last financial year, we have also actively promoted training opportunities to practice staff where needed and offered support to help address any specific challenges and enhance overall service delivery. There have been several improvements in various indicators this year as per the table below. GM is currently developing a Primary Care Quality Framework which will include a standardised GM dashboard. This dashboard will enable us to reduce the time it takes to manually produce the performance data included in our PCQV's. The dashboard will be available for general practice use, enabling them to access their own performance across several measures and also compare their performance with other practices in GM.

		Qtr 1	Qtr 2	Qtr 3	Qtr 4	% Difference
Persons, 25-49, attending cervical screening within target period (3.5	GM	66.9%	66.0%	65.7%	66.4%	-0.5%

year coverage, %)	Bury	70.0%	69.1%	68.4%	69.0%	-1.0%
Persons, 50-64, attending cervical screening within target period (5.5 year coverage, %)	GM	74.3%	73.6%	73.2%	73.6%	-0.7%
	Bury	74.5%	73.8%	73.6%	74.1%	-0.4%
Eligible persons who have received a bowel cancer screening (50-59)	GM	25.9%	28.5%	30.7%	33.8%	7.9%
	Bury	29.0%	32.0%	34.2%	37.6%	8.6%
Eligible persons who have received a bowel cancer screening (60-74)	GM	67.8%	68.3%	68.5%	68.8%	1.0%
	Bury	70.1%	70.9%	71.3%	71.4%	1.3%

The data above is from the GM cancer screening dashboard via Tableau. The dashboard uses Patient level GP data for secondary uses. Some patients and practices have opted out of their data being used for secondary use purposes.

Cervical screening has declined in most localities across GM. In Bury for 25–49-year-olds screening has declined by 1% since quarter 1 however Bury is above the GM uptake rate and ranks 5th out of the 10 localities. For 50–64-year-olds Bury has only decreased by 0.4% whereas GM has decreased by 0.7%. As of quarter 4 Bury ranks 5th out of the 10 localities.

MMR -

Unfortunately, we are unable to disclose any performance data relating to childhood immunisations as the information is derived from the Child Health Information System (CHIS) Power BI Reporting App and the data and reports contained within the app are not intended for publication and it should not be disclosed, shared or put into the public domain.

Primary Care Networks – All PCN's within Bury have achieved/exceeded the upper threshold target for both Investment and Impact Fund (IIF) indicators for 2024/25, ranking Bury 3rd in GM, which is an amazing achievement to be congratulated.

- CAN04 (The proportion of patients who have had a lower gastrointestinal urgent suspected cancer referral in the reporting year where at least one urgent suspected cancer referral was accompanied by a faecal immunochemical test result, with the result recorded in the 21 days leading up to the referral.) and
- HI03 (Percentage of patients on the QOF Learning Disability register aged 14 years or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity)

The team will discuss underlying practice variation as part of the PCQV process in 2025/26 in a bid to reduce clinical variation for patients.

Work continues to ensure PCNs are meeting their wider contractual requirements in the form of a quarterly 'self-dec', with associated evidence

submitted to demonstrate delivery to meet the requirements.

The Bury Locally Commissioned Service (LCS) – The Bury LCS continues to be the mechanism by which we incentivise practices to improve or transform delivery at a practice, neighbourhood and GM level. 2024/25 saw the biggest comprehensive contract review of the LCS since pre covid in order to enable the inclusion of GM Standards. This work which has continued into 2025/26 and has seen the adoption of additional GM service specifications across the 10 localities for Diabetes and CVD High Risk Reviews, Advanced Microbial Stewardship, Shared Care of Medicines and Elective Quality Improvement as part of the Beyond Core Contract Review (BeCCoR) process.

Q & A as a whole - Updates on the action plans, along with a more in-depth contract monitoring template for 2024/25, will continue to be submitted to PCCC as part of the quarterly monitoring update across the year as, given the huge financial pressures in the system, we continue to be committed to ensuring every single one of our contracts is performing to the required standard / metrics and, if not, remedial action will be taken and clawbacks implemented as necessary.

Quality and Outcomes Framework (QOF)– For 2025/26 we will also focus on supporting practices to improve their achievement via QOF and recently held an engagement session looking at areas of good practice learning.

Measurable Indicators	Target	Mar'23	Mar'24		Mar'25	Change	G1	G2	G3	G4	G5	BP
100% of our practices rated as Good or Outstanding by CQC	100%	96%	92%	↓	92%	0%					✓	✓
% of patients on the SMI register who have received a comprehensive physical health check last 12m	50-80%	49%	65%	↑	60.5%	-4.5%					✓	✓
% of patients on LD register with reasonable adjustment recorded	↑	27%	46%	↑	70%	24%					✓	✓
% of patients on LD register ≥14, who received an annual health check and action plan along with a recording of ethnicity	LT 60% UT 80%	N/A	85.39%	↑	87.94%	2.55%					✓	✓
• Bury PCN		N/A	84.62%	↑	88.56%	3.94%					✓	✓
• Horizon PCN		N/A	84.60%	↑	85.92%	1.32%					✓	✓
• Prestwich PCN		N/A	92.23%	↓	86.85%	-5.38%					✓	✓
• Whitefield PCN		N/A	80.57%	↑	93.89%	13.32%					✓	✓
% of lower gastrointestinal urgent suspected cancer referrals accompanied by a FIT result within the 21 days leading up to the referral	LT 65% UT 80%	N/A	66%	↑	84.19%	18.19%					✓	✓
• Bury		N/A	63.5%	↑	82.49%	18.99%					✓	✓

• Horizon		N/A		77.3%	↑	88.40%	11.10%					✓	✓
• Prestwich		N/A		58.4%	↑	81.40%	23.00%					✓	✓
• Whitefield		N/A		64.5%	↑	84.48%	19.98%					✓	✓
% of patients identified as having >20% 10yr risk of developing CVD are treated with statins (proxi measure CVDP003CHOL being used)	60%	N/A		63.06%	↑	63.2%	0.14%					✓	✓
% of patients with hypertension who are treated to target as per NICE guidance S053b (proxi measure CVDP007HYP being used)	77%	54.70%	↑	66.60 %	↑	70%	3.4%					✓	✓

Risks:

1. Assurance and quality improvement work relies heavily on good, quality, timely data. The organisational restructure has left us exposed in this area and whilst the envisaged GM data dashboards will be a welcome improvement the timeliness of access to these is not yet known and therefore is of concern.
2. The implementation of GM wide standards reduces our ability to invest in schemes which address locally determined health inequalities as can be seen by the dipping performance in SMI Health checks for 2024/25 which now stands at 60.5%. This is an area where additional investment in 2023/24 generated an improvement of 16%, bringing our achievement from 49% to 65%.
3. The Primary Care Team are unable to disclose any performance data relating to childhood immunisations as the information is derived from the Child Health Information System (CHIS) Power BI Reporting App and the data and reports contained within the app are not intended for publication and it should not be disclosed, shared or put into the public domain.

4.8. System Leadership

Intention:

The General Practice Leadership Committee (GPLC), led by the GP Federation, is the main group representing general practice across the borough. Through its connections with PCNs, Bury GP Fed, and the Local Medical Committee (LMC), the GPLC ensures that local practices have a strong voice in shaping healthcare decisions and driving improvements in patient care.

A key focus of the GPLC is delivering the General Practice Strategy, supporting the growth and transformation of primary care. Part of this involves securing vital additional funding to enhance services and improve access to care. The committee has successfully brought in additional

investment for initiatives such as GM standards levelling up, Surge/Resilience Hubs, Respiratory Hubs, MMR clinics, and Dementia funding. These resources strengthen primary care, helping practices respond to demand and meet the needs of local residents.

The GPLC also plays a significant role in system leadership, ensuring that general practice is well represented in wider healthcare discussions. The committee chair holds a seat on the GM Provider Board, linking local practices to central decision-making and making sure their priorities are recognised at a broader level. This connection helps to align efforts across the borough and GM, ensuring coordinated and effective healthcare planning.

Through its leadership, advocacy, and commitment to securing investment, the GPLC continues to support general practice, drive innovation, and enhance healthcare delivery for the community.

Progress:

General Practice Leadership Committee (GPLC) – Over the past several years we have seen a strengthening of collaborative arrangements with general practice through their Primary Care Networks (PCN) and Neighbourhoods playing a central role in system leadership, decision making, innovation and transformation. To ensure the continued effectiveness of PCNs and Neighbourhoods in leading system transformation, it is essential to focus on developing the skills required for leadership, decision-making, and collaborative working. Investing in training and professional development will empower individuals within general practice to take on system leadership roles with confidence. A development plan for the board and wider clinical leaders is therefore in development.

General Practice Collective Action – During GPCA, which began in August 2024 and ran till March 2025 a system working group was established to receive and resolve issues highlighted by providers as a direct result of collective action. Work is now taking place to transition this process into the Primary Care/Secondary Care Interface Group with the aim of continuing this collaborative approach to resolving pathway issues and commissioning gaps**.**

Beyond Core Contract Review (BeCCoR) – Outputs of the BeCCoR established that investment into General Practice varies significantly by locality, as does the ask. This is unsurprising given that Bury Primary Care Trust and Bury Clinical Commissioning Group was by some distance the furthest distance from its funding target than anywhere else in GM with the consequent impact on discretionary spend. Phase 1 of the review saw £4ph of local investment redistributed to support GM Standards for high-risk reviews of patients with CVD and Diabetes. This will continue for Phase 2 however following persistent lobbying of Bury and Primary Care investment we have been successful in attaining additional funding supporting additional indicators around Shared Care of Medicines, Elective Quality Improvement and borough wide neighbourhood target adoption.

Primary Care Commissioning Committee (PCCC) – All localities hold bimonthly place based PCCCs. PCCC is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution and is an executive sub committed of the NHS

GM PCCC. As such formal reporting takes place into GM PCCC on a regular basis. GM are in the process of agreeing a mechanism by which suitable locality updates for other specialities can be disseminated as part of the PCCC agenda

System Reporting – General practice continue to feed into the Bury Sit Rep reporting process by identifying relevant reporting/response metrics as part of the OPEL framework twice a week. For 2024/25 the completion of this report enabled practices to access the at scale surge capacity commissioned through winter pressures monies and as a result saw a 57% increase in compliance.

Measurable Indicators	Target	Mar'23	Mar'24		Mar'25	Change	G1	G2	G3	G4	G5	BP
Increase regular sit rep reporting to aid system OPEL process	↑	N/A	27%	↑	84.89%	57.89%				✓		✓

Risks:

1. Capacity of clinical leaders is an remains a big risk. Work is taking place to understand if this can be done more effectively.

4.9. Workforce Recruitment Development and Retention

Intention:

Goal 2 of the Bury General Practice Strategy is around Bury having / being 'A resilient workforce and an attractive place to work'. Bury has an aging workforce / gaps and retention issues, especially in relation to trainee GPs, all of which is impacting on workload pressures and retaining workforce. The purpose of developing a Primary Care Workforce Strategy was to:

- identify why people train in Bury but then leave!
- establish what Bury could have offered to make them stay (if anything)
- improve recruitment.
- improve retention rates.
- improve workforce satisfaction.

Progress:

Workforce Strategy – Together with the integrated delivery collaborative we have run 6 online engagement sessions as an opportunity for all general practice staff to be part of co-designing how we can support them in addressing workforce challenges. The aims of the sessions were around establishing the main workforce challenges, co-designing solutions, sharing best practice / previous solutions that could be implemented

wider. We also ran a survey monkey questionnaire to give everyone the chance to share their thoughts and views if they couldn't attend any of the sessions.

Unfortunately, despite creating several avenues for involvement we did not get the volume of input we required to develop a meaningful strategy that was ultimately created by voices of general practice staff; however, we still have valuable contributions that will support and drive the strategy. The common themes that emerged from the online sessions / survey monkey were around pay/T&Cs, recruitment, retention, training and staff moral and wellbeing. Although limited, there were some good processes that can be shared and implemented as part of the strategy, such as 2-hour experience as part of interview process, buddy system for new starters and PM coffee and catch up.

Due to lack of engagement at the majority of the webinars we hosted, the plan to have a webinar session focused on agreeing priorities and sharing solutions did not materialise, and this has been taken into consideration when looking at the next steps.

We've also been involved in a recruitment event to promote working in Bury and the current non-clinical roles we have in general practice, where we had a fantastic success with one of the attendees from the event having since been employed by one of the practices in Bury. We're doing work with HMR primary care academy in relation to a recruitment programme which is a free service to support practices with recruiting non-clinical staff. We are also now linked in with the GM team who are coordinating the T (technical) level placements and if we can support any learners with their placements in general practice this would be a great opportunity to attract people to Bury, to primary care, to come back and want to work in general practice.

Implementation of the Workforce Strategy – A series of task and finish groups are being coordinated to look at the priority areas or recruitment and retention, training and development and staff wellbeing, which will be the principal areas of the strategy. We will need the engagement and input from practices for this to go ahead, which will lead us to a co-designed draft strategy. Once the strategy is agreed and finalised implementation can begin.

Health & Care Instilling Values & Education (HIVE) – The HIVE is a joint venture with the GP Federation & Bury Primary Care team aimed at managing the education portfolio across General Practice. The Hive have recruited to a GP Education Lead role, a Nurse Training pod role, a GP mentor and they receive dedicated support from the GM Training hub.

The team hold fortnightly clinical masterclasses, well attended by both nurses and GP's, in addition to monthly nurse forums and management of the nurse Continuing Professional Development (CPD) budget ensuring nursing staff have access to a range of CPD training hosted by the GM Training Hub, see appendix 1. It has been confirmed that CPD funding will be available for 2025/26 to enable us to continue to upskill our nursing staff.

To reduce any losses due to staff not attending booked training we implemented a Learning contract this year that requires the practice manager to have sight of the booked training, enabling us to recoup any funds lost due to non-attendance, this contract has been shared with other education leads across GM in order for them to adopt a similar process.

The team have continued to promote training opportunities for all staff across general practice including the Primary Care Integrated Development programme (PCIDP), Bury has 39 staff live on the programme currently accessing a wide variety of training topics.

The team have worked hard to increase the % of Unified Learning Environments to 56% (this is a 40% increase) enabling more students to be taken on in Bury practices.

National Workforce Reporting Service (NWRS) – The average reporting on NWRS has increased by 14% for 2024/25, this information shapes how investment, training, and resource is directed across the primary care workforce ensuring the right support goes to the right place at the right time. So, it is critical that the information submitted about staff is accurate and complete. Practices are now routinely reminded of the importance and contractual requirement to complete NWRS on a monthly basis in order to increase accuracy of our workforce reporting.

Additional Roles Reimbursement Scheme (ARRS) – All PCNs across Bury have worked to recruit and maximise the investment available for additional roles, including GPs from October 24. This has been more successful in 2024/25 with all PCNs expected to achieve full spend despite outstanding claims validation for Q4 for HPW and claims submission and validation for October 24 to March 25 for Bury PCN.

ICB Finance and the Primary Care Team continue to hold monthly meetings with the provider to ensure plans are in place to maximise spend against 25/26 budgets and ensure recruit to the roles takes place.

Learning Time Initiatives (LTI) – We continue to support training and education within general practice by funding clinical cover during their LTI sessions, enabling all relevant staff to attend. For 2025/26 we are working with the GP Federation to review the model in line with GM recommendations including the potential to hold a quarterly face to face LTI for all practices and practice staff to attend.

Measurable Indicators	Target	Mar'23		Mar'24		Mar'25	Change	G1	G2	G3	G4	G5	BP
% of practices that accessed NWRS in the month (average)	↑	24%	↑	40%	↑	54%	14%	✓	✓	✓	✓	✓	✓
Increase the number of WTE staff per 100,000 patients	↑	175	↑	203.31	↑	207.9	4.39	✓	✓	✓	✓	✓	✓
• Admin/Non-clinical	↑	100	↑	116.66	↑	119.84	3.18	✓	✓	✓	✓	✓	✓
• Direct patient care (non-ARRS)	↑	14	↑	20.39	↑	20.76	0.37	✓	✓	✓	✓	✓	✓
• GP	↑	38	↑	43.63	↓	42.51	-1.12	✓	✓	✓	✓	✓	✓
• Nurses	↑	23	↓	22.63	↑	24.79	2.16	✓	✓	✓	✓	✓	✓
Increase in the % of practices accredited as a unified learning	↑	0%	↑	16%	↑	56%	40%	✓	✓	✓	✓	✓	✓

environment												
No. of staff booked on CPD courses	↑	88%	↓	63%	↓	52%	-11%	✓	✓	✓	✓	✓	✓
Increase in the uptake of the Active Practice Charter	↑	N/A		0	↑	16%	16%	✓	✓	✓	✓	✓	✓
Increase in the uptake of the Good Employment Charter	↑	N/A		0	↑	4%	4%	✓	✓	✓	✓	✓	✓

Data supporting ARRS no's for Bury PCN is only available to end of Sept 24

Measurable Indicators	Target	Mar'23		Mar'24		Sep'24	G1	G2	G3	G4	G5	BP
Increase the number of ARRS staff working across general practice (WTE)	117.75	135.01	↓	103.81	↑	113.31	✓	✓	✓	✓	✓	✓
• Bury PCN	26.70	49.26	↓	24.37	↑	26.37	✓	✓	✓	✓	✓	✓

Data supporting ARRS no. s for Horizon, Prestwich and Whitefield is only available to end of December 2024

Measurable Indicators	Target	Mar'23		Mar'24		Dec 24	G1	G2	G3	G4	G5	BP
Total for HPW	91.06	85.73	↓	79.44	↓	73.87	✓	✓	✓	✓	✓	✓
• Horizon PCN	54.17	40.29	↑	47.62	↓	38.26	✓	✓	✓	✓	✓	✓
• Prestwich PCN	21.36	25.57	↓	16.60	↑	19.13	✓	✓	✓	✓	✓	✓
• Whitefield PCN	15.53	19.87	↓	15.22	↑	16.48	✓	✓	✓	✓	✓	✓

Risks:

1. Recruitment in general – Due various pressures being placed on practice budgets like national insurance increases etc. there is limited funding to employ people outside of the ARRS criteria and whilst ARRS monies provide a welcomed addition it does not address some of the risks we are facing in terms of an aging GP and Nursing workforce that is likely to retire in the next 5-10 years.
2. Full utilisation of ARRS monies – it is expected that all PCNS will achieve their full ARRS spend for 24/25 as work has taken place across the year to ensure this. However, claims remain outstanding for Bury PCN for October 24 to March 25 and claims validation by the ICB Finance Team remains outstanding for HPW for Q4 as these were only submitted in May 2025. Due to this, we are not able to provide a definitive year end position for ARRS 24/25 at this time.
3. Implementation of the Workforce strategy – Implementation of the strategy relies heavily on the engagement and involvement of general

practice which requires time and commitment from them that isn't funded, but if done correctly will have longer term benefits such as staff retention. It is thought that by splitting the delivery of priorities identified into a series of task and finish groups staff can dip in and out of those most relevant to their needs.

6. Blueprint

As the recently announced NHS Reforms will likely result in a refresh of the GM Primary Care Blueprint, a cross check to existing Year 2 delivery plan has not taken place. This will be done at a later date.

For the purpose of this update the following gaps remain:

3.1 Provide a targeted business support offer to Primary Care partnerships (VCSE, GP, Optometry, dentistry and Pharmacy) to enable integrated neighbourhood working and implementation of the VCSE Accord and commissioning framework) in line with the ICP strategy Strengthen Communities mission.

3.2 Co-design a Population Health Management (PHM) approach to Primary Care that enables primary care providers and partnerships (including VCFSE) to understand needs and assets of different communities of interest, identity and geography and the impact on access, experience and outcomes of care.

3.3 Establish funding and governance processes that enable a Population Health Management approach, redistribution of primary care resources according to need at neighbourhood, Locality and GM, and shared accountability for Health Inequalities. (Enabler to 3.2)

5.3 To achieve a Net Zero NHS GM Integrated Care Carbon Footprint by 2038 – this target is the science-based approach outlined in the GMCA 5-Year Environment Plan. We will seek assurance that providers are delivering against their own plans, whilst focusing on priorities that we can deliver most effectively by working together. To achieve a net zero NHS GM Integrated Care Carbon Footprint Plus by 2045 – this is a national NHS target to eliminate the carbon impact of the goods and services we buy. We will work closely with national and regional partners to achieve this.

6.1 Following a pan-GM baselining exercise on hardware, infrastructure and software in Primary Care, construct a comprehensive picture of the full digital ecosystem in primary care. This will identify areas where investment is needed to support digital transformation.

6.2 Work in collaboration with local authorities and clinical providers to tackle digital exclusion, collating and building on existing work done across localities and PCNs. Each locality to build on existing delivery of projects in collaboration with local authority and VCFSE colleagues to improve digital inclusion.

.

7. Conclusion

Given the ongoing challenges facing General Practice including NHS reforms, financial constraints, and increasing patient demand, our strategic approach must focus on **stability, efficiency, and innovation** to ensure continued high-quality care. Recognising the significant work already undertaken, the following priorities are critical for 2025/26:

Financial Resilience: Supporting practices to maximise income from available contracts, ensuring sustainable funding while maintaining service quality.

Technology Utilisation: Encouraging full adoption of digital telephony and NHS App functionalities to improve accessibility and streamline patient interactions.

Demand Management: Diverting patients where appropriate through direct and self-referral pathways, reducing unnecessary burdens on General Practice.

Workforce Strengthening: Addressing workforce shortages through a robust strategy, securing recruitment under the ARRS, and ensuring retention and development opportunities.

A proactive, adaptive approach will be essential to navigating the complex healthcare landscape ahead.

Appendix 1 – Training Course offered 2024/25

GM Training Hub CPD Courses 2025

	Places requested		Number of Places	
	Via TNA	By Team	Available	Booked
Advanced Respiratory		0		1
Cardiodiabetes	30	5	5	4
COPD	31	5	3	4
Adult Asthma	32	5	3	3
Paediatric Asthma	27	5	4	8
Immunisation Update	22	10	10	11
Renal CKD Study Day	11	4	4	3
Mental health Study day	31	5	5	0
Stroke management & prevention	31	5	5	1
Heart Failure	30	5	5	1
Travel Health	17	0	4	4
New to travel health	11	0	1	1
Minor Illness	16	10	10	1
Understanding Blood results	25	10	10	4
Gynaecology Assessment & Examination	25	5	5	2
Men's health	29	5	5	2
CRASH	17	0	0	1
Women's health	30	10	10	2
Contraception & Sexual health	31	10	10	6
Introduction to Menopause	30	10	10	3
Implant & Coil fitting	0	0	0	0
PITstop	29	4	2	4
Eczema & Psoriasis	0	10	10	1
Skin cancer & benign skin lesions	0	10	10	3
Leading in PC	14	0	0	1
Sepsis	0	0		4
	519	**133**	**131**	**75**

Courses offered through the Hive & Nurse Forum	Number attended
Vaginal Skills lab	14
Health Checks	12
Diabetes	18

Meeting: Locality Board			
Meeting Date	02 June 2025	**Action**	Consider
Item No.	8	**Confidential**	No
Title	GM Tripartite Agreement – Housing and Health		
Presented By	Warren Heppolette and Helen Simpson		
Author	Helen Simpson		
Clinical Lead	N/A		

Executive Summary

The GM Tripartite Agreement connects NHS GM, GMCA, Local Authorities and GM Housing Provider partnership in a joint strategy to take action on housing, health and care, first published in 2021.

This paper sets out the current position in relation the refresh of the Tripartite Agreement strategy, being undertaken to ensure the Agreement remains relevant to the changing strategic context for all partners and continues to provide a key delivery mechanism for GM priorities. The refreshed strategy captures six updated workstreams to be delivered jointly across the three partners, capturing the contributions to key system priorities such as Housing First and Live Well.

A component part of the refreshed Agreement is development of a Locality Tripartite Framework, which looks to embed the benefits and opportunities of collaboration across housing, health and care in local systems and support delivery of locally identified priorities.

Recommendations

The Locality Board is asked to consider the content of this paper and discuss the potential opportunities associated with implementation of a Locality Tripartite Framework.

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	☒

Links to Locality Plan priorities	
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	☒
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care	☒
Optimise Care in institutional settings and prioritising the key characteristics of reform.	☐

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

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

BURY INTEGRATED CARE PARTNERSHIP

GM Tripartite Agreement Refresh

1. Introduction

1.1. The GM Tripartite Agreement connects NHS GM, GMCA, Local Authorities and GM Housing Provider partnership in a joint strategy to take action on housing, health and care.

1.2. This paper looks to provide an update on the current position in relation to work to refresh the Tripartite Agreement strategy, ensuring that the Agreement remains relevant to the context we are working in and provides a key delivery mechanism for GM priorities. A component part of the refreshed Agreement will be development of a Locality Tripartite Framework, which looks to embed the benefits and opportunities of collaboration in local systems and respond to locally identified priorities.

1.3. Locality Board members are asked to discuss the content of this paper, with particular focus on the Locality Framework proposal, to inform further development of the refreshed Tripartite Agreement strategy.

2. Background

2.1. The GM Tripartite Agreement 'Better Homes, Better Neighbourhoods, Better Health', is a joint strategy between Greater Manchester Housing Providers, Greater Manchester Combined Authority, and NHS Greater Manchester Integrated Care to deliver integrated solutions to challenges centred around housing, health and social care.

2.2. Published in March 2021, the Agreement was developed in recognition of the impact good housing can have on our health and wellbeing. It brings together joint ambitions and priorities, and formalises how the partners align our expertise, resources, influence and capacity to deliver better outcomes, in a more integrated and effective way.

2.3. The activity and relationships connected to the Agreement continue to be strategically significant and provide important delivery mechanisms for Greater Manchester priorities. Resetting the Agreement in an updated strategic context will ensure that it stays relevant and reflects current system requirements, through setting out an updated joint programme of work and reaffirming the intention and commitment to collaborate.

3. Context

3.1 Home is the place where many of the building blocks for a good life are created. However, for some, their home or housing circumstances are a driver of poor health. Inadequate housing causes or contributes to many preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases.

3.2 Exposure to indoor cold suppresses the immune system and increases the risk of cardiovascular, respiratory and rheumatoid diseases as well as hypothermia and poorer mental health. Cold homes are estimated to be responsible for more than a fifth of excess winter deaths each year. The respiratory effects of damp and mould in the home can cause serious illness and, in the most severe cases, death, with older people and children the most at risk. Improvements to the condition of homes have been shown to have a number of positive impacts on health, including lower rates of mortality, improved mental health and lower rates of contact with GPs.

3.3 Homes with poor safety levels and hazards can lead to preventable falls or other injuries. In GM falls account for around 8% of all hospital admissions for people over 65, costing an estimated £250m per year. Adaptations, repairs and trip hazard removal are an effective and cost-effective intervention for preventing falls and injuries, improving performance of everyday activities and improving mental health.

3.4 It is not only the physical fabric of our homes that impacts on our health and wellbeing. Living in any precarious housing circumstances including homelessness, temporary accommodation, overcrowding and housing insecurity, constitutes a risk to health. Inability to meet mortgage or rent payments, or spending a high percentage of income of income on housing costs can impact negatively on mental health and ability to pay for other necessities such a food and fuel bills.

3.5 The combined impact of poor housing is estimated to cost the NHS at least £1.4bn per year[1].

3.6 The national focus on developing new homes is an important part of responding to some of these issues, particularly if homes that built are truly affordable, promote independence and good health through access to green space, amenities and transport. Ensuring access to good quality homes in the right places with the right networks, provides the right foundation to ensure that people are able to live healthy lives.

3.7 Supported housing enables delivery of better outcomes and real community-based living solutions for some of our most vulnerable residents. It promotes independence and prevents reliance on more expensive institutional care. When developed with the right strategic intentions, supported housing can support with discharge and patient flow; reduce admissions; provide solutions to Out of Area Placements for mental health and learning disabilities; provide long term community based options that promote independence; and deliver substantial cost avoidance opportunities.

3.8 Improving the quality and suitability of the home environment can be also effective in preventing, delaying and reducing demand for social care and health care and can enable people to manage their health and care needs at home for as long as they choose.

[1] Building Research Establishment (2021). 'The Cost of Poor Housing in England'

3.9 It is important, as we start to move health and care towards peoples homes through the optimum neighbourhood model and approaches such as 'Home First', that housing circumstances are a key component of any offer of support and that housing providers and services are an integral part of joint, place-based working.

3.10 The intentions and practical activity captured within the Tripartite Agreement actively support delivery of the NHS GM five-year strategy and Sustainability Plan and contribute to the overall "left shift" towards prevention and early intervention. It provides real opportunities to work with system partners on preventative activity, such as supported housing, home improvements, falls prevention and homeless healthcare, and to test out approaches to close the financial gap.

4. Current position

4.1. The refreshed Tripartite Agreement reflects the work already underway on a wide range of joint programmes, but also new opportunities and areas where we want to challenge one another to go further. It will shift away from its existing format and split into two documents; a Partnership Agreement document setting out the strategic context and intentions, and a three-year delivery plan that can be clear on what the partners will deliver together, setting out roles, responsibilities and deliverables.

4.2. The refreshed Agreement will also look to broaden its reach beyond the existing Greater Manchester level strategy and look to support activity in localities that replicates the relationship and makes meaningful, practical connections across housing, health and social care. Establishing a version of the Tripartite Agreement locally will help to take forward a unique set of opportunities that can only be progressed in a place, such as joint commissioning and investment and integration of delivery into neighbourhood models through Live Well.

4.3. There is extensive engagement underway across the partners and their networks to develop the detail that will sit within this agreed framework at a GM and locality level, connected to themed areas of work. This paper sets out how the document and content are starting to take shape for further development and discussion, with particular focus on the role of NHS GM and the potential benefits of locality working.

5. Proposals under development

5.1. The work described below has been informed by system engagement to date across all three partners. It should be noted this is a working draft and further engagement is planned over the coming months to ensure this is fully reflective of the opportunity and challenges.

BURY INTEGRATED CARE PARTNERSHIP

5.2. Overarching outcomes

5.2.1. By continuing to align collective resources, expertise and capability, the three partners want to see:

A Healthy Home for All by 2038.

- Better collaboration in neighbourhoods across health, housing, care and VCSFE sector through Live Well.
- More homes that support good health.
- More social rented homes built in the right places.
- Less reliance on temporary and crisis accommodation.
- More supported housing options for people who need them.
- Fewer people in hospital when they don't need to be because they are supported to live independently at home.

5.2.2. These outcomes will be delivered through a series of themed workstreams that have now been agreed by the partners and have clear alignment to the plans and strategies that the activity contributes to e.g. the pillars within Housing First, Live Well.

5.3. Themed Workstreams and headline activity

5.3.1. The headline activity set out below is currently under development. The intention of each of the themes is to set out activity that requires contribution from all three partners and to align these actions in a way which allows for delivery against multiple priorities.

- Supply of 75,000 new homes
    - GMHP upscaling delivery by 50% with a focus on social rent and TANZ, supported through Devolution flexibilities and investment.
    - New ways of working between providers and LA's that deliver place-based regeneration.
    - Joint action on supply of TA.
    - Placemaking for healthy, age friendly communities.
    - Defining the capacity of NHS GM to release land and assets.

- Supported and specialist housing
    - Clear understanding of unmet need across all cohorts at GM and locality level.
    - Development of joint commissioning principles to enable delivery.
    - Scale up GM commissioning approach on Complex Needs Programme (LD&A).
    - Influence Homes England and GM capital programmes to prioritise delivery new of Supported Housing where it is needed.

- Housing quality and standards

- GM Property Check aligned to referral routes for health and care professionals (including ECO4 pathway, Damp, Mould & Condensation).
- GMHP members signed up to Good Landlord Charter.
- Continued successful delivery of domestic retrofit programmes such as WH:SF and Warm Homes.

- Home improvements and adaptations
  - GMCA / NHS Healthy Homes programme – consistent home improvement and adaptations provision.
  - Home from hospital offer connected into Trusts.
  - First Falls prevention pilot.
  - GM Adapted Housing Register.
  - GM rightsizing offer.

- Homelessness, Inclusion Health and Multiple Disadvantage
  - Continuation of existing partner commitments to homelessness programmes (GMHP Housing First accommodation, NHS GM investment in ABEN).
  - Housing related support and advocacy in in-patient settings.
  - Review and refresh Homeless Hospital discharge protocols.
  - Targeted work with PCN's / neighbourhoods with high levels of homelessness.
  - Improved migrant health offer.

- Support to Live Well at home
  - Defined GMHP role in delivering Live Well, driving system collaboration and consistency in approach.
  - Tenancy sustainment and support aligned to complex residents and supporting discharge.
  - Housing providers and services described as part of the optimum neighbourhood model.
  - Role of housing defined within the mental health 'Home First' strategic commissioning approach.

5.4. Enabling activity

To truly embed the scale of collaboration and intention for joint working at all levels, there are system characteristics and functions that we will need to put in place to enable this:

- Confirming the governance and accountability arrangements, both at a GM and locality level. Including an accountability framework between LA's and Housing Providers.
- Ensuring visibility of the Tripartite Agreement delivery, across all three partners through more effective reporting arrangements.
- Embedding evaluation and innovation into programme delivery to better understand the impact of our work e.g. utilisation of the health and housing model.
- More effective collaboration and sharing of data and research across the partners.

6. Proposed Locality Tripartite Framework

6.1. The refreshed Agreement will look to broaden its reach beyond the current Greater Manchester level strategy and look to describe activity in localities that replicates the relationship and relevant activity, in support of delivering local priorities. Establishing a version of the Tripartite Agreement locally could bring forward a unique set of opportunities that can only be progressed in a place, such as joint commissioning and investment, and integration of delivery into neighbourhood models.

6.2. The intention of the locality Tripartite Framework would be to describe what practical connected action looks like across housing, health and care, presented as a series of potential opportunities where collaboration can add value and support delivery, rather than a prescriptive list of projects. The intention is to use the Framework to set out an idealised version that can be explored and worked towards over the life of the Agreement. The bullet points below set out an initial description of activity and system conditions, informed by engagement with locality colleagues, with acknowledgement there is further work required to refine these, align into the six workstreams and ensure they capture the scale of the opportunity.

6.3. Local housing, health and care systems working towards:

- Ensuring all residents live in high quality, warm and healthy homes.
- Clearly described role for housing providers and services within Live Well and the Neighbourhood Model.
- A plan for delivery of new affordable and social rent homes with housing provider partners.
- Joint approach to investing and delivering Home Improvement Agency services.
- Referral pathways to housing interventions where property condition is poor and risks impacting on health.
- A long-term plan for delivery of supported housing that meets local needs.
- Housing advice and advocacy provided as part of discharge processes.
- Homeless healthcare offer based on local needs within the population.
- A focus on housing and mental health – S.117, step down accommodation, embedding strategic commissioning practices, connectivity in CMHT's – 'Home First'.
- Joint response for residents living complex and chaotic lifestyles that includes tenancy sustainment and support.
- Ensuring relevant housing membership on the Locality Board.
- An effective local Strategic Housing Partnership that engages the sector, Local Authority, VCSFE organisations and politicians.

7. Next Steps

7.1. Extensive system wide engagement activity is underway across GMCA, NHS GM and Housing Providers to inform the development of a final document and delivery plan. A final

draft for system sign-off is planned for July 2025 and will be shared with all partners as part of this process.

7.2. Further focused engagement is required on the Locality Tripartite Framework, building on conversations with key groups such as GM ADASS, GM Directors of Place and GM Public Health Leadership Team on the right content and intentions that would support locality working. The next phase of this will look to engage with identified Locality Boards to test this further.

8. Actions Required

8.1. The Locality Board is requested to:

- Consider the content of this paper.
- Discuss the potential opportunities associated with implementation of a Locality Tripartite Framework.

Helen Simpson
Tripartite Agreement Director
Helen.simpson11@nhs.net
May 2025

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	02 June 2025	**Action**	Receive
Item No.	9	**Confidential**	No
Title	Chief Officer's Report		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

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

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	☐

Implications						
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	☐
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If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
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Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

Bury Integrated Delivery Collaborative Update

1. Context

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

2. Key strategic developments

- National guidance has been released on the Model Blueprint for ICB's. The Place Based Lead and Deputy Place Based Lead are actively engaged in conversations at GM to consider the first draft plan to be submitted at the end of April.

- In response to the national guidance, a first draft of a proposal to be considered by the IDC Board relating to the development of the IDC into an Accountable Care Partnership has been shared for consideration by the IDC Board in May.

- Major conditions Board:
  - CVD and diabetes: Locality priorities defined associated with planning guidance targets. Proposal developed for our 50K GM allocation relating to population engagement via the VCSE and increasing the proportion of the population up taking patient education via the GP Federation, which is now being developed into implementation
  - Respiratory: Locality priorities relate to communication across pathways
  - Dementia: Programme plan been drafted with key priorities for implementation identified
  - Cancer: Locality priorities been defined linked to the GM early diagnosis strategy
  - MSK: Agreement that the work of frailty and falls will form the key programme of work for this area initially.

- The primary / secondary care interface group is now established under the 4 Locality Plan governance arrangements, to address issues raised through GP collective action and to implement the BMA guidance. Bury are playing a key role in coordinating this with the NCA. Conversations need to be progressed with PCFT to establish the same arrangements for PCFT pathways

- Prevention principles have been drafted by the Director of Public Health for review by the IDC Board.

- Following a workshop to understand all our interventions across the Borough focused on high intensity service users in October, we identified a gap supporting the management of patients who frequently attend A&E for Mental Health issues. A test of change including active case management, care coordination, an MDT approach and community outreach commenced in FGH led by an A&E Nurse and supported by Pennine Care Trust seconded Mental Health Nurse. Recent data shows that of the 50 high intensity users, 31 patients are having fewer numbers of attendances. This pilot is continuing in the short term whilst we review our strategy for High Intensity Users

- NWAS/NCA ambulance collaborative project now in implementation stage and will be tested in Bury and Rochdale from the 19th May.

- Test of change now in implementation stage with Burswood and Nazareth House Care homes to trial an EOL education programme and an MDT with GP's, district nurses and Consultant Psychiatrist and Geriatrician input.

- Work has continued supported by place partners to design the place element of the NCA Clinical Leadership Model. This was presented and supported by the Programme Board in April, however is dependent on leadership proposals for Urgent Care and Community Services, which at this

stage have not yet been approved.

- Approach been now been agreed to the development of our strategy for developing our locality diagnostics strategy. Programme Boards will be engaged with this over the coming months

Workshops planned: -

- Neighbourhood development
  - Strategy
  - Implementation
  - Neighbourhood connections with VCSE
  - PCN and neighbourhood CD's

3. IDC Programme Highlights:

Adult Social Care

- **Short-Term Assessments:** There are currently 38 people with short-term assessments, with a slight increase in median waiting days to 34, up from 31.
- **Overdue Reviews:** There are no reviews overdue by more than two years, meeting our target. The target will now be shifted to more frequent annual reviews as feasible.
- **Awaiting Allocations:** The maximum waiting days has reduced to 88 from 96, with only 7 cases which are longer than the target of 56 days. Our standing within GM remains strong, as we hold the second-best position in relation to waiting lists. There have been significant improvements over the past year.
- **Waiting Well**: An initial discussion took place regarding the creation of a standardised waiting well protocol, and an example from Sheffield was shared. Further discussion are scheduled for next month.
- **Hoarding Project:** There are currently 24 active hoarding cases in INTS. A task group has been formed to establish hoarding peer support groups with Wigan. They will pilot a trauma-informed approach on three cases and develop a toolkit and recommendations. Additionally, they plan to appoint hoarding champions and hold quarterly forums for serious reviews and case studies.

The LGA's Peer Review of our Adult Social Care Services - Bury Council, February 2025, is now available from Bury Council's website.

Mental Health:

Suicide prevention:

1. Planning for suicide prevention conference – 18th June 2025.

Mental Wellbeing / *Coping & Thriving:*

2. Work with Bury Blind Society on bid for MH support on diagnosis and long-term vision issues.
3. Working with GP surgeries to become and Active Practice along with MH support for staff and patients.
4. Military Veteran MH support work continuing, awaiting feedback.
5. Continuation of MH / wellbeing Podcasts.
6. MH awareness week planning.

CYP:

7. CYP Neurodevelopment hub pilot – provider agreed.

Community:

8. Living Well planning session including review of activity and demand in Living Well and agreement of actions to support better management of demand.

Crisis / flow / inpatient:

9. Initial meeting with HMR to explore options for shared steps up / down and crisis accommodation facility.
10. Daily Safety Huddle established.
11. Consistent follow up from escalations of CRFDs – Action log in place.

ADHD / ASD:

12. Commencement of GMICB formal consultation on future commissioned pathway for adult ADHD assessment.
13. Presentation / engagement with GPs on GM and locality position re ADHD at GP webinar.
14. Progression of contract with Optimise for 2025.26.
15. Commencement of transfer of care of CYP [18+] who are on medication for ADHD from CAMHS to Optimise.

Misc:

16. Ongoing work to take contracting proposals through NHSGM governance.
17. Development of high-level MH programme plan for 2025.26.
18. Review and refresh of programme risk register to align to 2025.26 plan.

Neighbourhoods:

Programme wide:

- Almost all GP practices / Neighbourhoods achieved the Neighbourhood targets in the Locally Commissioner Services Framework [LCS] 2024.25.
- LCS contract approved for 2025.26 with increased investment to GP practices. The Neighbourhoods that focussed on frailty last year [Whitefield, Prestwich and North] will swap and focus on COPD this year and East and West will focus on frailty. Some of the additional Neighbourhood related targets remain to be decided.
- Practice visits commenced to raise awareness of new Neighbourhood GP practice priorities and targets.
- Meeting with INT and GP Lead and representatives from PCFT to consider alignment of INTs and MDTs with MH Living.
- Patient experience form completed [for ACM] for integration into System One.
- Proposals developed to improve ACM related data collected on System One.
- Proposals and TOR developed for new Neighbourhood Development & Delivery Group to replace the Neighbourhood Clinical Advisory Group.
- Commencement of meetings with other localities as initial phase of ACM review.

West:

- Neighbourhood meetings have focussed on Hospital @ Home service and high Intensity Service User work at FGH.

East:

- Commencement of multi-agency project on hoarding.
- Social Prescribers delivering NHS app sessions at INGEUS and at ADAB.

Prestwich:

- Presentation on Active Case Management to NMGH teams.
- Induction of new staff inc. AHP link worker.

Whitefield:

- Initial multi agency meeting to develop proposals for a Live Well hub in Whitefield with additional investment secured.
- Neighbourhood meeting focus on Acute Visiting Service

Palliative and EoLC:

Programme:
- EPaCCS - GM toolkit has now been published and will support implementation
- The PEoLC Strategies Delivery Plan is currently being revised.

Hospice:

- The new Director of Clinical Services commenced in post 14th April 2025 – Jenny Gallagher
- Discharge and Liaison service recruited Band 4 from within existing team to support patient flow into and out of hospice services.
- Education Lead is finalising the education 2025 priorities document.
- As an extracurricular achievement, in April came to the end of involvement in an international research study. After that Dr Dunne (based at the hospice full time) will be beginning the first primary research conducted out of the hospice (for her Masters dissertation) which is a great accolade for the organisation.
- Bereavement team lead by Sarah Smith now commenced in post (currently on induction), Sarah will oversee the use of living well centre, with plans to open up to nurse and AHP led support services to be run for people to attend on a drop in basis. The living well centre will be used for information sessions, educational events and drop in sessions to support carer education and more.

Community:
- A new Band 6 associate specialist palliative care nurse is now in place.
- Staff member is due to start 300 (Prescriber) and another staff member has completed the course.
- The Community SPC team held a Dying Matters Event at Asda Pilsworth – the event was well attended by the public engaging on cultural differences.

FGH Palliative, EOL and Bereavement Team:
Team Projects:
- Anticipatory drug authorisation form being finalised review at Medicines Optimisation Group.
- QI Project / Task and Finish group underway for Rapid Discharge checklist review across NCA. Test of change on ARCU.
- Verification of Death work with community and EOL education team planning.
- Dying Matters week held w/c 5th May across the NCA sites and communities.
- Bereavement team commenced I-Orbit project with NHS-BT (Blood and Transfusion). This has commenced at Salford Dec/Jan and now active on Oldham and Bury sites. The bereavement nurses take on the work of approaching bereaved families to discuss potential eye donation for deaths within the hospital before referring to NHS-BT for the formal consent to take place.
- Relaunch of PEoLB Link Professionals meeting in April 2025.
- Task and finish group reviewing hospital SPC referral process and triage.
- EOL Drop in sessions continue taking place across the sites for Portering staff quarterly.
- Attendance at the Assisted Dying Bill event in Manchester.

Workforce:
- Associate Specialist Palliative Care Nurse recruited to and now in post.
- New hospital Palliative Medicine Consultant commenced in post 12th May 2025.

Staff Development:
- Team attended Group Reflective Practice.
- Member of SPC team commenced V300 NMP course April 25.
- Member of team attended Mental Health Champion training.
- Bereavement Nurse presented at the 1st Annual Honouring Life Conference (For Bury Locality)

LD & Autism

- 2 peer network events held for autistic people and their families.
- Rollout of strengths- based progression approach with Preparing for 'Adulthood' ASC social workers began
- Gap analysis of autism services & support completed – part of foundations for new autism strategy.

Primary Care

Prog.1 - Alternative at Scale Solutions

- Paediatric Phlebotomy – STAR form approved
- Quality Assured Spirometry and Feno – solution for discussion at GPLC/PCCC in May
- Special Allocation Scheme – contract negotiations stalled; provider has given notice on the basis that the new arrangements are unmanageable

Prog.3 – Data and Digital Ambition

- GP online registration compliance – confirmation received that the last remaining practice is now compliant (though reporting data does not yet reflect this)
- Discussions taken place with locality lead for BI regarding PC data needs
- Push on MyWay Diabetes Data Sharing agreement across practices to reduce onboarding process demand

Prog.4 – Effective Pathway Navigation

- Attending this months Practice Manager Meeting to establish practices needs/wants around a DOS

Prog.5 – Current and Future Estate

- Rock Healthcare Branch Closure Paper presented and approved at PCCC
- Confirmation received regarding a small pot of capital monies for the locality

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

- Prestwich patient-led ordering roll-out – mtgs booked with practices to agree go live dates – Fairfax keen to commence in June. Townside/Ribblesdale/Peel went live on 1st April.

Prog.7 – Quality and Assurance

- Bury LCS 25/26
  - Variation for additional monies drafted. To be shared at GPLC/PCCC/NCAG and PMs in May
- PCN DES
  - Quarter 4 Assurance returns outstanding for Bury, Prestwich and Whitefield – additional assurance in line with the contract to be sought
  - EA 24/25 – All PCNs performing above contractual offer, however work continues around improving utilisation rates, particularly for Bury PCN practices who's current utilisation rate is 57% as of Jan (February and March data remains outstanding).
- CQC inspections took place at Ribblesdale and Rock – outcomes not yet published

Prog. 8 – System Leadership

- Leadership – a series of clinical leadership meetings have been established.
- BeCCoR – Discussions regarding 26/27 ongoing

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

Greylands recruited a non clinical member of staff following the recruitment event the PC team

attended in March

Urgent and Elective Care

GP out of hours commissioning
- STAR form approved but only for one year not 1+1 as requested
- DRM submitted to GM and confirmation of approval received

Urgent primary care stratming service and urgent care pathways reive
- Confirmed exernal support to delivery the review
- Agreed initial scope for the review and timescales

BCO Collaborative Group 1
- Agreed remit for BCO Group 1
  - High Inensity Servie Users (inc MH)
  - Care Homes
  - HMRC and NMGH Pathways
  - ICCC/SPOA/CBC

Better Care Fund
- Establish metric for new BCF criteria for 2025-26
- Take BCF metric proposal to Bury UEC Board for 2025-26

Discharge Funding Schemes
- Proposed funding for 2025-26 draw up
- 204-25 scheme leads asked for end of year report

FHG UTC – accreditation forms completed and submitted
GM UEC Priorities – formulated a response to the Colin Scalkes 5 priorities letter

Complex Care

- Performance remains good >80% for past 18 months for 28d standard**.**
- Q1 2025-26 – on track to deliver standard
- No long waits.
- Recovery plan in plan for financial recovery in place, challenged due to increasing costs of packages and patient numbers.
- Reconciliation of Adults and Childrens list – work underway to ensure the LA invoice as per funding agreements set out in Complex Case Panel applications.

4. Performance - May 2025

- LD Health checks 14+ - the percentage of patients aged 14+ having received an LD health check in March 25 was 85.5%, which is an increase on March 24 which was 82.5%. Bury is higher than the GM percentage of 84.2% and has the 2nd highest percentage of the GM localities. Bury's performance exceeds the national target of 75%.

- Access to Children and Young People MH Services - there were 3515 accesses to Children and Young Peoples Mental Health Services for Bury registered patients in March 25, lower than March 24 (3610). Bury currently has 77.3 accesses made per 1000 population and has the 5th highest rate per 1000 for localities within GM.

- Dementia: Diagnosis Rate (aged 65+) -the percentage of patients aged 65+ having received a dementia diagnosis as of March 25 is 75.1%. Bury currently has a higher diagnosis rate than GM which has a rate of 74.4% and Bury has the 4th highest dementia diagnosis rate of the GM localities. Bury and GM are both above the national target of 66.7%.

- Inappropriate adult acute mental health out of area placement (OAP bed days) – Thenumber of inappropriate adult acute mental health OAP bed days for Bury is 3600 for March 2025, this is a reduction from February 2025 when there were 3815.

  Comparing March 25 to March 24 there is an increase in the figures with 2965 extra ned days in March 2025. In March 2025 Bury has the highes rate of the GM localities with 16.92. Bury has been mostly zero and occasionally one in the last 7 months and this is managed on a daily basis.

- No Reason/no criteria to reside (NCTR) - percentage for Mental Health patients with NCTR as if April 25 is 9.1%, which is a decrease from April 24 which was 10.8%. Bury currently has a higher percentage than GM which is 14.3%. Bury has the 3rd lowest percentage rate of the GM localities.

- Number of MH Patients with no criteria to reside - the number of mental health patients with NCTR as of April 25 is 9 which is 1 below reported figures for March 25 which was 10. Bury currently has 0.042 mental health patients with NCTR per1000 population and has the 5th lowest rate in locality within GM.

- Access to community MH services - there were 1950 people who received two or more contacts from mental health services for adults with severe mental illness for Bury registered patients in March 25, higher than March 24 (1550). Bury currently has 11.7 contacts per 1000 population and has the 5h lowest rate per 1000 for localities within GM.

- Talking Therapies Access Rate – there were 260 accesses to Talking Therapies for Bury registered patients in March 25, lower than March 24 (290) but higher than Feb 25 (255). Bury currently has 1.2 accesses per 1000 population - the 2nd lowest rate per 1000 for localities within GM.

- Women Accessing Specialist Community Perinatal MH Services – There were 215 women accessing to Perinatal MH Services for Bury registered patients for the rolling 12 months to March 25, higher than March 24 (160) and higher than Feb 25 (205). Bury currently has 5.2 accesses per 1000 population – the highest rate per 1000 for localities within GM.

- Length of stay adults: Mental Health Patients - the proportion of discharges with a long LOS in March 25 was 50.0%, which is lower than March 24 which was 57.1%. Bury currently has a lower proportion with a long LOS than GM at 53.2%. Bury and GM are above the national target of 0%.
- GP appointments – percentage of regalr appointments within 14 days - Bury currently has 78.6% of GP appointments made within 14 days in March 2025. This is lower than March 2024 when there were 83.2%

  Bury is currently raked the lowest in GM localities with 78.6%. Bury has a lower rate compared t GM who has 83.6%.

  The Board should note that this includes “all appointments” including those that can be pre booked in advance such as annual reviews, smears etc. When filtering this data to just those not typically scheduled in advance 98% of Bury’s patients are seen within 14 ddays compared to GM 87%.

- E. Coli Blood Stream Infections - there were 147 counts of E. coli blood stream infections in the rolling 12 months to March 25 which matches March 24 (147) Bury has 0.69 counts per 1000 population and has the 6th lowest rate for GM localities.

- Antimicrobial resistance: total prescribing of antibiotics in Primary Care - the percentage of total prescribing of antibiotics in primary care in February 25 for the Bury populations was 75.2% which is lower than February 24 which was 90.4%. Bury currently has the lowest percentage of the GM localities.

- Antimicrobial resistant proportion of broad-spectrum antibiotic prescribing in Primary Care – in February 25 for Bury population was 5.7% which is a decrease in February 24 which was 6.2%. Bury currently has the 2nd lowest percentage of the GM localities. Bury is within the 10% target.

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

- A&E 4-Hour Performance - in March 25 was 72.3%, a slight increase on the previous month's performance of 72%, which is higher than April 24 which was 66.2%.

- A&E Attendances – there were 7088 A&E attendances from Bury registered patients in April 25, higher than April 24 (6842) and lower than March 25 which was 7249. Bury currently had 3.33 attendances per 1000 population and has the 5th lowest attendance rate for localities within GM.

- Percentage of Patients with no criteria to reside as % of occupied beds - the percentage of patients with NCTR as of April 25 was 15.6%, an incarease on March 25 which was 16.6%, and lower than April 24 which was 18.1%. Bury has a higher percentage than GM which is 13.9% and Bury has the 6th lowest percentage of GM localities.

- Total number if specific acute non-elective spells – There were 1777 specific acute non-elective spells from Bury registerd patients in April 25, lower than Aprikl 24 and lower than March 25 which was 2027. Bury has the 4th lowest percentageof GM localities.

- Diagnostics Waiting 6 weeks + - March 25 performance of 8.8% of patients waiting more than six weeks, this is a decrease on the March 24 figures (14.5%). Bury's performance is lower than GM's performance of 10.5% in March 25. Bury has the 5th lowest percentage of the GM Loclities. Bury and GM are both above the less than 1% target.

- RTT Incomplete 65+ weeks – published March 25 data shows a decrease in 65+ week waits from with 5 pathways down from 11 pathways in February 25. There was a significant decrease in pathways from March 25 with 5 pathways, compared to March 24 when there were 191 pathways (-186 pathways).

  In March 25, Ophthalmology service shows the largest decrease in pathways 65+ with 2 pathways compared to 4 in February 25.

  Bury locality currently has the 3rd lowest number of 65+ week waits out of all GM localities.

- 28-day wait from referral to faster diagnosis (all patients) - the percentage of patients told of a cancer diagnosis outcome within 28 days of the 2WW referral in March for the Bury population was 80.7% - a decrease on February 25 which was 81.5%. Bury locality currently has the 6th lowest performance out of all the GM localities. GM performance is currently 80.1%. Bury is above the target of 75% or greater.

- Femlaes 25-64, attending cervical screening within target period (3.5 of 5.5 year coverage - %) – Latest figures from the GM Cancer Screening Dashboard, shows that for Bury Patients in April 2025 cervical screening is 69.1% for 24-29 years and 74.1 for 50-64 years which is below the efficiency target of 80%.

- 2-hour UCR referrals - the percentage of UCR referrals that received a 2-hour response standard for Bury registered patients in March 25 was 97.4% - a decrease on February 25 which was 97.7%. Bury currently has the highest percentage in the GM localities and above the national target of

70%. Local Authority reporting shows that 98% of Bury residents in March 25 received a 2-hour response with 2 patients missing target.

5. Recommendations

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

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May 2025

BURY INTEGRATED CARE PARTNERSHIP

Locality Performance Report May 2025 Product 2

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Bury - Oversight Metrics

Show Definitions

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Mental Health & Learning Disabilities	EAS02	Talking Therapies: Recovery Rate	Monthly	Mar 25	50.0%	51.0%	↘	50.%	100	200	Inter
	EH13	% of people with SMI to receive all six physical health checks in the preceding 12 months.	Quarterly	Mar 24	64.9%	50.9%	↗	60.%	1,322	2,036	Inter
	EH01	Talking Therapies: 6 Week Waits	Monthly	Mar 25	78.6%	86.8%	↘	75.%	165	210	Lower
	EH02	Talking Therapies: 18 Week Waits	Monthly	Mar 25	100.0%	100.0%	→	95.%	210	210	Inter
	EH21	Talking Therapies: Second Treatment Waits	Monthly	Mar 25	28.2%	39.0%	↘	10.%	55	195	Inter
	EH10	CYP Eating Disorders: Routine - % within 4 weeks	Quarterly	Mar 23	91.4%	94.7%	↘	95.%	32	35	Inter
	EH11	CYP Eating Disorders: Urgent - % within 1 week	Quarterly	Mar 23	75.0%	75.0%	→	95.%	3	4	Inter
	EH17	Access to Individual Placement and Support Services	Monthly	Mar 25	95	90	↗	270	N/A	N/A	Lower
	EH35	Access to Individual Placement and Support Services	Monthly	Mar 25	95	90	↗	270	N/A	N/A	Lower
	N/A	Percentage of CYP receiving Autism assessment within 18 weeks of referral	Monthly	Mar 25	37.3%	0.0%	↗	N/A	22	59	N/A
	N/A	Percentage of CYP receiving ADHD assessment within 18 weeks of referral	Monthly	Mar 25	63.2%	7.1%	↗	N/A	55	87	N/A
	N/A	Autism average wait in weeks from referral to first assessment	Monthly	Mar 25	58	66	↘	N/A	N/A	N/A	N/A
	N/A	ADHD average wait in weeks from referral to first assessment	Monthly	Mar 25	29	37	↘	N/A	N/A	N/A	N/A
Community	ET02	Total Patients on the CHS Waiting Lists (NCA)	Monthly	Mar 25	17,399	12,602	↗	N/A	N/A	N/A	N/A
	ET02a	Total CYP on the CHS Waiting Lists (NCA)	Monthly	Mar 25	6,302	5,220	↗	N/A	N/A	N/A	N/A
	ET02b	Total Adults on the CHS Waiting Lists (NCA)	Monthly	Mar 25	11,097	7,382	↗	N/A	N/A	N/A	N/A
	N/A	Total Patients Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Nov 24	699	676	↗	N/A	N/A	N/A	N/A
	ET9b	Total Adults Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Nov 24	204	202	↗	N/A	N/A	N/A	N/A
	ET9a	Total CYP Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Nov 24	495	474	↗	N/A	N/A	N/A	N/A
	N/A	% of CHC referrals completed within 28 days	Quarterly	Mar 25	83.9%	89.7%	↘	N/A	26	31	Inter
	N/A	% of DST carried out in acute setting	Quarterly	Mar 25	0.0%	0.0%	→	N/A	0	19	Inter
Primary Care	ED19	Appointments in general practice	Monthly	Mar 25	78,755	76,216	↗	202,093	N/A	N/A	Lower
	S001a	Number of GP appointments per 10,000 weighted patients	Monthly	Mar 25	370.1	358.2	↗	485	78,755	212,772	Lower
	N/A	Number of prescriptions dispensed per 1000 patients	Monthly	Feb 25	809	888	↘	N/A	N/A	N/A	Lower
	N/A	Number of extended access appointments	Monthly	Mar 25	54	51	↗	N/A	N/A	N/A	N/A
Adult Social Care	N/A	Number of people in Care Homes	Weekly	May 25	1,339	1,342	↘	N/A	N/A	N/A	N/A
	N/A	Number of people in Home Care	Weekly	May 25	1,500	1,503	↘	N/A	N/A	N/A	N/A
	N/A	Percentage of Care Homes rated Good or Outstanding	Monthly	Apr 25	84.6%	84.6%	→	N/A	44	52	N/A
	N/A	Care home beds vacancy rate	Weekly	May 25	13.6%	13.4%	↗	N/A	210	1,549	N/A
	N/A	Number of vacant care home beds	Weekly	May 25	210	207	↗	N/A	N/A	N/A	N/A

Bury

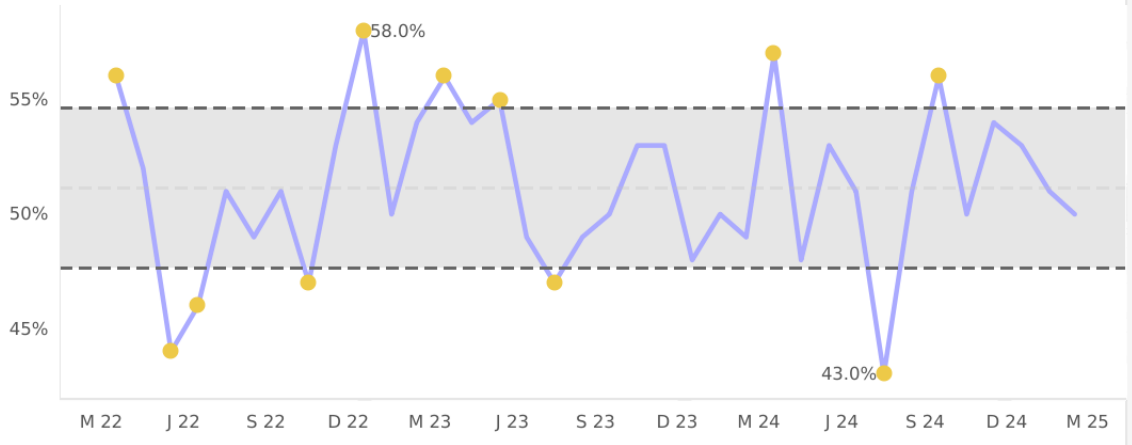
Talking Therapies: Recovery Rate

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

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

50.0%	51.0%	67/109	50.%
March 2025	February 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

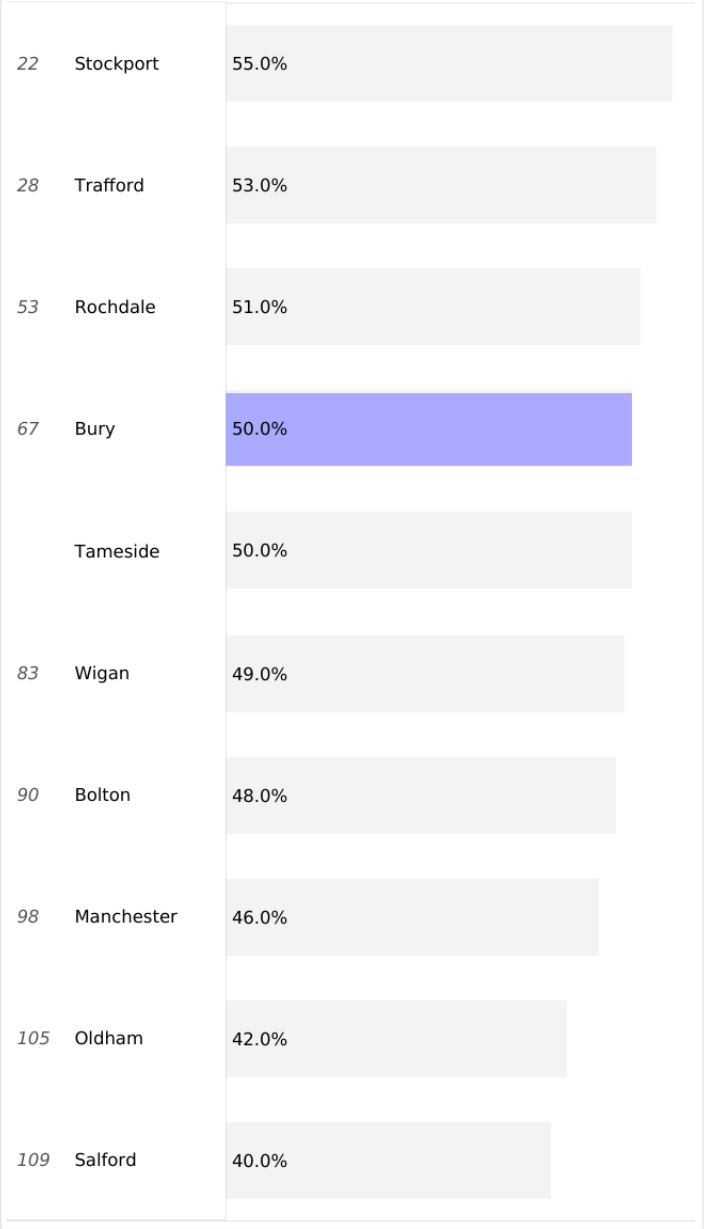


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	56.0%	52.0%	44.0%	46.0%	51.0%	49.0%	51.0%	47.0%	53.0%	58.0%	50.0%	54.0%
2023-24	56.0%	54.0%	55.0%	49.0%	47.0%	49.0%	50.0%	53.0%	53.0%	48.0%	50.0%	49.0%
2024-25	57.0%	48.0%	53.0%	51.0%	43.0%	51.0%	56.0%	50.0%	54.0%	53.0%	51.0%	50.0%

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- Mar 25 data shows a decrease in Talking Therapies recovery rate with 50.0% down from 51.0% in Feb 25
- This is an increase from Mar 24 when the rate was 49.0%
- Bury locality currently has the 4th highest Talking Therapies recovery rate out of all the GM localities.

Bury

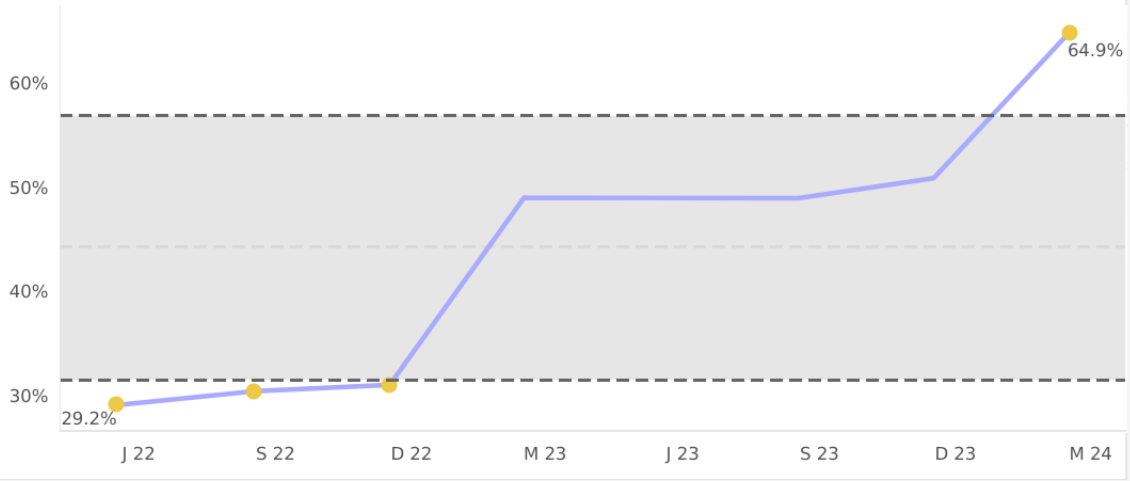
% of people with SMI to receive all six physical health checks in the preceding 12 months. - Mental Health Patients

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

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

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

- Published data shows Bury has completed 60.5% of people with SMI all six health checks in the preceding 12 months up to Mar 25. With 1203 out of the 1987 patients having all six of their SMI health checks.
- GM figures shows that 68% had completed all six SMI Health Checks during Mar 25

Bury

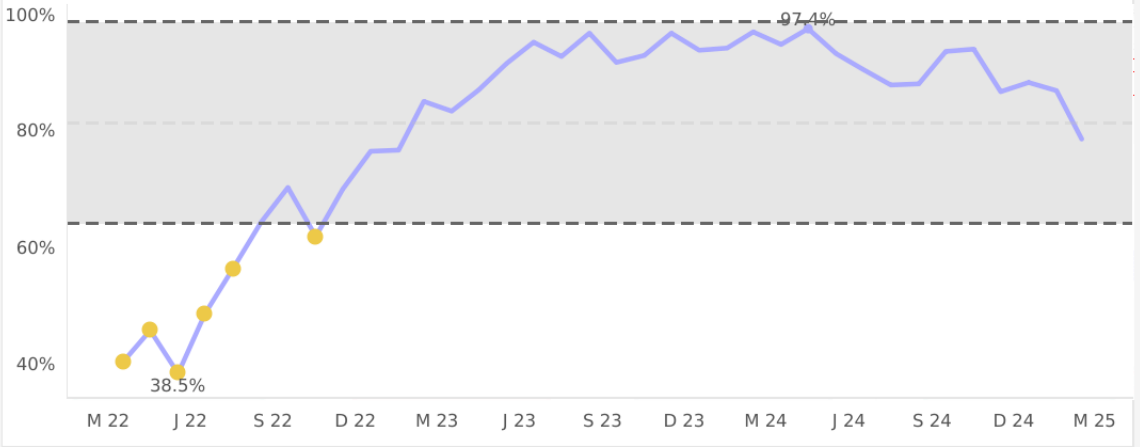
Talking Therapies: 6 Week Waits

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

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

78.6%	86.8%	91/109	75.%
March 2025	February 2025	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean

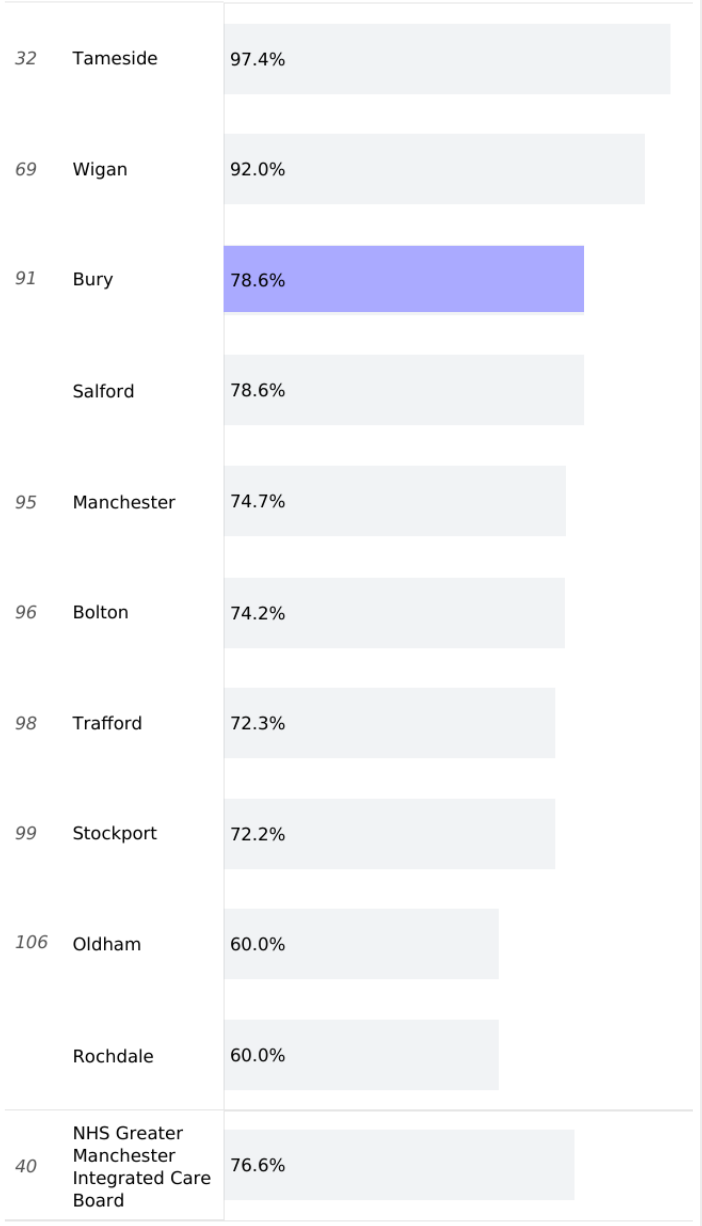


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	40.5%	45.8%	38.5%	48.7%	56.4%	64.3%	70.3%	61.9%	70.0%	76.5%	76.7%	85.0%
2023-24	83.3%	87.0%	91.5%	95.1%	92.7%	96.7%	91.7%	92.9%	96.7%	93.8%	94.1%	96.9%
2024-25	94.7%	97.4%	93.2%	90.5%	87.8%	88.0%	93.5%	93.9%	86.7%	88.2%	86.8%	78.6%

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The percentage of patients that wait 6 weeks or less from referral to entering IAPT treatment in Mar 25 is 78.6%, which is a decrease on Feb 25 which was 86.8%.It is also a decrease on Mar 24 when figures were 96.9%
- Bury is currently higher than the GM percentage of 76.6% and has the 3rd highest percentage of the GM localities.
- Both Bury and GM are above the National Target of 75%

Bury

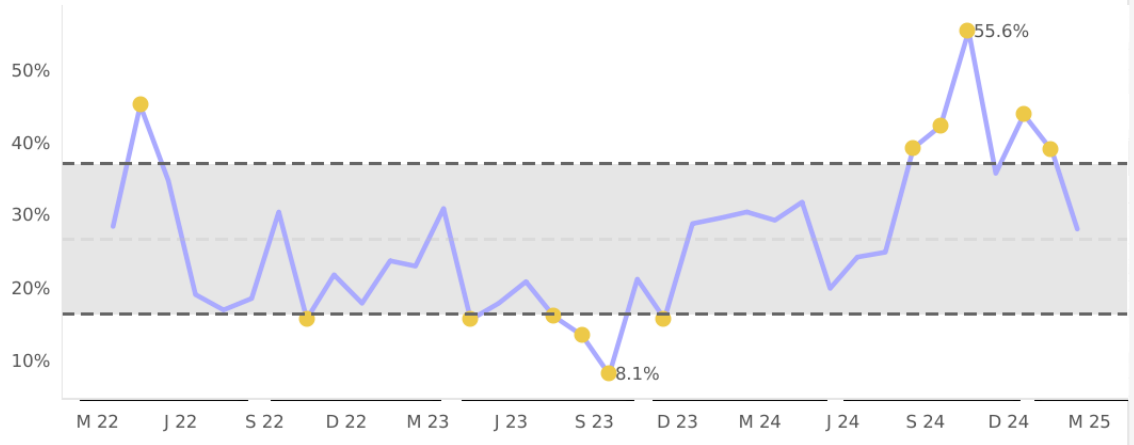
Talking Therapies: Second Treatment Waits

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

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

28.2%	39.0%	64/104	10.%
March 2025	February 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

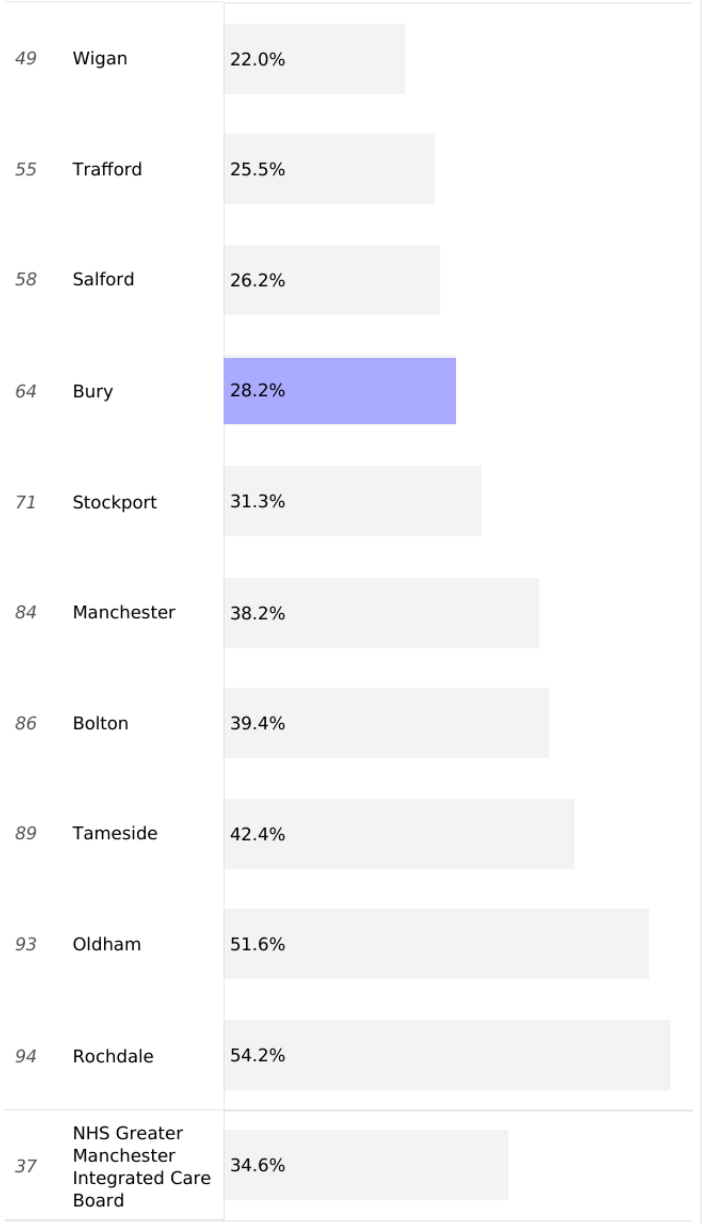


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	28.6%	45.3%	34.9%	19.1%	17.0%	18.6%	30.6%	15.8%	21.9%	17.9%	23.8%	23.1%
2023-24	31.0%	15.7%	17.9%	20.9%	16.1%	13.5%	8.1%	21.3%	15.8%	28.9%	29.7%	30.6%
2024-25	29.4%	31.9%	20.0%	24.3%	25.0%	39.4%	42.4%	55.6%	35.9%	44.0%	39.0%	28.2%

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The percentage of patients that waited less than 90 days from first appt to second appt in Mar 25 is 28.2%, which is a decrease on Feb 25 which was 39%.
- Bury is currently higher than the GM percentage of 34.6% and has the 7th highest percentage of the GM localities.
- Both Bury and GM are above the National Target of 10%

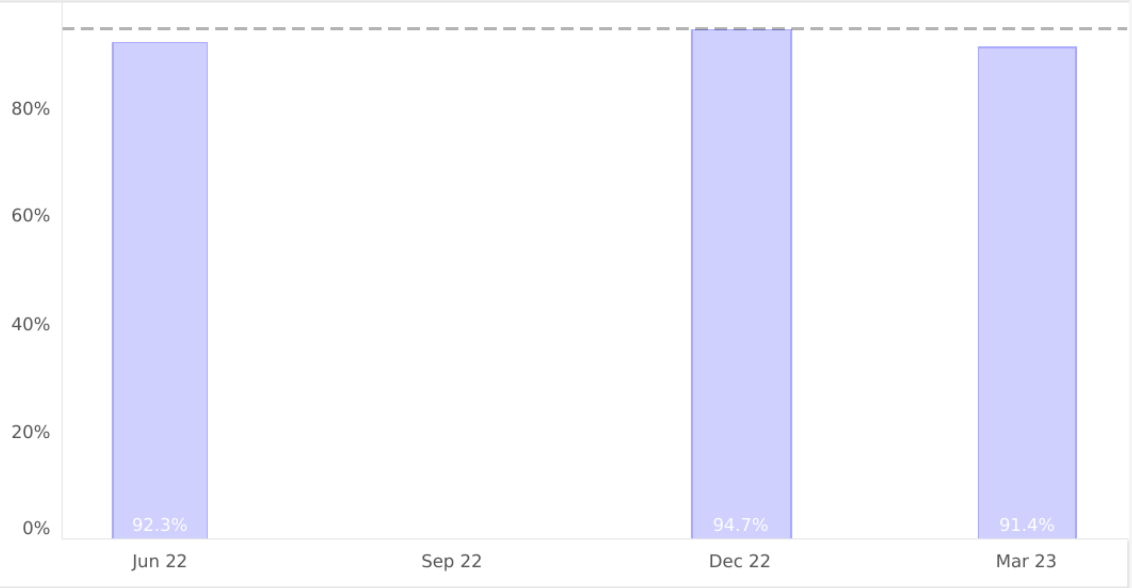
Bury

CYP Eating Disorders: Routine - % within 4 weeks

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

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

91.4%	94.7%	47/107	95.%
March 2023	December 2022	National Rank Inter Quartile	National Target



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

- Data taken from the GM eating disorder Dashboard shows the Portion of patients with CYP routine eating disorders seen within 4 weeks for Mar 25 is 80% with 8 out of 10 patients being seen within 4 weeks.

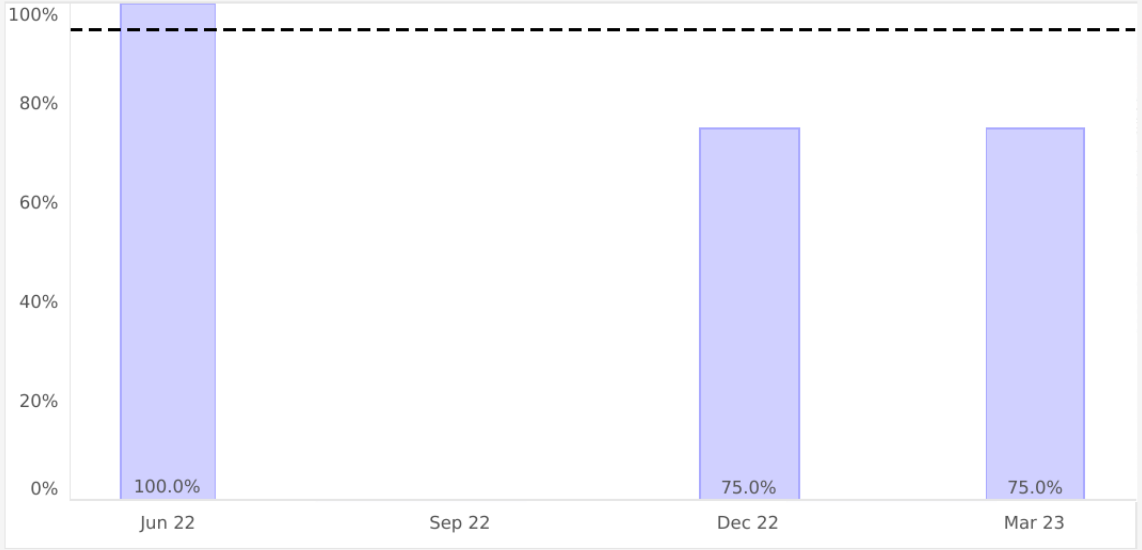
Bury

CYP Eating Disorders: Urgent - % within 1 week

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

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

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



	Jun	Dec	Mar
2022-23	100.0%	75.0%	75.0%

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

- Data taken from the GM eating disorder Dashboard shows the Portion of patients with CYP Urgent eating disorders seen within 1 week for Mar 25 is 100% with 1 out of 1 patients being seen within 1 week.

Bury

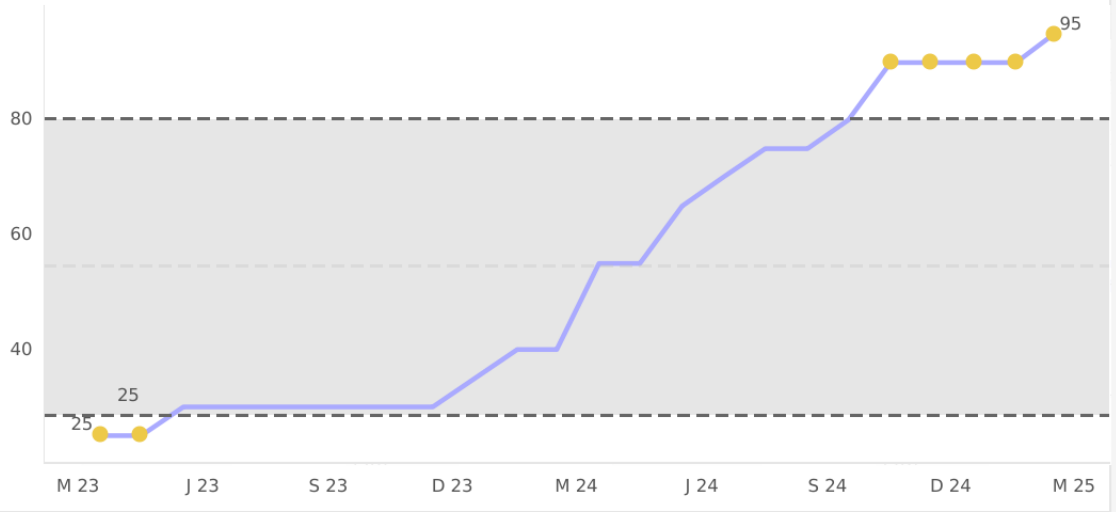
Access to Individual Placement and Support Services - Mental Health Patients

Access to Individual Placement and Support Services

Source: Published MHSDS (Monthly)

95	90	88/106	National Median
March 2025	February 2025	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24	25	25	30	30	30	30	30	30	30	35	40	40
2024-25	55	55	65	70	75	75	80	90	90	90	90	95

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

Latest Value GM Benchmarking

Rate Per 1000 | Count (National Rank)

Narrative

- The Access to individual placement & Support Services has increased to 95 in Mar 25, this is higher than Mar 24, when figures show 40 patients.
- Bury is currently at 0.45 rate per 1000 and has the 5th highest percentage of the GM localities.

Bury

% of CHC referrals completed within 28 days

Percentage of referrals completed (including discounted referrals) within 28 Days

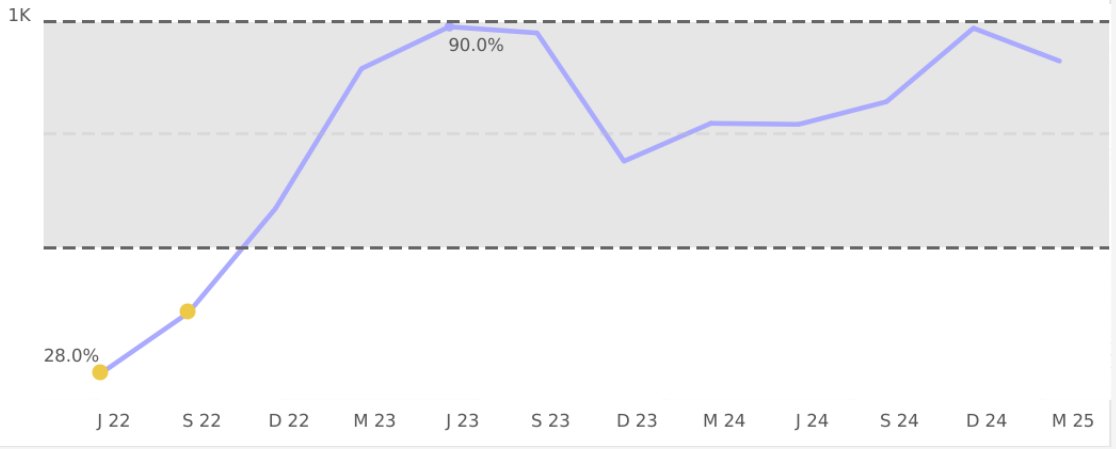
Source: Continuing Healthcare and NHS-funded Nursing Care quarterly published figures (Quarterly)

83.9%
March 2025

89.7%
December 2024

57/106
National Rank
Inter Quartile

Outliers more than 1 standard deviation from the mean

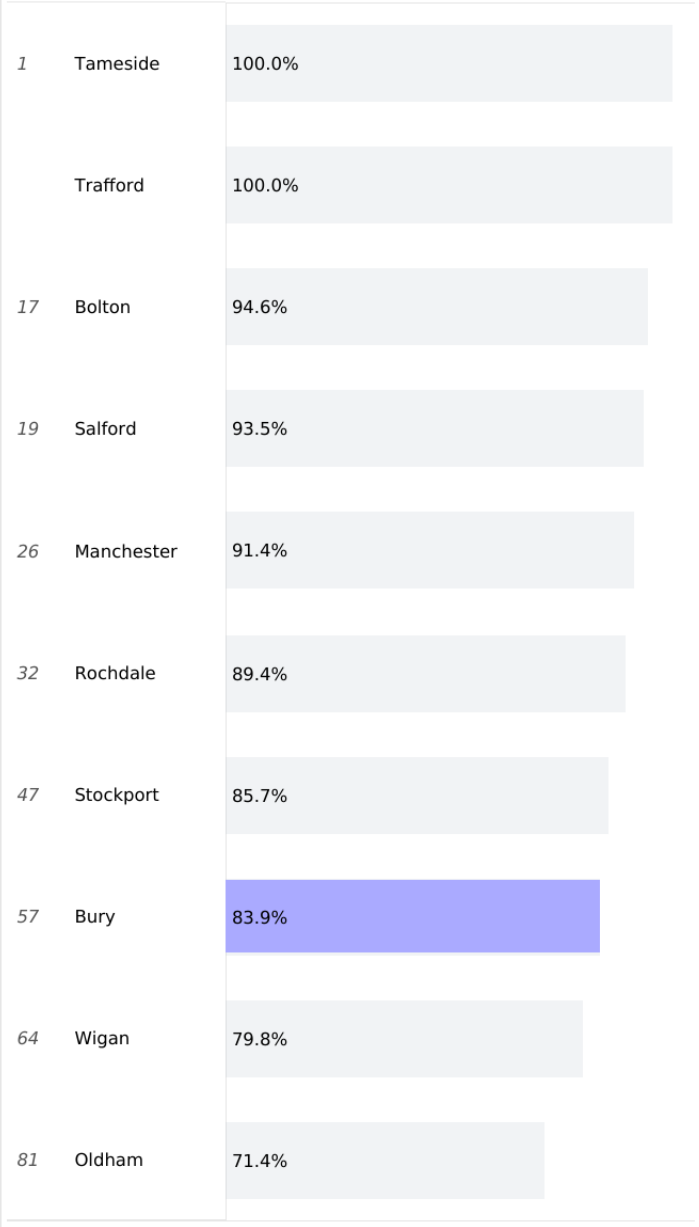


	Jun	Sep	Dec	Mar
2022-23	28.0%	38.9%	57.5%	82.5%
2023-24	90.0%	88.9%	66.0%	72.7%
2024-25	72.5%	76.6%	89.7%	83.9%

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The percentage of CHC referrals completed within 28 days is 83.9% in Mar 25 which is a decrease on Dec 24 which was 89.7%. It was an increase on Mar 24 which was 72.7%

- Bury is currently the 8th highest percentage of the GM localities.

Bury

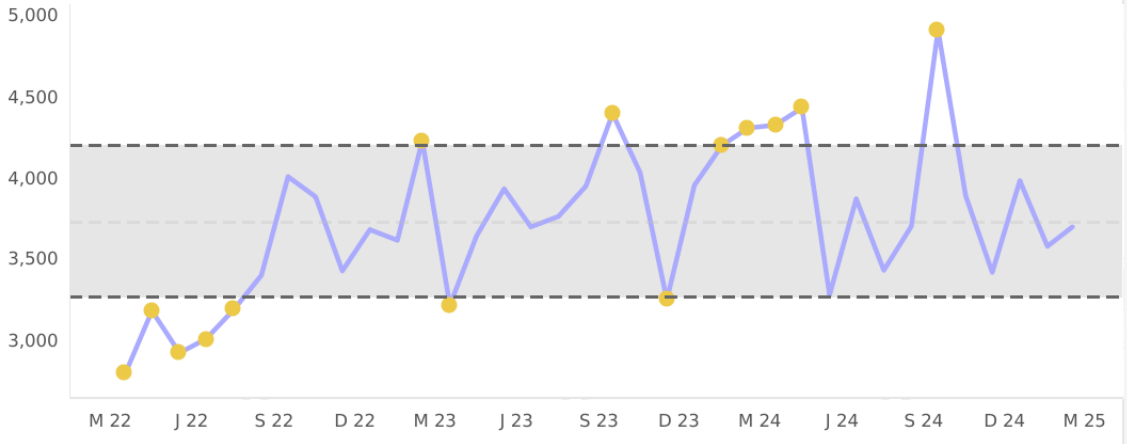
Number of GP appointments per 10,000 weighted patients

Number of general practice appointments per 10,000 weighted patients

Source: Appointments in General Practice (Monthly)

370.1	358.2	106/106	484.9
March 2025	February 2025	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	279.7	318.4	292.4	301.2	319.2	340.3	401.2	388.7	343.0	368.5	361.9	423.4
2023-24	321.8	364.6	393.7	370.2	376.6	395.3	440.1	403.6	325.2	395.9	420.4	431.1
2024-25	433.0	443.6	328.2	387.5	343.4	370.6	491.7	389.5	342.1	398.7	358.2	370.1

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

Latest Value GM Benchmarking

National Rank against other localities

43	Stockport	500.9
47	Bolton	491.2
57	Salford	478.8
68	Tameside	468.5
86	Oldham	434.4
91	Wigan	425.4
93	Rochdale	424.3
101	Trafford	405.6
103	Manchester	393.5
106	Bury	370.1
37	NHS Greater Manchester Integrated Care Board	436.1

Narrative

- The number of GP appointments per 10,000 weighted patients is 370.1 in Mar 25 which equates to 78,755 appointments, which is an increase on Feb 25 when there were 358.2 76,216
- This is a decrease in Mar 24 when there were 431.1 appointments.

Bury

Number of prescriptions dispensed per 1000 patients

Number of prescriptions dispensed per 1000 patients

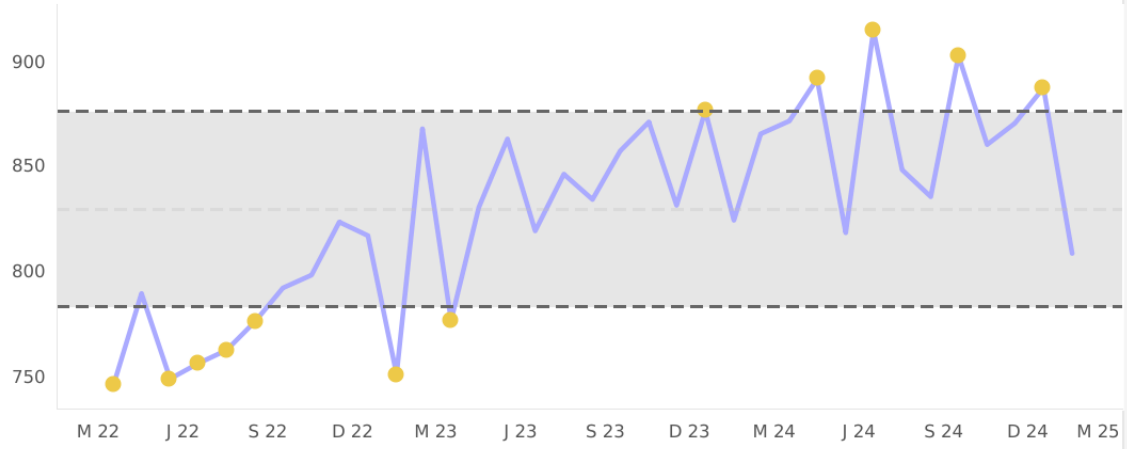
Source: Patient Level Prescribing Data (Monthly)

808.9
February 2025

887.7
January 2025

108/115
National Rank
Lower Quartile

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

105	Manchester	720
106	Bolton	759
107	Salford	801
108	Bury	809
109	Rochdale	818
110	Oldham	852
111	Wigan	873
112	Trafford	879
113	Stockport	881
114	Tameside	982
45	NHS Greater Manchester Integrated Care Board	819

Narrative

- The Number of prescriptions per 1000 patients in Feb 25 is 808.9 which is a decrease on Jan 25 when there were 887.8
- This is also an increase from Feb 24 when there were 824.7
- Bury is currently ranked the 4th best of the GM localities but is lower than the GM position of 819.

Bury

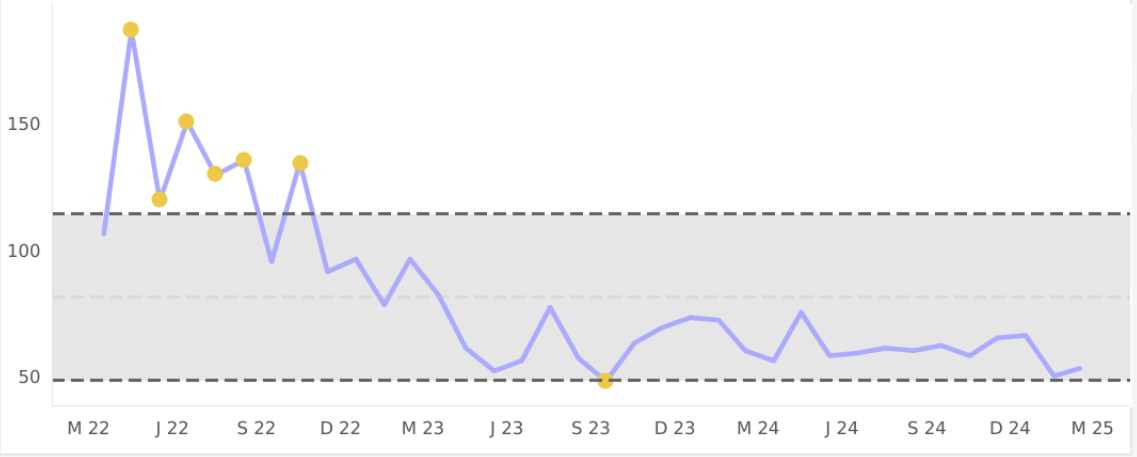
Number of extended access appointments

Number of extended access appointments

Source: Appointments in General Practice (Monthly)

54	51	104/105
March 2025	February 2025	National Rank Lower Quartile

Outliers more than 1 standard deviation from the mean

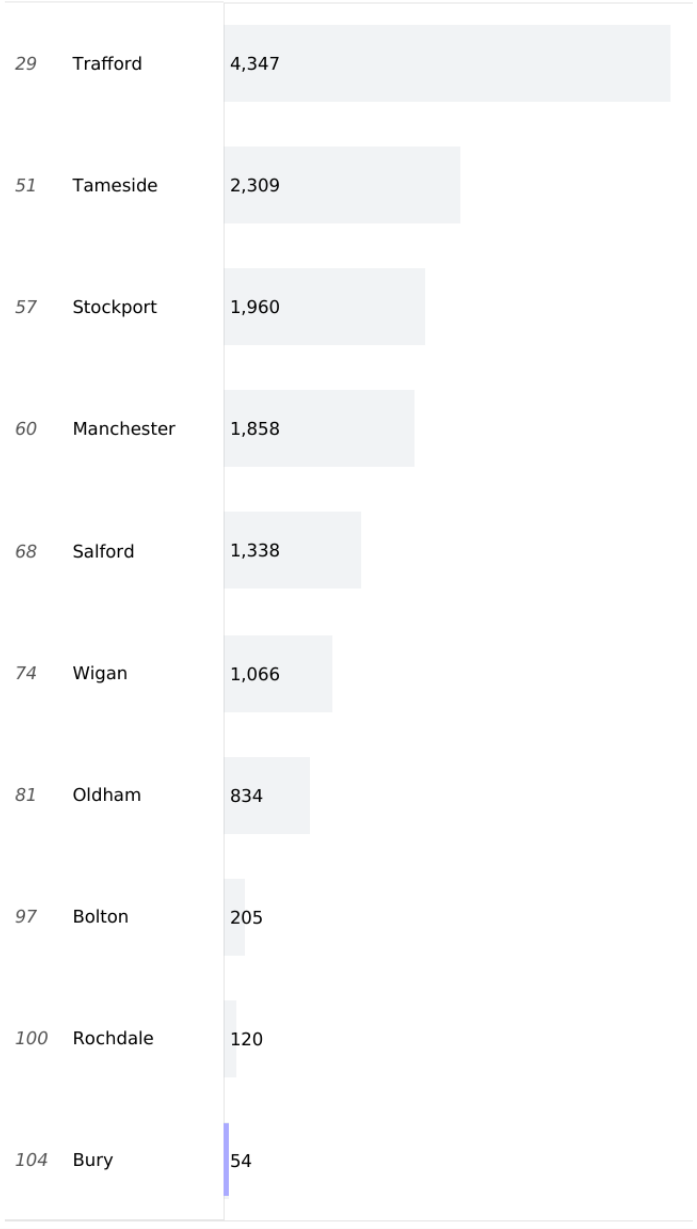


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	107	187	120	151	130	136	96	135	92	97	79	97
2023-24	83	62	53	57	78	58	49	64	70	74	73	61
2024-25	57	76	59	60	62	61	63	59	66	67	51	54

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The Number of extended access appointments in Mar 25 is 54 which is an increase from Feb 25 when there were 51.
- There is also a decrease from Mar 24 when there were 61.

Bury

Percentage of Care Homes rated Good or Outstanding

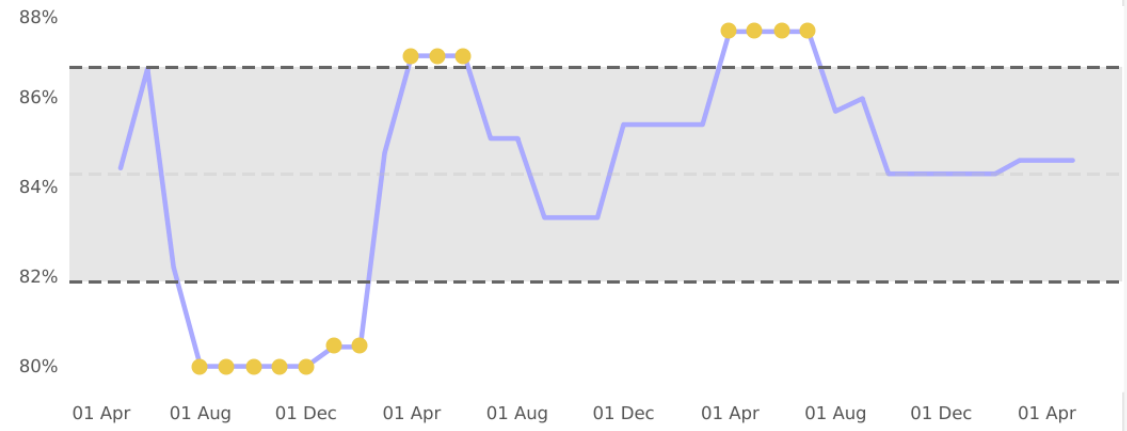
The % of Care Homes rated Good or Outstanding at the end of the period

Source: CQC (Monthly)

84.6%
Apr 25

84.6%
Mar 25

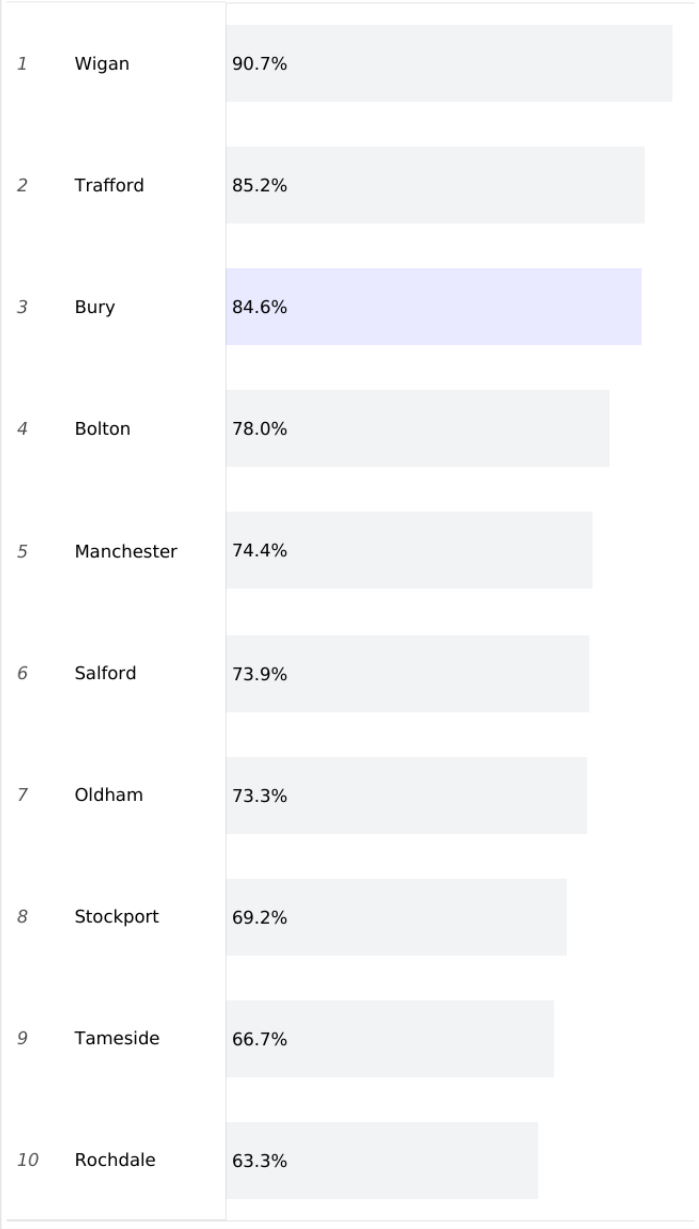
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	84.4%	86.7%	82.2%	80.0%	80.0%	80.0%	80.0%	80.0%	80.4%	80.4%	84.8%	87.0%
2023-24	87.0%	87.0%	85.1%	85.1%	83.3%	83.3%	83.3%	85.4%	85.4%	85.4%	85.4%	87.5%
2024-25	87.5%	87.5%	87.5%	85.7%	86.0%	84.3%	84.3%	84.3%	84.3%	84.3%	84.6%	84.6%
2025-26	84.6%											

Latest Value GM Benchmarking

Rank against other localities



Narrative

- The % of Care Home rated Good or Outstanding during April 25 is 84.6% which matches the figure for Mar 25
- This is a decrease when compared to April 24 when the figure was 87.5%
- Bury is currently ranked the 3rd highest of the GM localities.

Bury

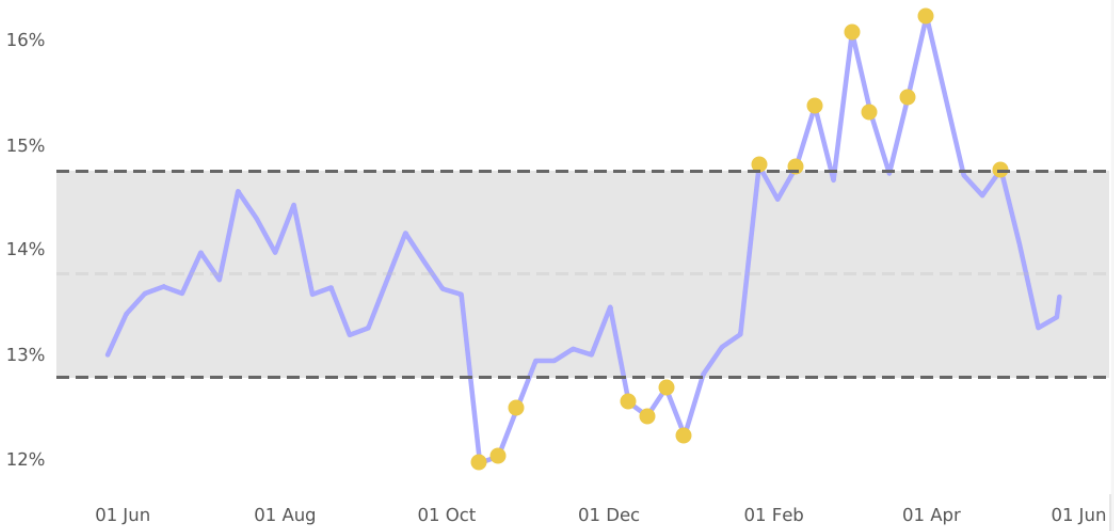
Care home beds vacancy rate
% of care home beds that are vacant

Source: NECS Capacity Tracker (Weekly)

13.6%
19 May

13.4%
17 May

Outliers more than 1 standard deviation from the mean



02 Mar	09 Mar	16 Mar	23 Mar	30 Mar	13 Apr	20 Apr	27 Apr	04 May	11 May	18 May	19 May
16.1%	15.3%	14.7%	15.5%	16.2%	14.7%	14.5%	14.8%	14.1%	13.3%	13.4%	13.6%

Latest Value GM Benchmarking
Rank against other localities

1	Bury	13.6%
2	Trafford	12.3%
3	Rochdale	11.4%
4	Manchester	10.9%
5	Bolton	10.8%
6	Oldham	10.1%
7	Tameside	9.7%
8	Stockport	9.6%
9	Salford	9.3%
10	Wigan	9.2%
1	NHS Greater Manchester Integrated Care Board	10.6%

Narrative

- The % of Care Home that are vacant during the week of 19th May is 13.6%, this is a decrease on previous weeks during May.
- Bury is currently ranked the highest of the GM localities. It is also higher than the GM position of 10.6%

Bury

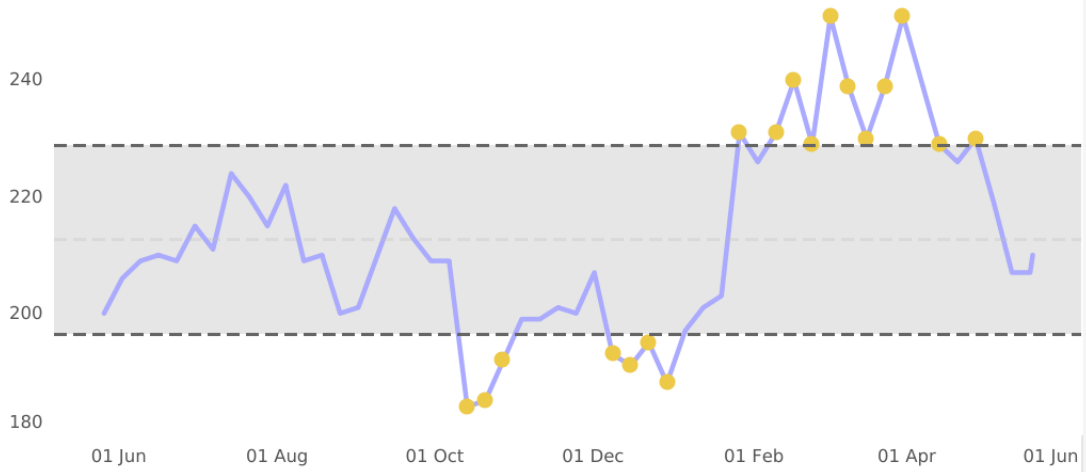
Number of vacant care home beds
Number of vacant care home beds

Source: NECS Capacity Tracker (Weekly)

210
19 May

207
17 May

Outliers more than 1 standard deviation from the mean



02 Mar	09 Mar	16 Mar	23 Mar	30 Mar	13 Apr	20 Apr	27 Apr	04 May	11 May	18 May	19 May
251	239	230	239	251							
					229	226	230	219	207	207	210

Latest Value GM Benchmarking
Rank against other localities

1	Manchester	234
2	Stockport	230
3	Wigan	212
4	Bury	210
5	Bolton	194
6	Trafford	191
7	Rochdale	180
8	Oldham	159
9	Tameside	142
10	Salford	137

Narrative

- The number of vacant care home beds during the week of 19th May is 210 this is a decrease on the previous fortnight (4th May) when the figures were 219.
- Bury is currently ranked the 4th highest of the GM localities.
- Note, this is an absolute number, so the comparison is unhelpful.

PIA Locality Report Product 2

File created on: 5/20/2025 7:58:07 AM

BURY INTEGRATED CARE PARTNERSHIP

Locality Performance Report May 2025

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Bury - Oversight Metrics

Show Definitions

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Annual	Dec 21	53.7%	51.7%	↗	75.0%	514	957	Inter
Mental Health & Learning Disabilities	EK3	% of patients aged 14+ with a completed LD health check	Monthly	Mar 25	85.5%	75.9%	↗	75.%	994	1,163	Upper
	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Mar 25	85.5%	75.9%	↗	75.%	994	1,163	Upper
	EH9	Access to Children and Young Peoples Mental Health Services	Monthly	Mar 25	3,515	3,510	↗	5,413	N/A	N/A	Lower
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Mar 25	3,515	3,510	↗	5,413	N/A	N/A	Lower
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Mar 25	75.1%	75.1%	→	66.7%	1,826	2,433	Upper
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 3 month total)	Monthly	Mar 25	3,600	3,815	↘	0	N/A	N/A	Lower
	N/A	Number of MH patients with no criteria to reside - number of beds occupied by mental health patients who are ready to be discharged	Monthly	Apr 25	9	10	↘	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Apr 25	9.1%	10.6%	↘	N/A	9	99	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Mar 25	1,950	1,900	↗	3,818	N/A	N/A	Lower
	S081a	Talking Therapies: Access Rate	Monthly	Mar 25	260	255	↗	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Mar 25	215	205	↗	N/A	N/A	N/A	Lower
	S125a	Long length of stay for adults (60+ days)	Monthly	Mar 25	50.0%	40.0%	↗	0.%	15	30	Inter
	N/A	Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18	Monthly	Mar 25	80.0%	80.0%	↘	N/A	80	N/A	Inter
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar 24	69.6%	66.6%	↗	77.%	21,821	31,355	Inter
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Dec 24	63.2%	63.1%	↗	62.5%	6,810	10,775	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Mar 25	78.6%	79.8%	↘	81.6%	61,863	78,755	Lower
Quality	S042a	E. coli blood stream infections	Monthly	Mar 25	147	150	↘	N/A	N/A	N/A	Upper
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Feb 25	75.2%	77.3%	↘	87.1%	N/A	N/A	Upper
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Feb 25	5.7%	5.8%	↘	10.%	5,863	102,147	Upper
	S037A	% of patients describing their overall experience of making a GP appointment as good	Annual	Mar 23	71.4%		→	73.9%	N/A	N/A	N/A

Bury

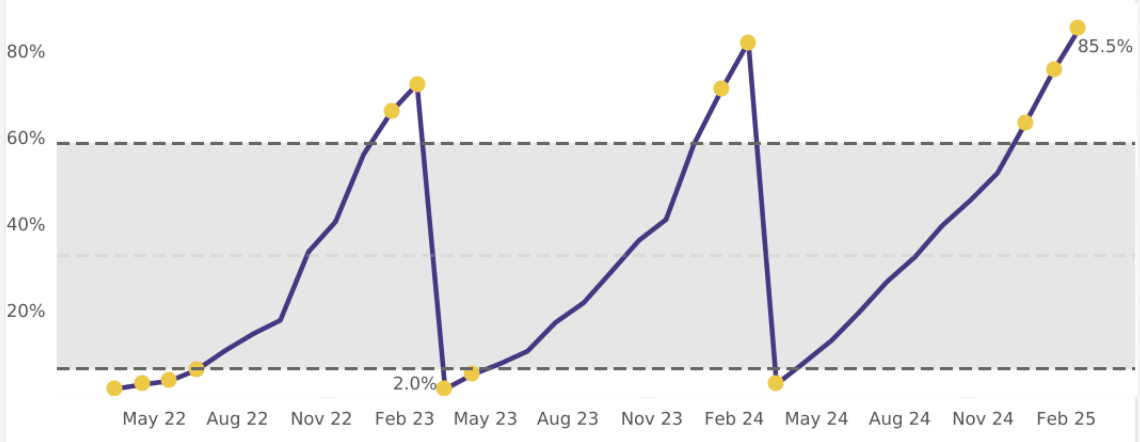
% of patients aged 14+ with a completed LD health check

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

Source: Learning Disabilities Health Check Scheme (Monthly)

85.5%	75.9%	13/106	75.%
March 2025	February 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean



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

Selected measure at March 2025 has continuously increased for 11 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

2	Stockport	88.9%
13	Bury	85.5%
18	Salford	84.9%
19	Rochdale	84.6%
20	Bolton	84.6%
22	Manchester	84.5%
25	Trafford	83.9%
29	Wigan	83.4%
41	Oldham	82.0%
58	Tameside	79.9%
5	NHS Greater Manchester Integrated Care Board	84.2%

Narrative

- The percentage of patients aged 14+ having received an LD health check in Mar 25 is 85.5%, which is an increase on Mar 24 which was 82.5%.
- Bury is currently reporting higher than the GM percentage of 84.2% and currently has the 2nd highest percentage of the GM localities.
- Burys Performance exceeds the national target of 75%

Bury

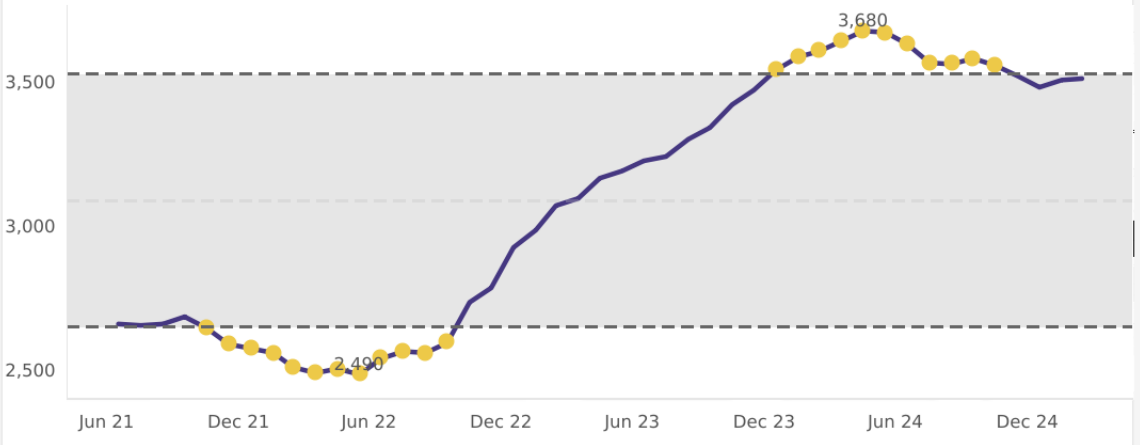
Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

3,515	3,510	83/106	National Median
March 2025	February 2025	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean

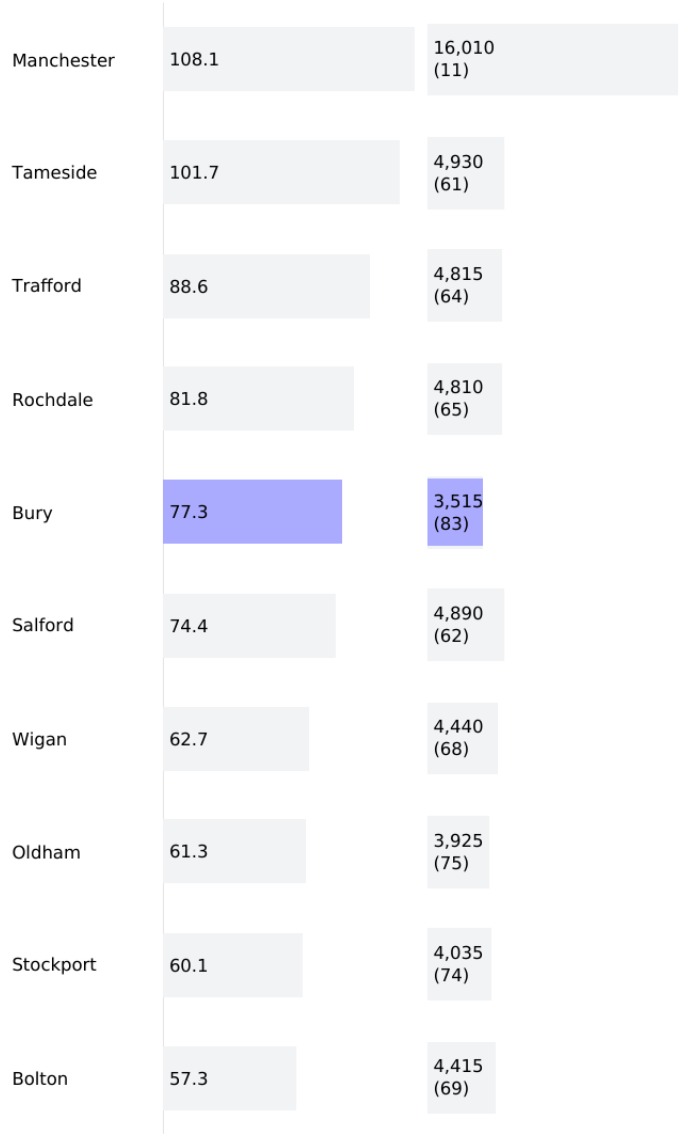


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				2,665	2,660	2,665	2,690	2,650	2,595	2,580	2,565	2,515
2022-23	2,495	2,510	2,490	2,545	2,570	2,565	2,600	2,740	2,790	2,930	2,990	3,075
2023-24	3,100	3,170	3,195	3,230	3,245	3,305	3,345	3,425	3,475	3,545	3,590	3,610
2024-25	3,645	3,680	3,675	3,635	3,570	3,565	3,585	3,560	3,525	3,485	3,510	3,515

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

Latest Value GM Benchmarking

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



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

Narrative

- There were 3515 accesses to Children and Young Peoples Mental Health Services for Bury registered patients in Mar 25, lower than Mar 24(3610).
- Bury currently has 77.3 accesses made per 1000 population and has the 5th highest rate per 1000 for localities within GM.

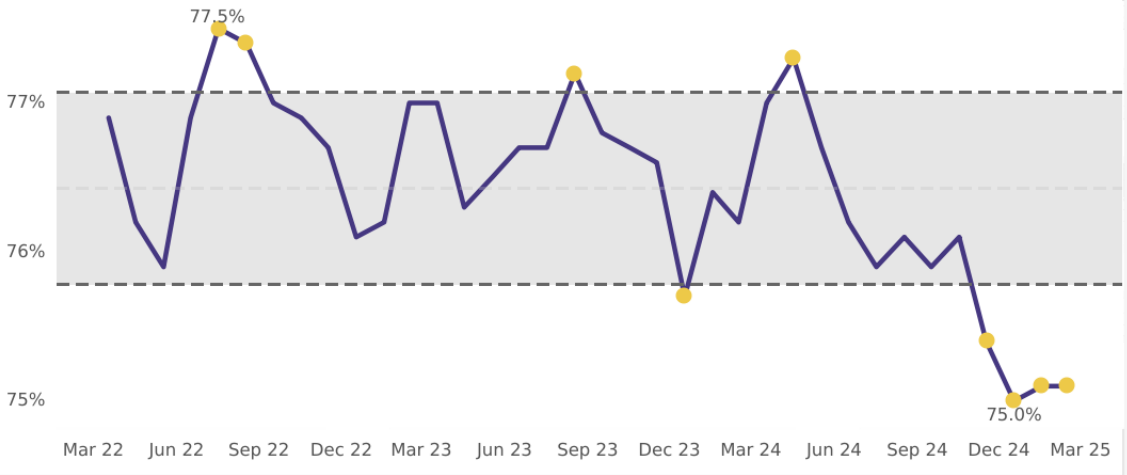
Bury

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

Source: Primary Care Dementia Data (Monthly)

75.1%	75.1%	12/106	66.7%
March 2025	February 2025	National Rank Upper Quartile	National Target

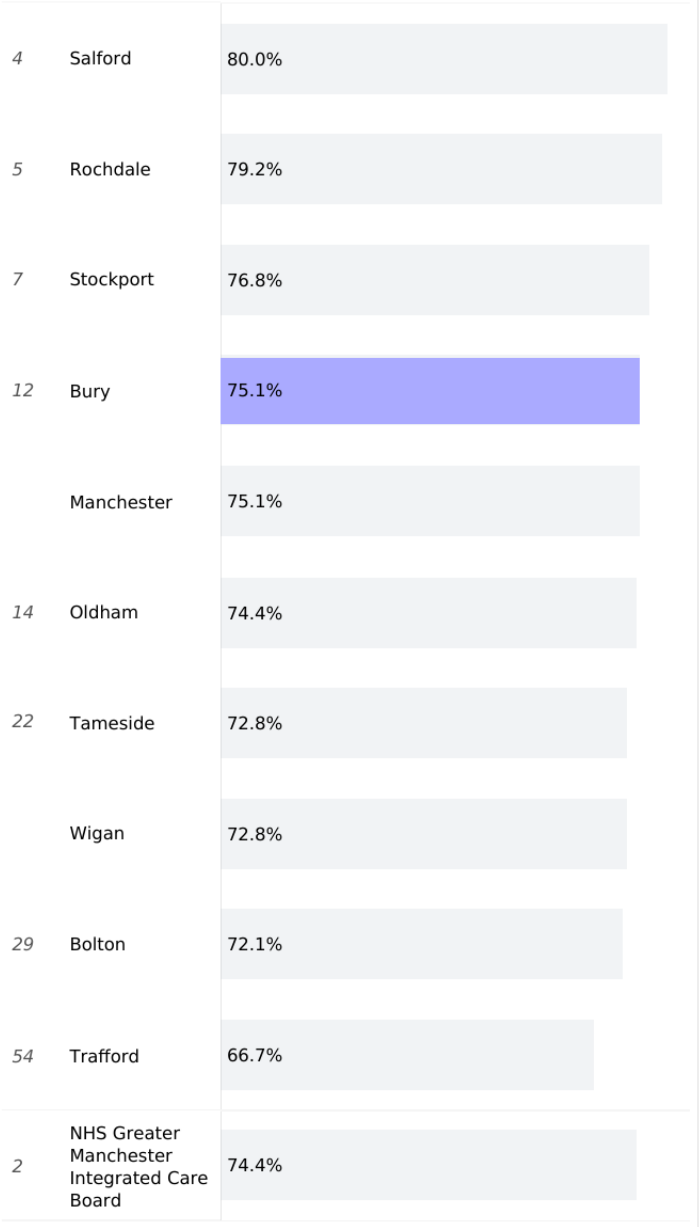
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The percentage of patients aged 65+ having received a dementia diagnosis as of Mar 25 is 75.1%
- In Mar 25 Bury has a higher diagnosis rate than GM which has a rate of 74.4%. Bury has the 4th highest dementia diagnosis rate of the GM localities.
- Bury and GM are both above the national target of 66.7%.

Bury

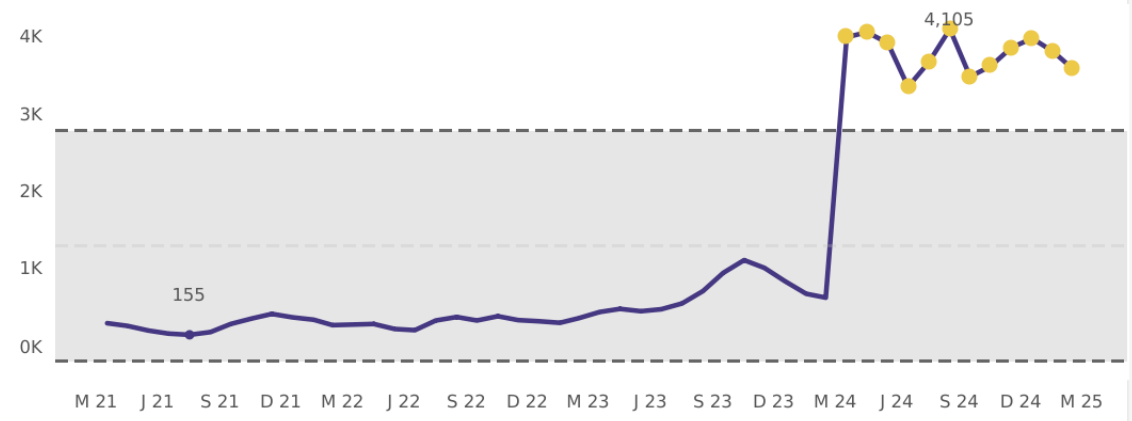
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days

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

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

3,600	3,815	95/104	0
March 2025	February 2025	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)

1	Tameside	1.33	305 (33)
2	Rochdale	1.50	380 (36)
3	Oldham	1.50	405 (41)
4	Stockport	1.70	560 (48)
5	Wigan	2.47	870 (66)
6	Trafford	2.67	665 (53)
7	Bolton	3.11	1,040 (76)
8	Salford	3.28	1,060 (77)
9	Manchester	4.89	3,670 (96)
10	Bury	16.92	3,600 (95)

The rate is calculated using the registered population figure for each locality | Bury: 212,772

Narrative

The number of inappropriate adult acute mental health OAP bed days for Bury is 3600 for March 2025, this is a reduction from Feb 25 when there were 3815

Comparing March 25 to March 24 there is a huge increase in the figures with 2965 extra bed days in March 25.

In Mar 25 Bury has a highest rate of the GM localities with 16.92.

Bury has been mostly zero and occasionally one in the last 7 months and this is managed on a daily basis.

Bury

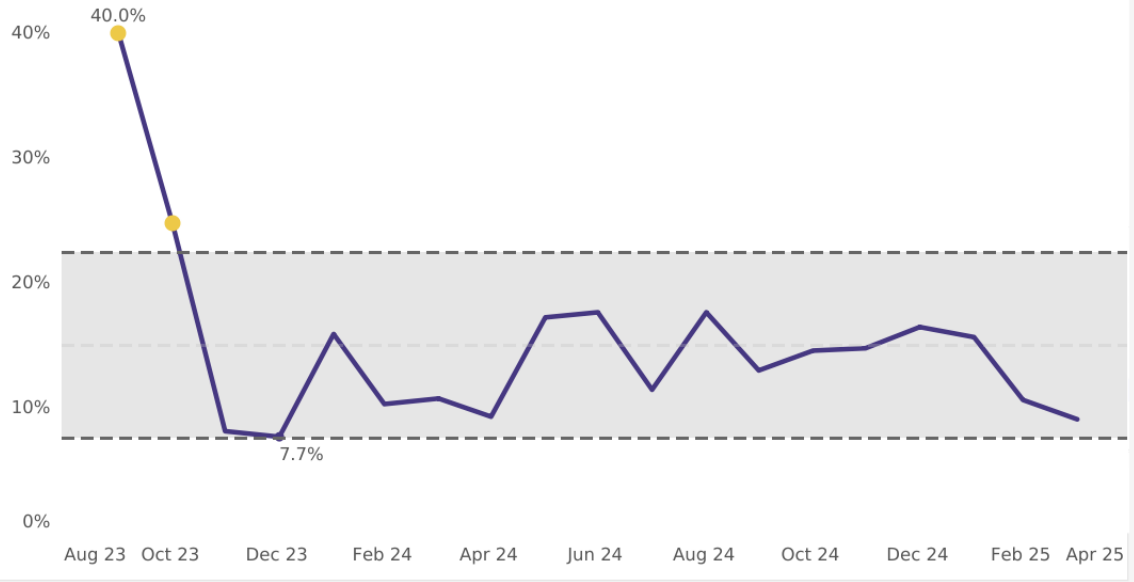
Percentage of MH patients with no criteria to reside (NCTR)
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

9.1%
April 2025

10.6%
March 2025

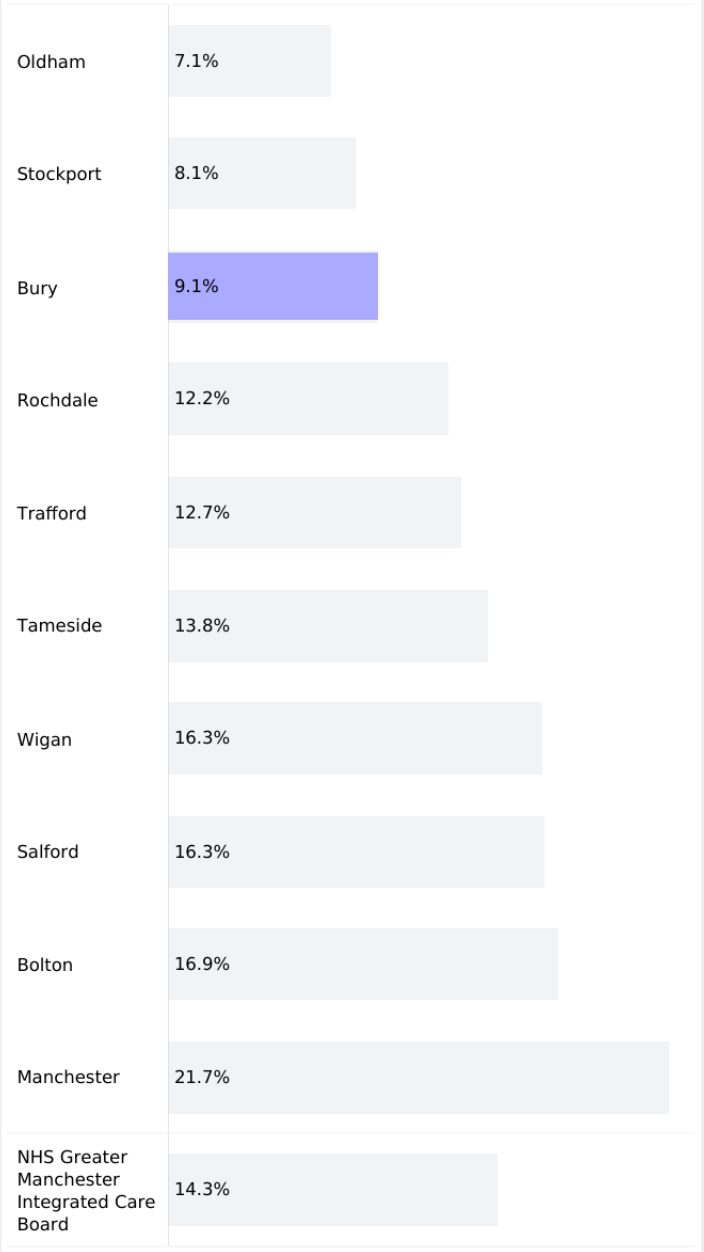
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24							40.0%	24.7%	8.1%	7.7%	15.9%	10.3%
2024-25	10.8%	9.3%	17.2%	17.6%	11.5%	17.6%	13.0%	14.6%	14.8%	16.5%	15.7%	10.6%
2025-26	9.1%											

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

Latest Value GM Benchmarking



Narrative

- The percentage of mental health patients with NCTR as of April 25 is 9.1%, which is a decrease from April 24 which was 10.8%
- Bury currently has a lower percentage than GM which is 14.3%.
- Bury has the 3rd lowest percentage rate of the GM localities.

Bury

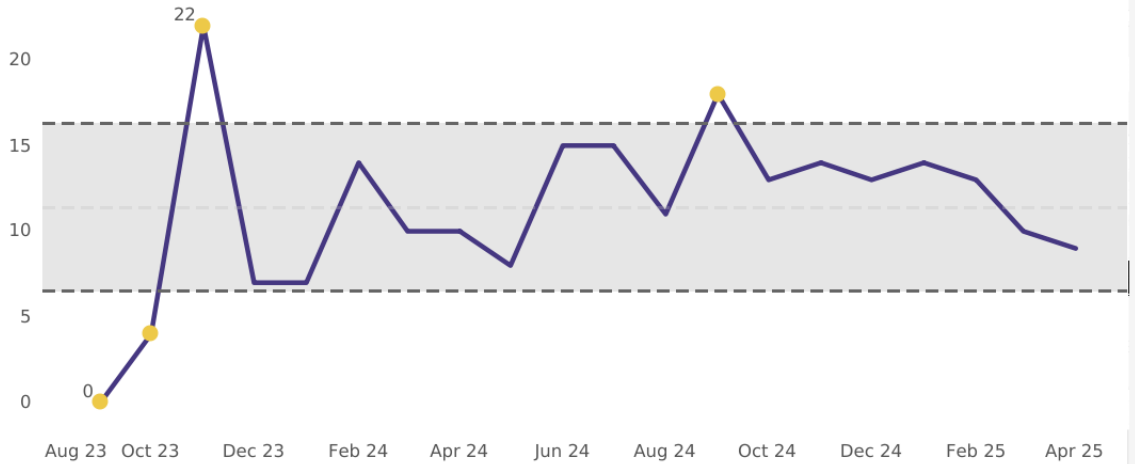
Number of MH patients with no criteria to reside (NCTR)
Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

9
April 2025

10
March 2025

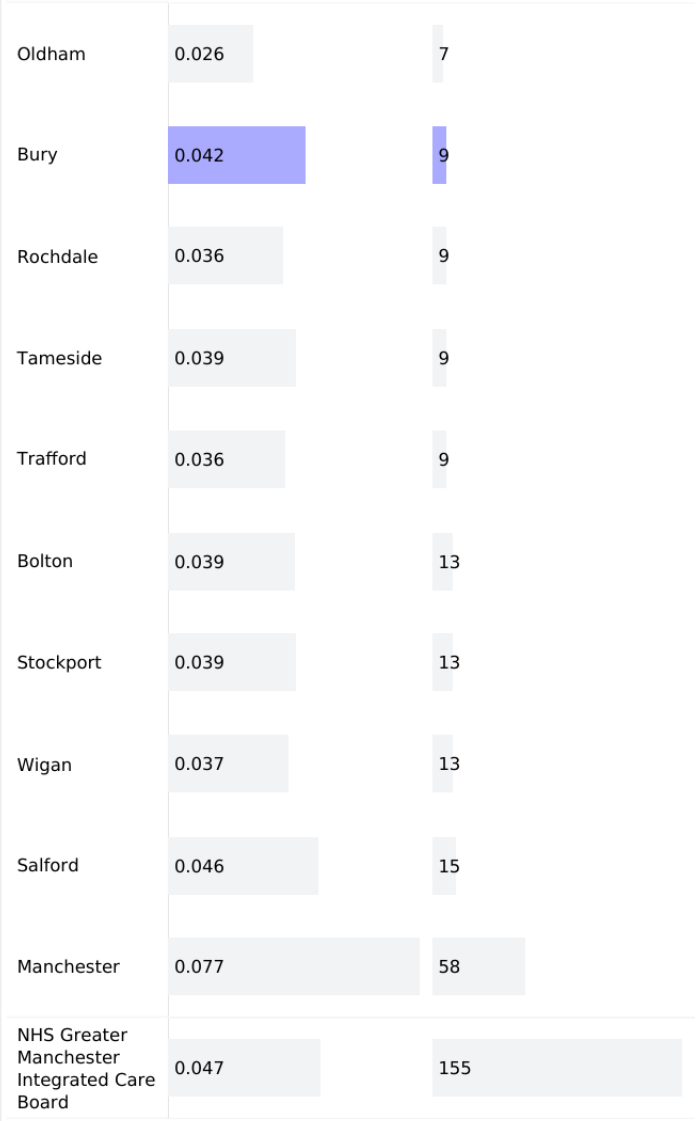
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking
Rate per 1000 | Count



The rate is calculated using the registered population figure for each locality | Bury: 212,772

Narrative

- This metric is subject to daily review.
- The number of mental health patients with NCTR as of April 25 is 9, this is just 1 below reported figures for March 25 which was 10.
- Bury currently has 0.042 mental health patients with NCTR per 1000 population and has the 5th lowest rate in locality within GM.

Bury

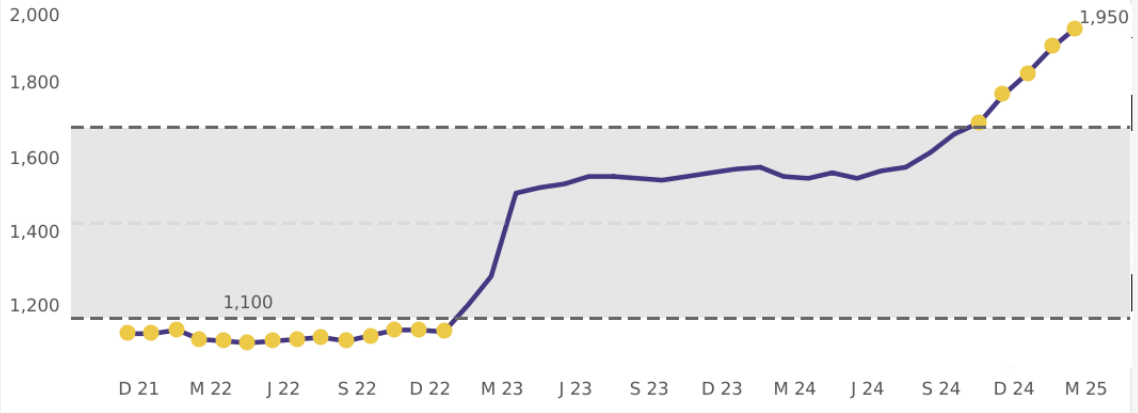
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses

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

Source: Published MHSDS (Monthly)

1,950	1,900	83/106	3,818
March 2025	February 2025	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22									1,125	1,125	1,135	1,110
2022-23	1,105	1,100	1,105	1,110	1,115	1,105	1,120	1,135	1,135	1,130	1,205	1,280
2023-24	1,505	1,520	1,530	1,550	1,550	1,545	1,540	1,550	1,560	1,570	1,575	1,550
2024-25	1,545	1,560	1,545	1,565	1,575	1,615	1,665	1,695	1,770	1,830	1,900	1,950

Selected measure at March 2025 has continuously increased for 9 period(s) of time

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Salford	20.5	5,250 (41)
2	Manchester	13.7	8,225 (29)
3	Wigan	13.0	3,660 (57)
4	Trafford	12.1	2,350 (73)
5	Tameside	11.9	2,140 (79)
6	Bury	11.7	1,950 (83)
7	Bolton	10.3	2,645 (64)
8	Rochdale	9.3	1,795 (87)
9	Oldham	8.1	1,650 (90)
10	Stockport	6.5	1,695 (88)

The rate is calculated using the 18+ registered population figure for each locality | Bury: 166,882

Narrative

- There were 1950 people who received two or more contacts from mental health services for adults with severe mental illness for Bury registered patients in Mar 25, higher than Mar 24 (1550).
- Bury currently has 11.7 contacts per 1000 population and has the 5th lowest rate per 1000 for localities within GM.

Bury

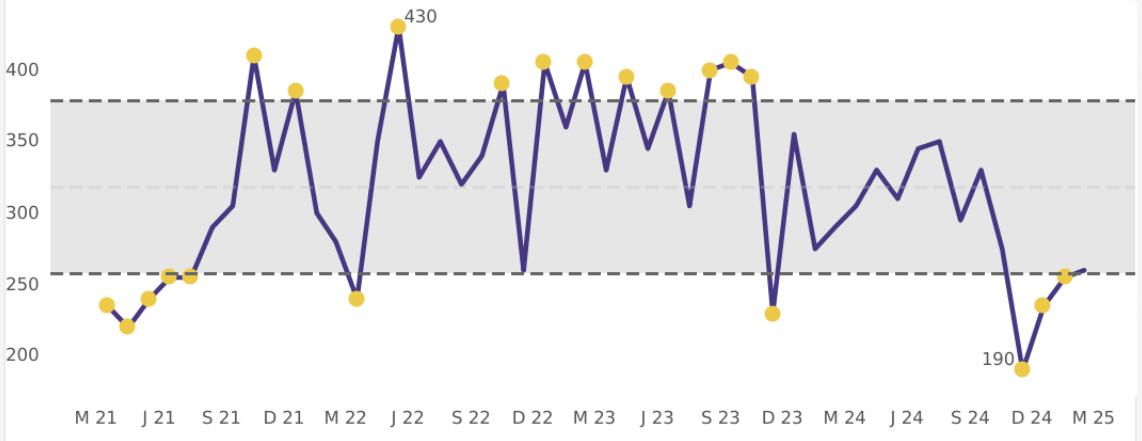
Talking Therapies: Access Rate

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

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

260	255	97/109	No Target
March 2025	February 2025	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean



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

Selected measure at March 2025 has continuously increased for 3 period(s) of time

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)

1	Salford	2.8	890 (38)
2	Manchester	2.1	1,605 (15)
3	Trafford	1.9	480 (66)
4	Bolton	1.8	610 (55)
5	Wigan	1.7	610 (55)
6	Tameside	1.7	385 (80)
7	Stockport	1.6	530 (62)
8	Oldham	1.4	380 (82)
9	Bury	1.2	260 (97)
10	Rochdale	1.1	275 (91)

The rate is calculated using the registered population figure for each locality | Bury: 212,772

Narrative

- There were 260 accesses to Talking Therapies for Bury registered patients in Mar 25, lower than Mar 24 (290) but higher than Feb 25 (255)
- Bury currently has 1.2 accesses per 1000 population and has the 2nd lowest rate per 1000 for localities within GM.
- This situation is under review via the Locality Assurance process meeting on 2/6/25

Bury

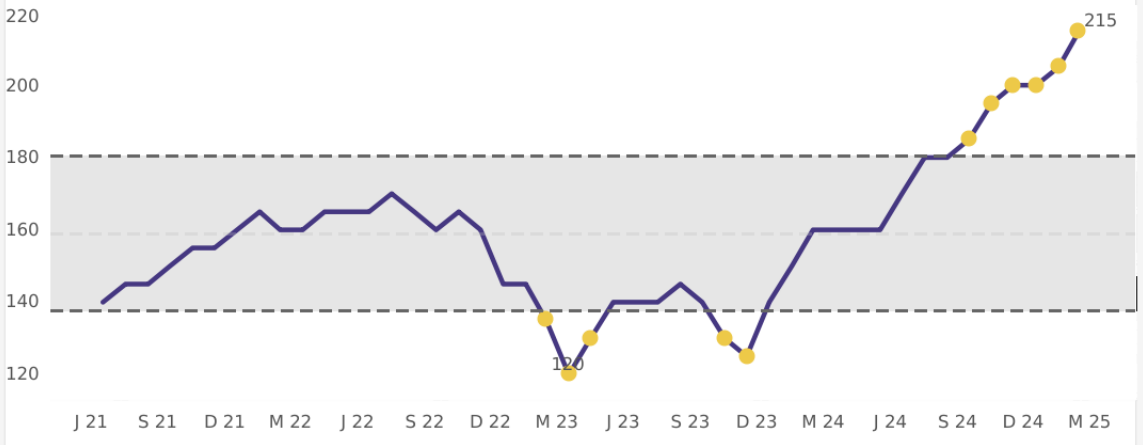
Women Accessing Specialist Community Perinatal Mental Health Services

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

Source: Published MHSDS (Quarterly)

215	205	87/107	No Target
March 2025	February 2025	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Bury	5.2	215 (87)
2	Stockport	5.2	320 (61)
3	Trafford	4.9	230 (85)
4	Oldham	4.7	260 (74)
5	Tameside	4.7	215 (87)
6	Rochdale	4.6	235 (84)
7	Wigan	4.4	290 (68)
8	Bolton	3.9	260 (74)
9	Salford	3.1	245 (81)
10	Manchester	2.6	520 (40)

The rate is calculated using the 15-44 female population figure for each locality | Bury 41,078

Narrative

- There were 215 women accessing Perinatal Mental Health Services for Bury registered patients for the rolling 12 months to Mar 25, higher than Mar 24(160) and higher than Feb 25 (205)
- Bury currently has 5.2 accesses per 1000 population and has the highest rate per 1000 for localities within GM.

Bury

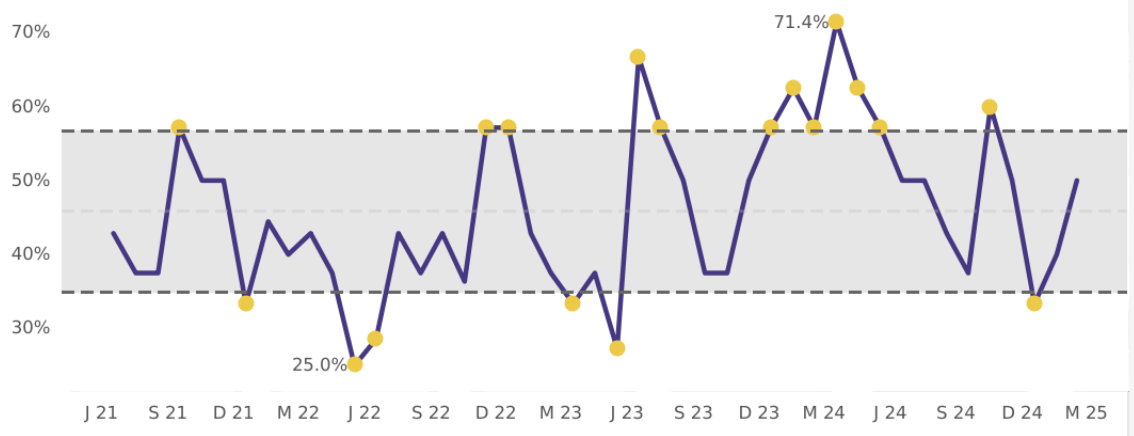
Long length of stay for adults (60+ days) - Mental Health Patients

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

Source: Published MHSDS (Monthly)

50.0%	40.0%	71/102	0.%
March 2025	February 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

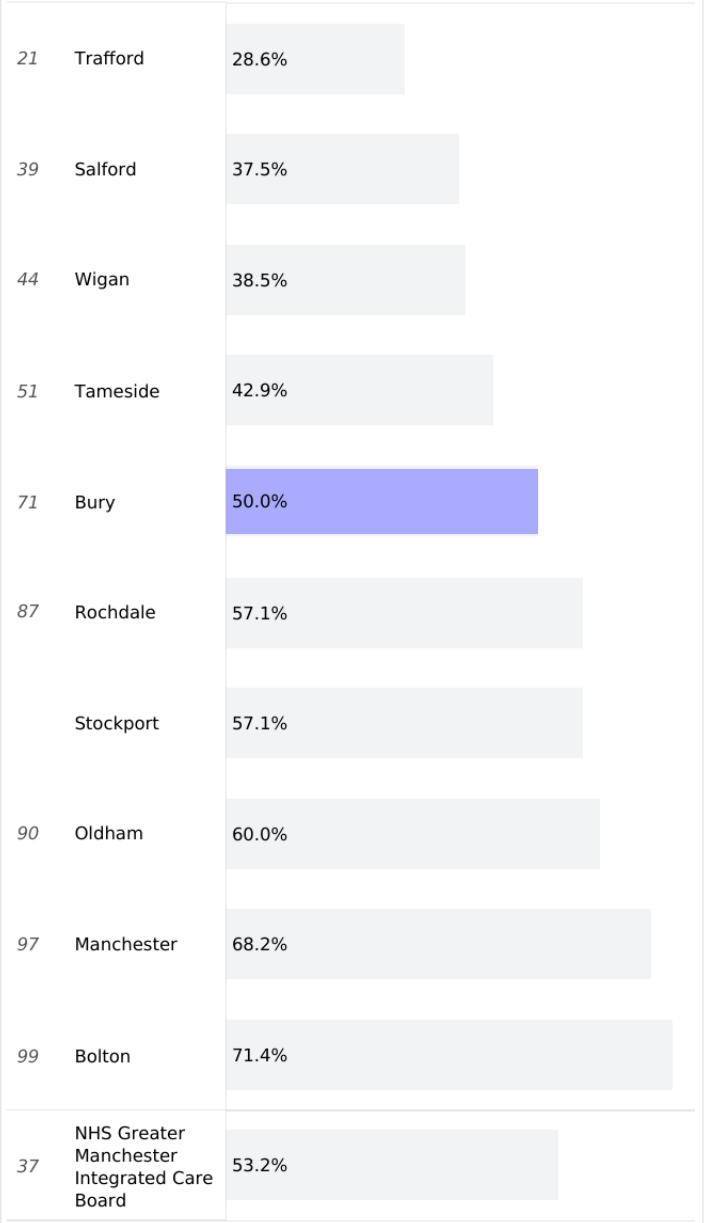


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				42.9%	37.5%	37.5%	57.1%	50.0%	50.0%	33.3%	44.4%	40.0%
2022-23	42.9%	37.5%	25.0%	28.6%	42.9%	37.5%	42.9%	36.4%	57.1%	57.1%	42.9%	37.5%
2023-24	33.3%	37.5%	27.3%	66.7%	57.1%	50.0%	37.5%	37.5%	50.0%	57.1%	62.5%	57.1%
2024-25	71.4%	62.5%	57.1%	50.0%	50.0%	42.9%	37.5%	60.0%	50.0%	33.3%	40.0%	50.0%

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The proportion of discharges with a long LOS in Mar 25 is 50%, which is lower than Mar 24 which was also 57.1%.
- Bury currently has the 5th lowest proportion with a long LOS of the GM localities. GM has a proportion of 53.2%.
- Bury and GM are above the national target of 0%.

Bury

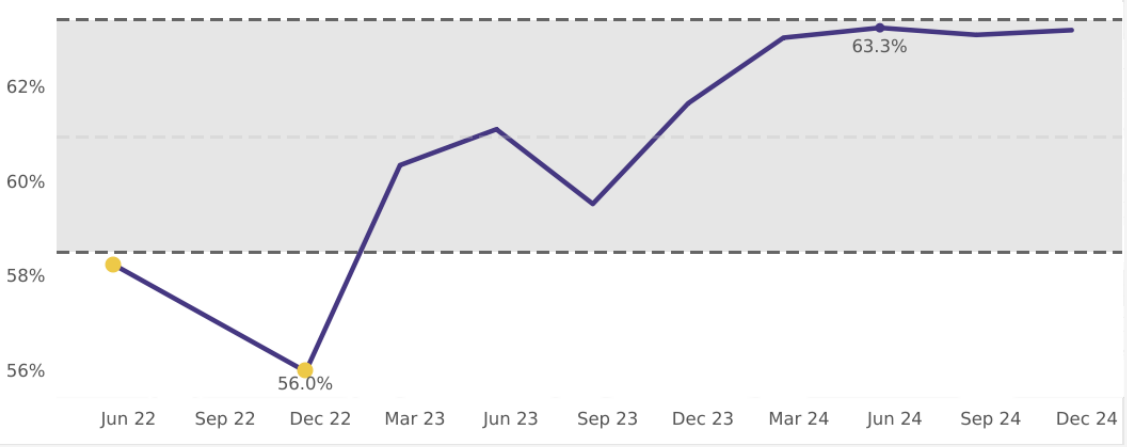
% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

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

Source: CVD Prevent (Quarterly)

63.2%	63.1%	47/106	62.5%
December 2024	September 2024	National Rank Inter Quartile	National Median

Outliers more than 1 standard deviation from the mean



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

Selected measure at December 2024 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

3	Oldham	70.9%
8	Manchester	69.1%
9	Tameside	68.6%
14	Rochdale	67.7%
21	Trafford	66.5%
27	Salford	65.7%
43	Stockport	63.6%
46	Wigan	63.2%
47	Bury	63.2%
52	Bolton	62.8%
6	NHS Greater Manchester Integrated Care Board	66.1%

Narrative

- The % of patients identified as having 20% or greater than 10yr risk of developing CVD in Dec 24 was 63.2%, which is higher than Sept 24 which was 63.1%.
- Bury currently has the 2nd % of the GM localities. GM has a proportion of 66.1%.
- Bury and GM are above the national target of 62.5%.

Bury

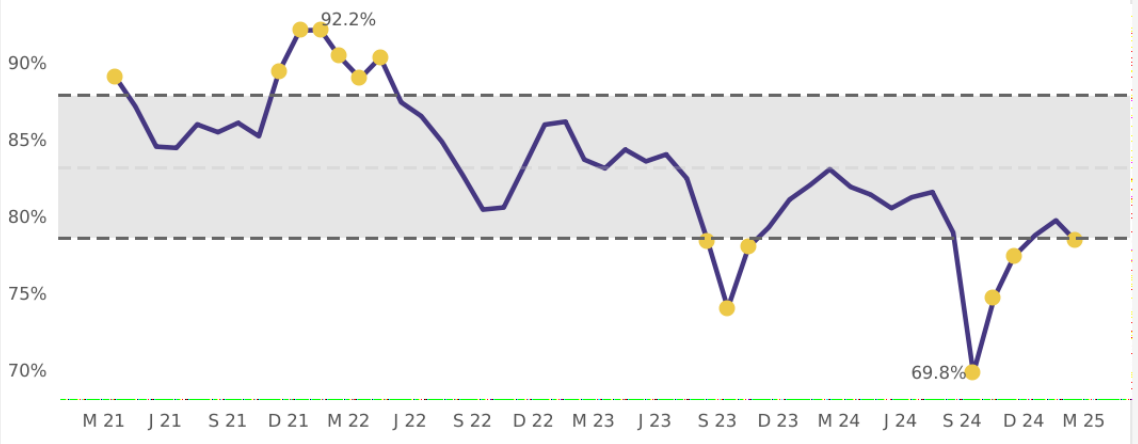
GP appointments - percentage of regular appointments within 14 days

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

Source: Appointments in General Practice (Monthly)

78.6%	79.8%	85/106	81.6%
March 2025	February 2025	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

14	Manchester	86.8%
27	Trafford	84.7%
31	Wigan	84.5%
32	Oldham	84.0%
39	Stockport	83.3%
41	Rochdale	83.2%
46	Salford	82.5%
51	Bolton	82.2%
70	Tameside	79.9%
85	Bury	78.6%
13	NHS Greater Manchester Integrated Care Board	83.6%

Narrative

- Bury currently has 78.6% of GP Appointments made within 14 days in Mar 25. This is lower than Mar 24 when there were 83.2%.
- Bury is currently ranked the lowest in GM localities with 78.6%. Bury has a lower rate when compared to GM who has 83.6%
- Board should note that this includes 'all' appointments, including those that can be pre booked in advance such as annual reviews, smears etc. When filtering this data to just those not typically scheduled in advance 98% of Burys Patients are seen within 14 days in comparison with a GM 87%

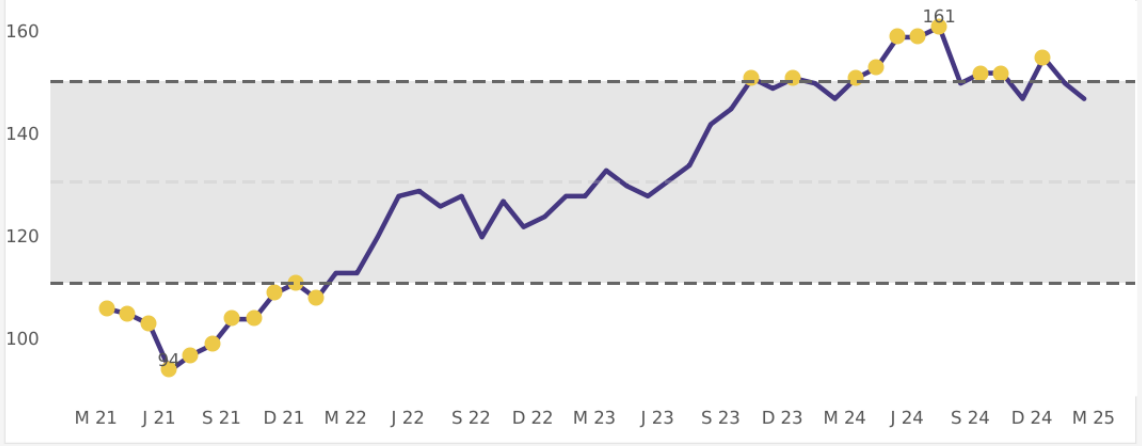
Bury

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

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

147	150	18/107	No Target
March 2025	February 2025	National Rank Upper Quartile	

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking
Rate per 1000 | Count (National Rank)

The rate is calculated using the registered population figure for each locality | Bury: 212,772

Narrative

- There were 147 counts of E. Coli blood stream infections in the rolling 12 months to Mar 25, which matches Mar 24 (147).
- Bury currently has 0.69 counts per 1000 population and has the 6th lowest rate per 1000 for localities within GM.

Bury

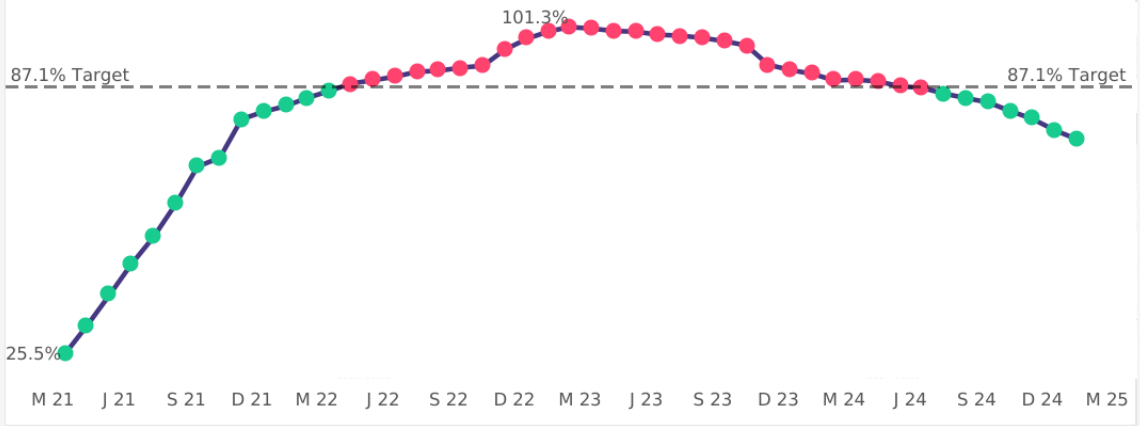
Antimicrobial resistance: total prescribing of antibiotics in primary care

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

Source: EPACT Prescribing Data (Monthly)

75.2%	77.3%	87.1%
February 2025	January 2025	National Target

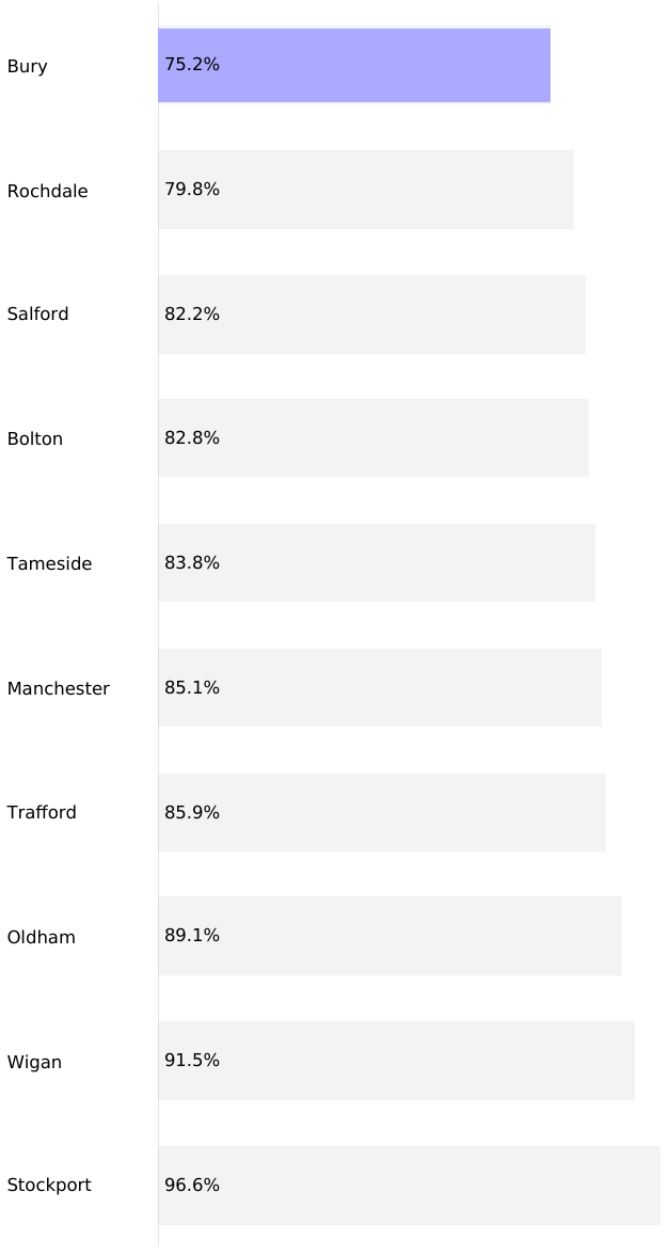
Performance Against National Target of 87.1%



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

Selected measure at February 2025 has continuously decreased for 10 period(s) of time

Latest Value GM Benchmarking



Narrative

- The percentage of total prescribing of antibiotics in primary care in Feb 25 for the Bury population was 75.2%, which is lower than Feb 24 which was 90.4%.
- Bury currently has a lowest percentage of the GM localities and has achieved the national Target of 87.1%

Bury

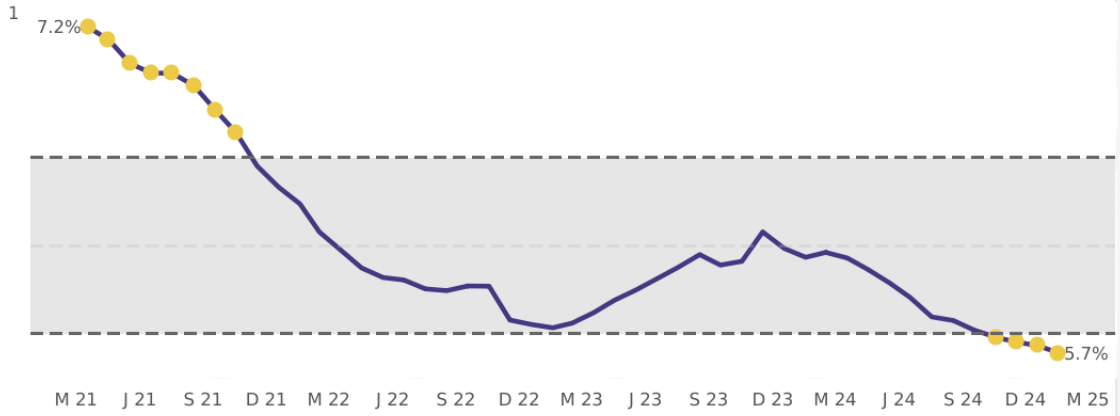
Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care

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

Source: EPACT Prescribing Data (Monthly)

5.7%	5.8%	19/112	10.%
February 2025	January 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean

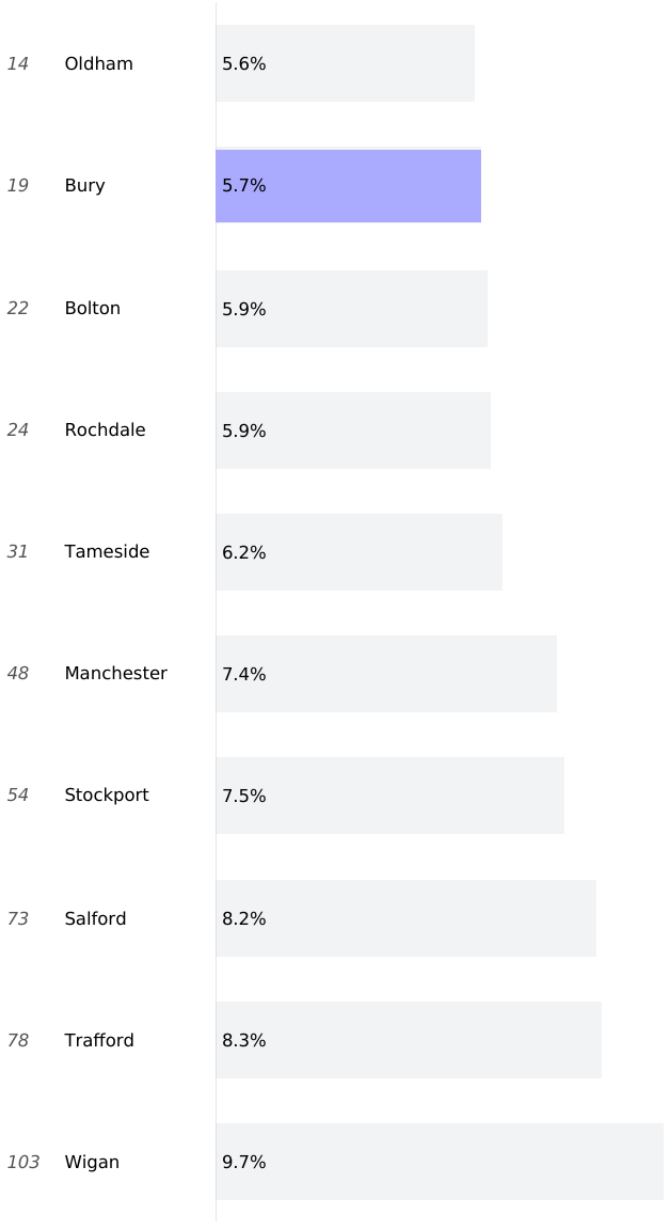


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	7.2%	7.1%	7.0%	7.0%	7.0%	6.9%	6.8%	6.7%	6.6%	6.5%	6.4%	6.3%
2022-23	6.2%	6.1%	6.1%	6.1%	6.0%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%
2023-24	5.9%	6.0%	6.0%	6.1%	6.1%	6.2%	6.1%	6.2%	6.3%	6.2%	6.2%	6.2%
2024-25	6.2%	6.1%	6.1%	6.0%	5.9%	5.9%	5.8%	5.8%	5.8%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

Selected measure at February 2025 has continuously decreased for 11 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The proportion of broad-spectrum antibiotic prescribing in primary care in Feb 25 for the Bury population was 5.7%, which is a decrease on Feb 24 which was 6.2%.
- Bury currently has the 2nd lowest percentage of the GM localities.
- Bury is within the less than 10% target.

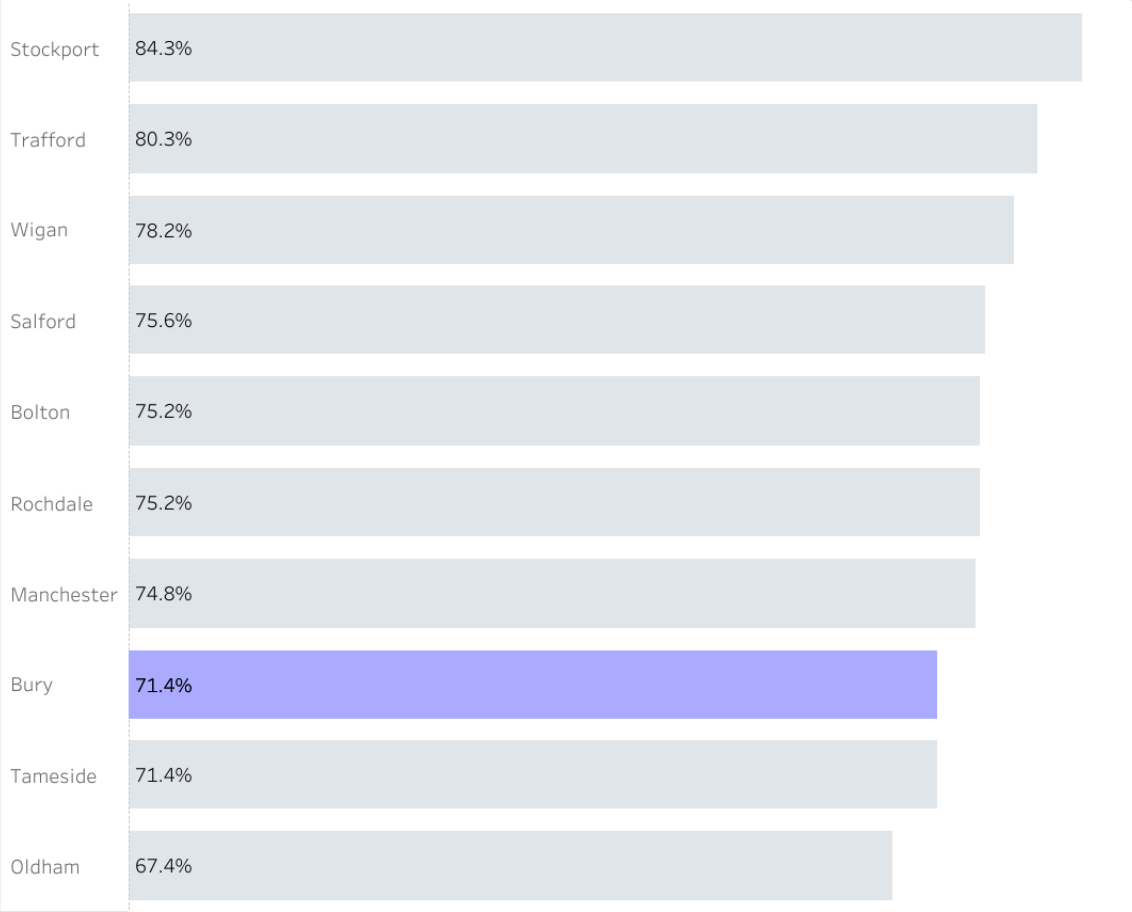
Bury

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

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

Source: GP Patient Survey (Annual)

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



Narrative

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

Bury - Sight Metrics

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Urgent Care	N/A	A&E 4 hour performance	Monthly	Apr 25	72.3%	72.0%	↗	78.0%	5,127	7,088	N/A
	N/A	A&E Attendances	Monthly	Apr 25	7,088.0	7,249.0	↘	N/A	7,088	N/A	N/A
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Apr 25	15.6%	16.6%	↘	N/A	1,556	10,005	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Apr 25	1,777.0	2,027.0	↘	N/A	1,777	N/A	Upper
Elective Care	EB28	Diagnostic 6ww: All	Monthly	Mar 25	8.8%	10.1%	↘	1.%	441	4,995	Inter
	EB20	RTT incomplete: 65+ week waits	Monthly	Mar 25	5.000	11.0	↘	0.	5	N/A	Upper
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Monthly	Mar 25	80.7%	81.5%	↘	75.%	787	975	Inter
Maternity	S104a	Number of neonatal deaths per 1,000 total live births	Annual	Dec 23	1.5	0.0	↗	1.4	3	2,049	Inter
	S022a	Number of stillbirths per 1,000 total births	Annual	Dec 23	5.4	4.0	↗	3.1	11	2,049	Lower
Screening and Immunisations	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	Annual	Dec 24	73.3%	69.2%	↗	N/A	16,305	22,244	Inter
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	Quarterly	Dec 24	86.7%	87.1%	↘	95.%	526	607	Inter
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Quarterly	Jun 24	70.3%	70.6%	↘	80.%	37,935	53,940	Inter
	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	Monthly	Feb 24	77.5%	77.3%	↗	85.%	29,492	38,042	Inter
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Monthly	Mar 25	97.4%	97.7%	↘	N/A	261	268	N/A

Bury - Sight Metrics

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

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

Bury

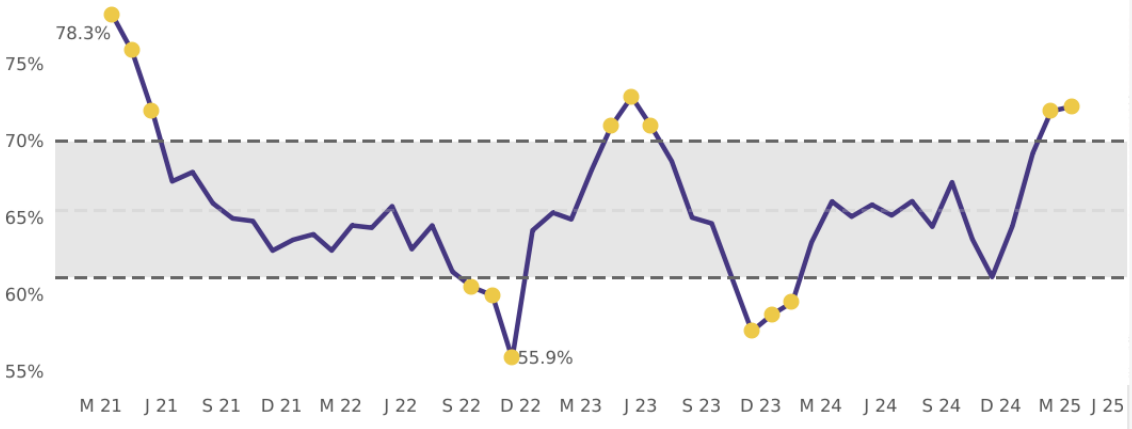
A&E 4 hour performance

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

Source: Emergency Care Dataset (ECDS) (Monthly)

72.3%	72.0%	78.0%
April 2025	March 2025	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	78.3%	75.9%	72.0%	67.5%	68.1%	66.0%	65.0%	64.9%	63.0%	63.6%	64.0%	63.0%
2022-23	64.6%	64.4%	65.8%	63.0%	64.6%	61.6%	60.6%	60.0%	55.9%	64.3%	65.4%	65.0%
2023-24	68.2%	71.1%	73.0%	71.0%	68.8%	65.1%	64.7%	61.1%	57.7%	58.8%	59.6%	63.5%
2024-25	66.2%	65.2%	65.9%	65.2%	66.2%	64.5%	67.4%	63.7%	61.2%	64.6%	69.3%	72.0%
2025-26	72.3%											

Selected measure at April 2025 has continuously increased for 4 period(s) of time

Latest Value GM Benchmarking

Narrative

- This metric is subject to daily review.
- 4-hour performance in Mar 25 was 72.3% a slight increase on the previous month's performance of 72%. It is also higher than Apr 24 which was 66.2%.
- Bury performance is currently above the overall GM performance of 67.9% and has the highest percentage in the GM localities.

Bury

A&E Attendances

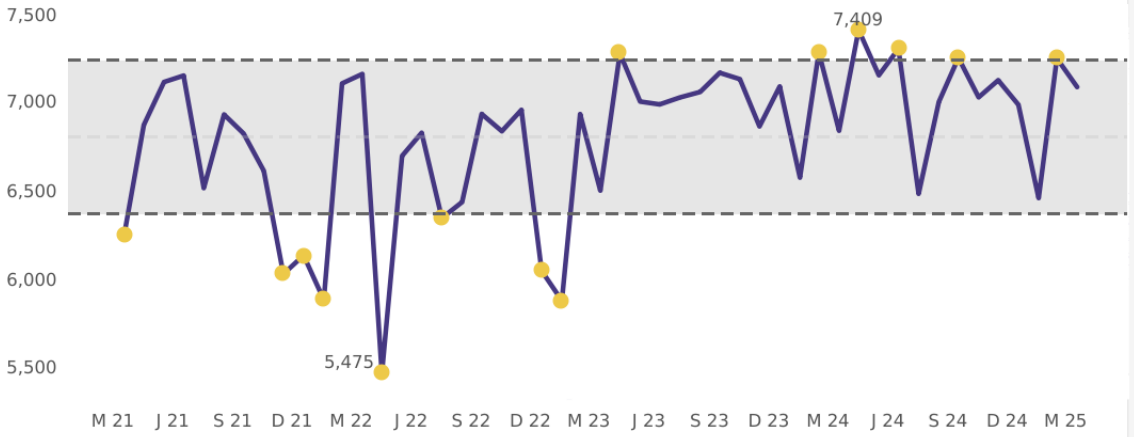
Number of attendances at A&E departments

Source: Emergency Care Dataset (ECDS) (Monthly)

7,088
April 2025

7,249
March 2025

Outliers more than 1 standard deviation from the mean

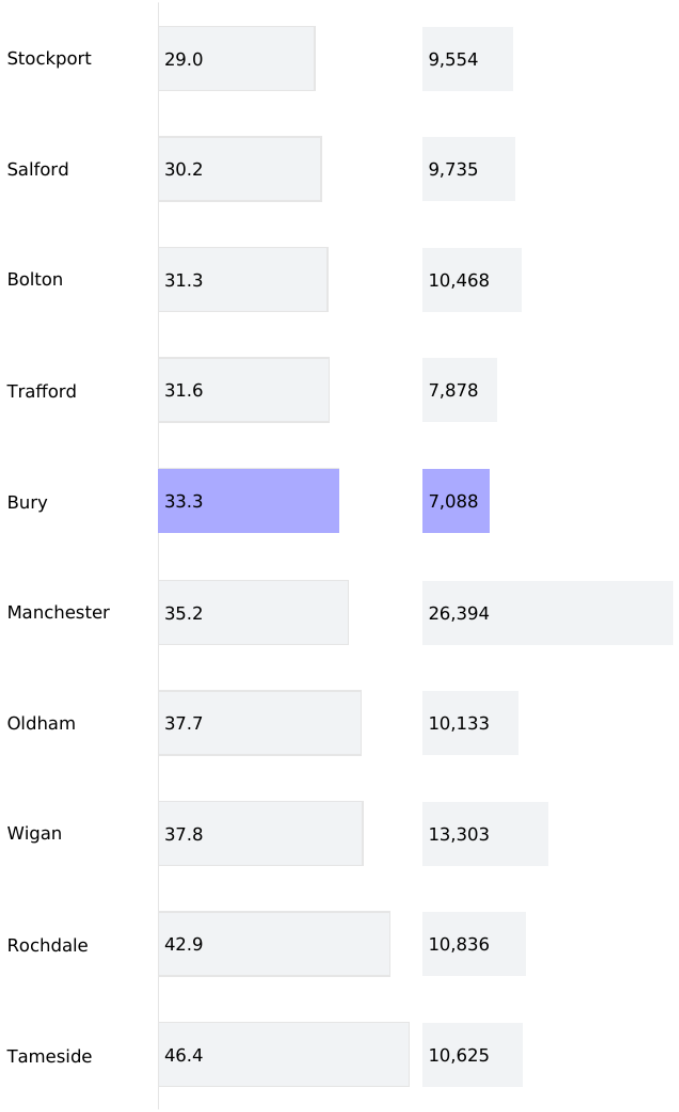


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	6,256	6,874	7,116	7,152	6,519	6,933	6,826	6,616	6,035	6,140	5,890	7,108
2022-23	7,161	5,475	6,700	6,830	6,350	6,440	6,936	6,839	6,959	6,053	5,885	6,935
2023-24	6,505	7,277	7,006	6,990	7,029	7,060	7,168	7,132	6,866	7,091	6,578	7,283
2024-25	6,842	7,409	7,154	7,303	6,487	7,004	7,252	7,030	7,126	6,988	6,463	7,249
2025-26	7,088											

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

Latest Value GM Benchmarking

Attendances Rate per 1000 population & Count



The rate is calculated using the registered population figure for each locality | Bury: 212,772

Narrative

- There are currently 7088 A&E attendances from Bury registered patients recorded in Apr 25, higher than Apr 24 (6842) and lower than Mar 25 which was 7249

- Bury currently has 33.3 attendances per 1000 population and has the 5th lowest attendance rate for localities within GM.

Bury

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

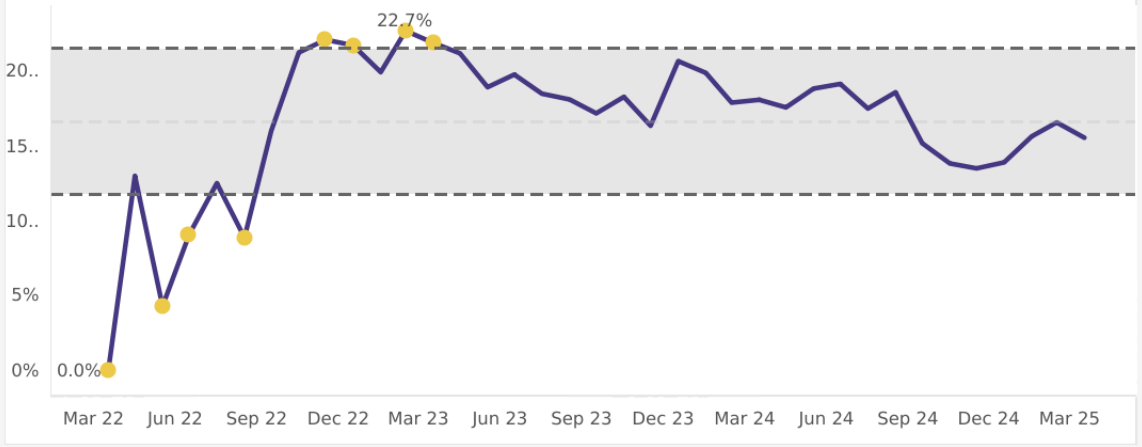
Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

Source: GM Admissions - Local (Monthly)

15.6%
April 2025

16.6%
March 2025

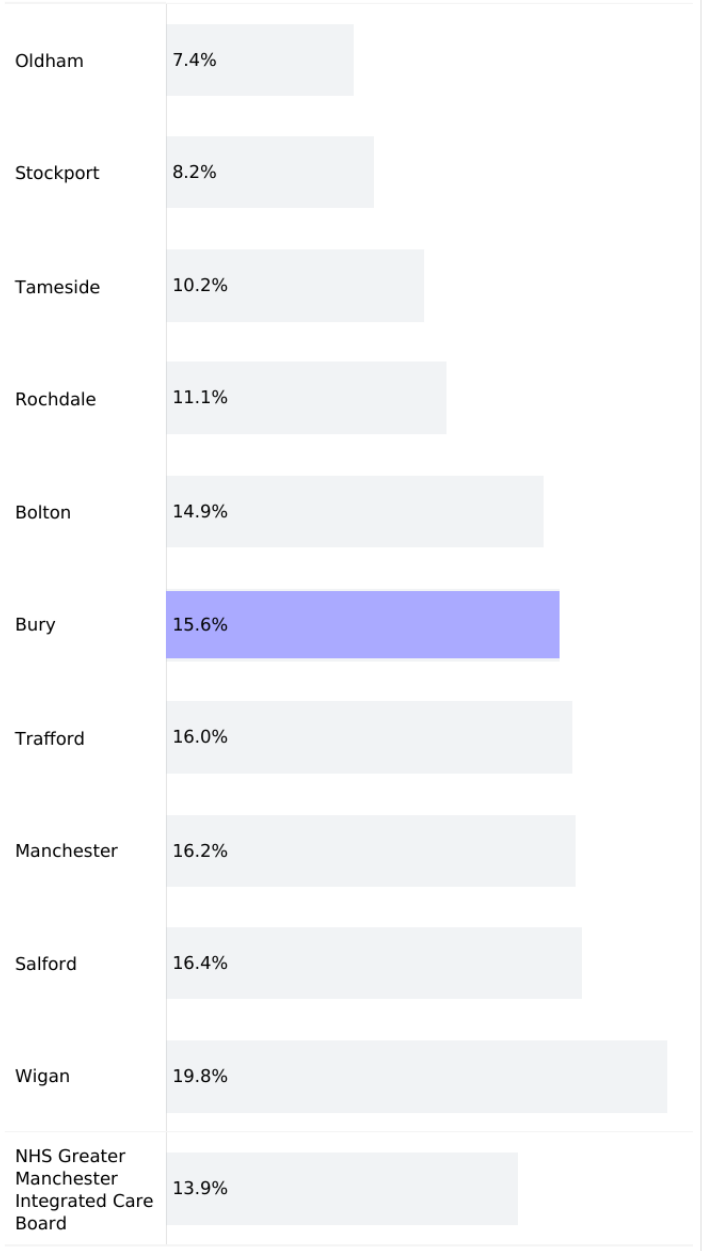
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	0.0%	13.0%	4.3%	9.1%	12.5%	8.9%	16.0%	21.2%	22.1%	21.7%	19.9%	22.7%
2023-24	21.9%	21.2%	18.9%	19.8%	18.5%	18.1%	17.2%	18.3%	16.3%	20.6%	19.9%	17.9%
2024-25	18.1%	17.6%	18.8%	19.1%	17.5%	18.6%	15.2%	13.8%	13.5%	13.9%	15.6%	16.6%
2025-26	15.6%											

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

Latest Value GM Benchmarking



Narrative

- This metric is subject to daily review.
- NCTR percentage for Bury in Apr 25 is 15.6% which is an increase on Mar 25 which was 16.6%, and lower than Apr 24 which was 18.1%
- Bury is currently higher than the GM percentage of 13.9% and has the 6th lowest percentage of the GM localities.

Bury

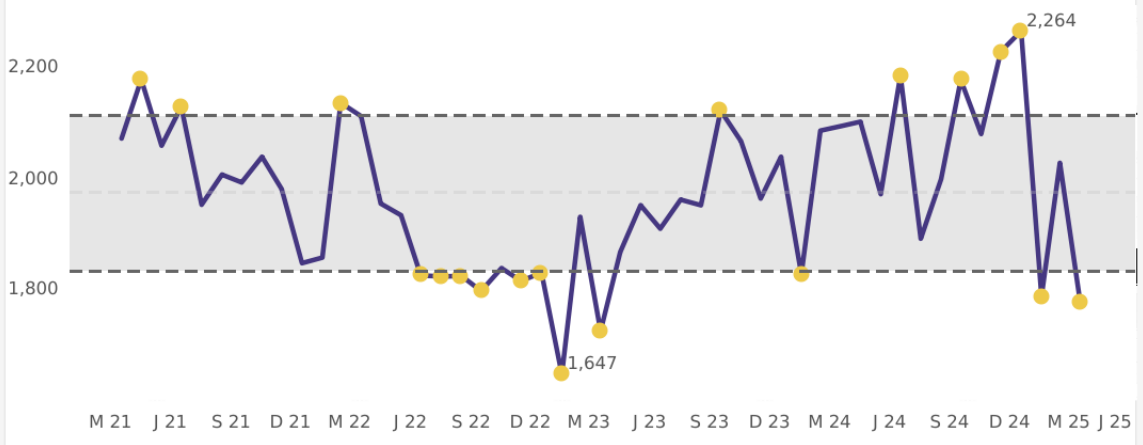
Total number of specific acute non-elective spells

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

Source: National Flows APC (Monthly)

1,777	2,027	2/10
April 2025	March 2025	GM Rank

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	2,071	2,177	2,058	2,128	1,952	2,006	1,992	2,038	1,980	1,847	1,857	2,135
2022-23	2,111	1,954	1,933	1,825	1,823	1,824	1,797	1,838	1,815	1,830	1,647	1,930
2023-24	1,725	1,867	1,951	1,909	1,961	1,951	2,121	2,066	1,963	2,038	1,827	2,085
2024-25	2,093	2,101	1,971	2,184	1,891	1,998	2,176	2,079	2,227	2,264	1,787	2,027
2025-26	1,777											

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

Latest Value GM Benchmarking

Count & Rate Per 1000 Population

The rate is calculated using the registered population figure for each locality | Bury: 212,772

Narrative

- There were 1777 specific acute non-elective spells from Bury registered patients in Apr 25, Lower than Apr 24 (2093) and lower than Mar 25 which was 2027
- Bury has the 4th lowest percentage of the GM localities.

Bury

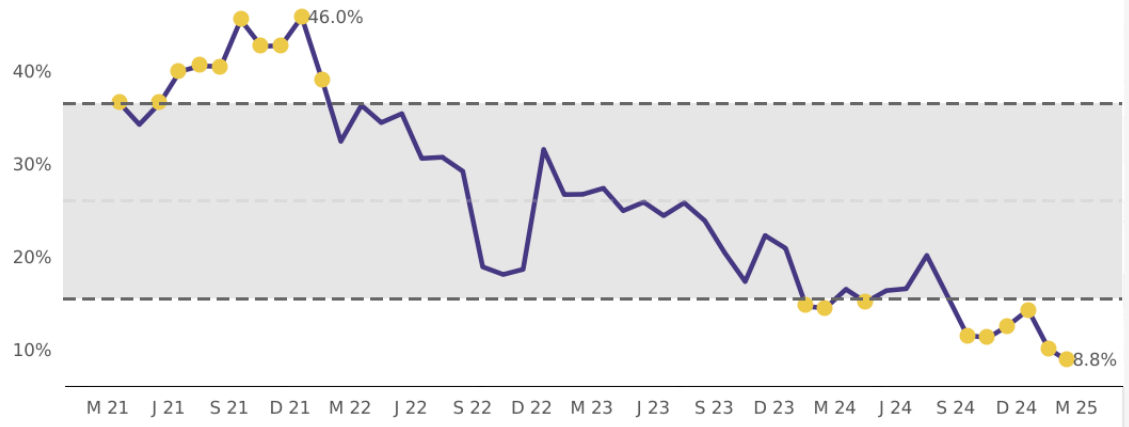
Diagnostic 6ww: All

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

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

8.8%	10.1%	28/107	1.%
March 2025	February 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

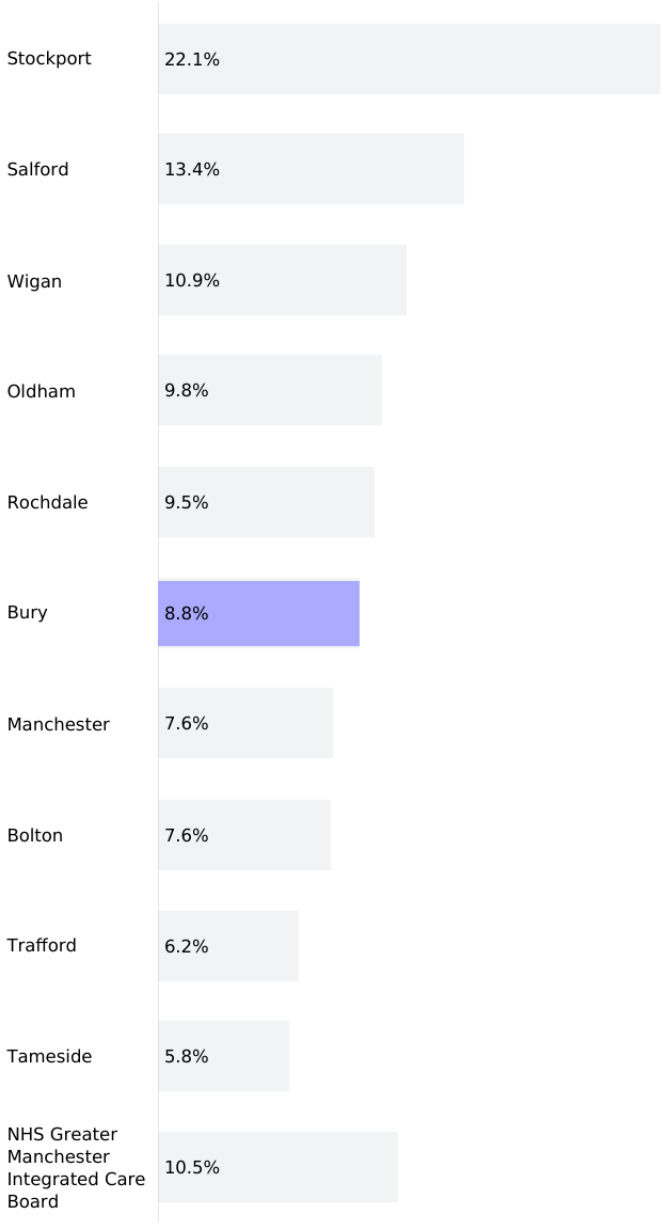


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	25.0%	26.0%	24.5%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- Mar 25 performance of 8.8% of patients waiting more than six weeks, this is a decrease on the Mar 24 figures (14.5%).
- Burys performance is lower than GM's performance of 10.5% in Mar 25.
- Bury performance is the 5th lowest percentage of the GM localities.
- Bury and GM are both above the less than 1% target.

Bury

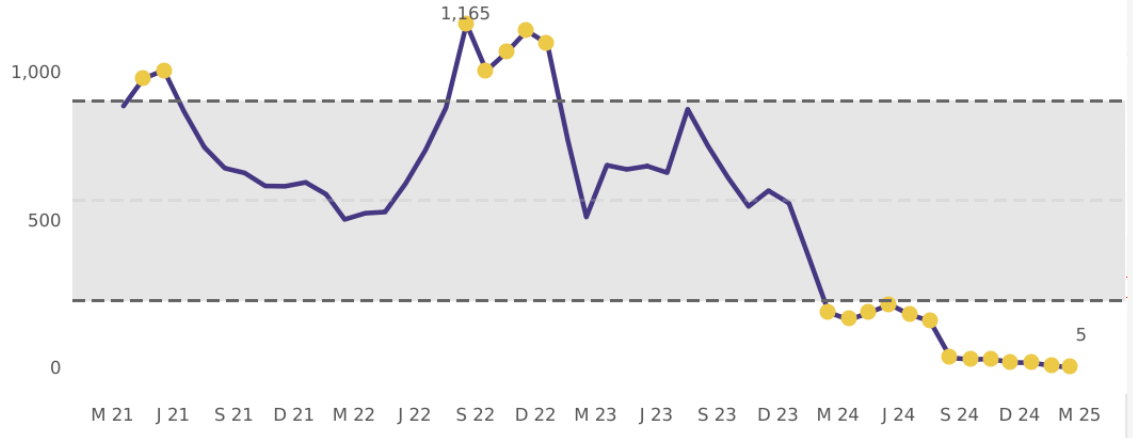
RTT incomplete: 65+ week waits

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

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

5.000	11	6/121	0.
March 2025	February 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean



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

Selected measure at March 2025 has continuously decreased for 4 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

Narrative

- Mar 25 data shows a decrease in 65+ Week Waits with 5 pathways down from 11 pathways in Feb 25.
- There was a significant decrease in pathways from Mar 25 with 5 Pathways, Compared to Mar 24 when there were 191 pathways (- 186 Pathways)
- In Mar 25, Ophthalmology Service shows the largest decrease in pathways 65+ with 2 pathways compared to 4 in Feb 25.
- Bury locality currently has the 3rd lowest number of 65+ Week waits out of all the GM localities.

Bury

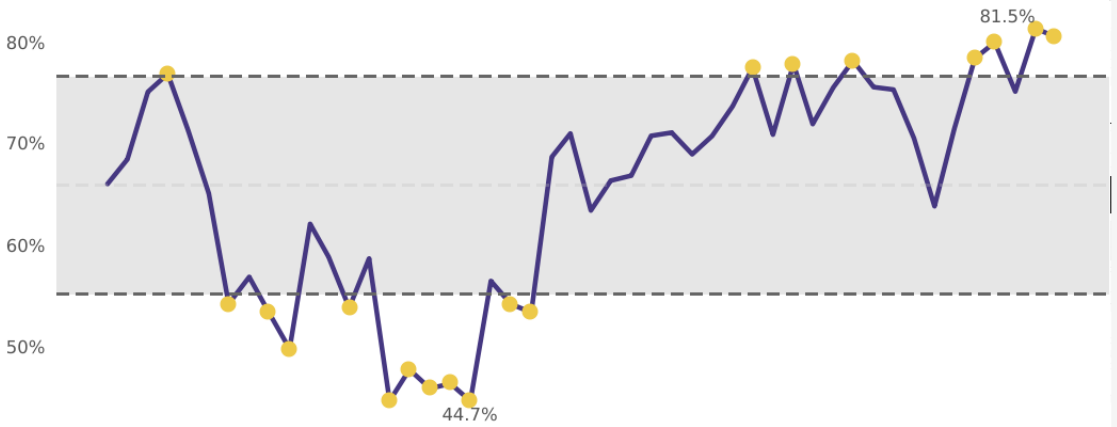
28 Day Wait from Referral to Faster Diagnosis: All Patients

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

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

80.7%	81.5%	35/114	75.%
March 2025	February 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

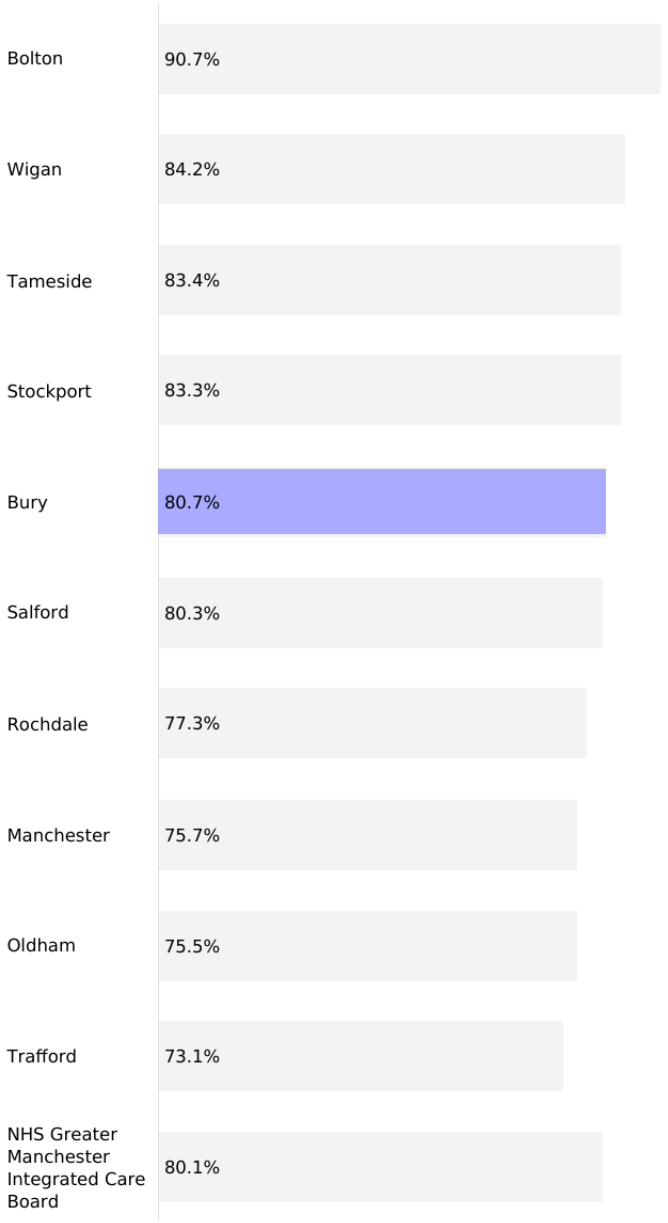


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	66.2%	68.6%	75.2%	77.0%	71.4%	65.2%	54.3%	57.0%	53.4%	49.9%	62.2%	58.9%
2022-23	53.9%	58.8%	44.7%	47.8%	46.0%	46.4%	44.7%	56.6%	54.3%	53.5%	68.8%	71.1%
2023-24	63.5%	66.5%	67.0%	70.9%	71.2%	69.1%	70.9%	73.8%	77.6%	71.0%	78.0%	72.1%
2024-25	75.7%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The percentage of patients told of a cancer diagnosis outcome within 28 days of the 2WW referral in Mar 25 for the Bury population was 80.7%, which is a decrease on Feb 25 which was 81.5%.
- Bury locality is currently the 6th lowest performance out of all the GM localities.
- GM performance is currently 80.1%
- Bury is above the target of 75% or greater.

Bury

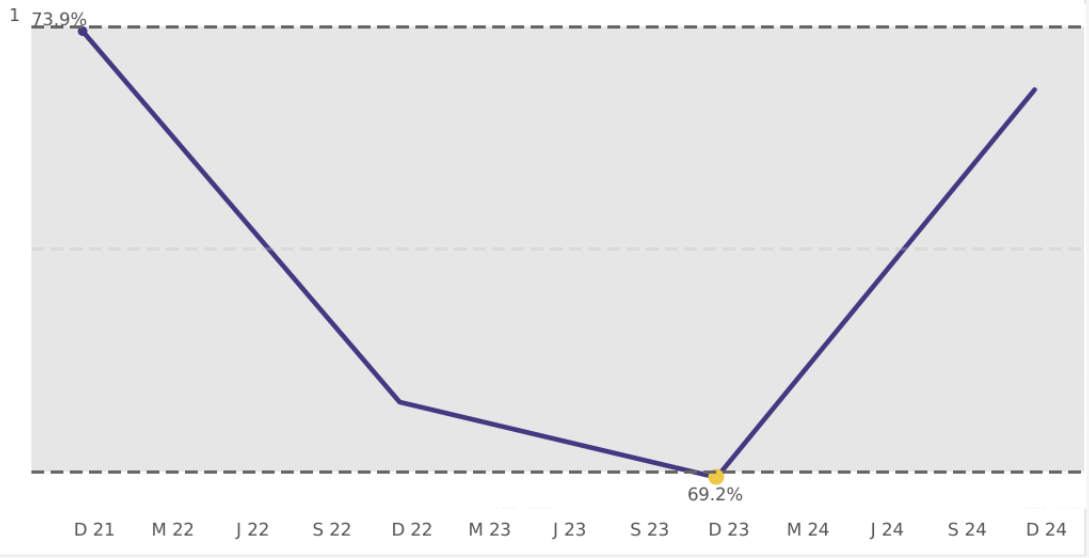
Breast screening coverage, females aged 53-70, screened in last 36 months

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

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

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

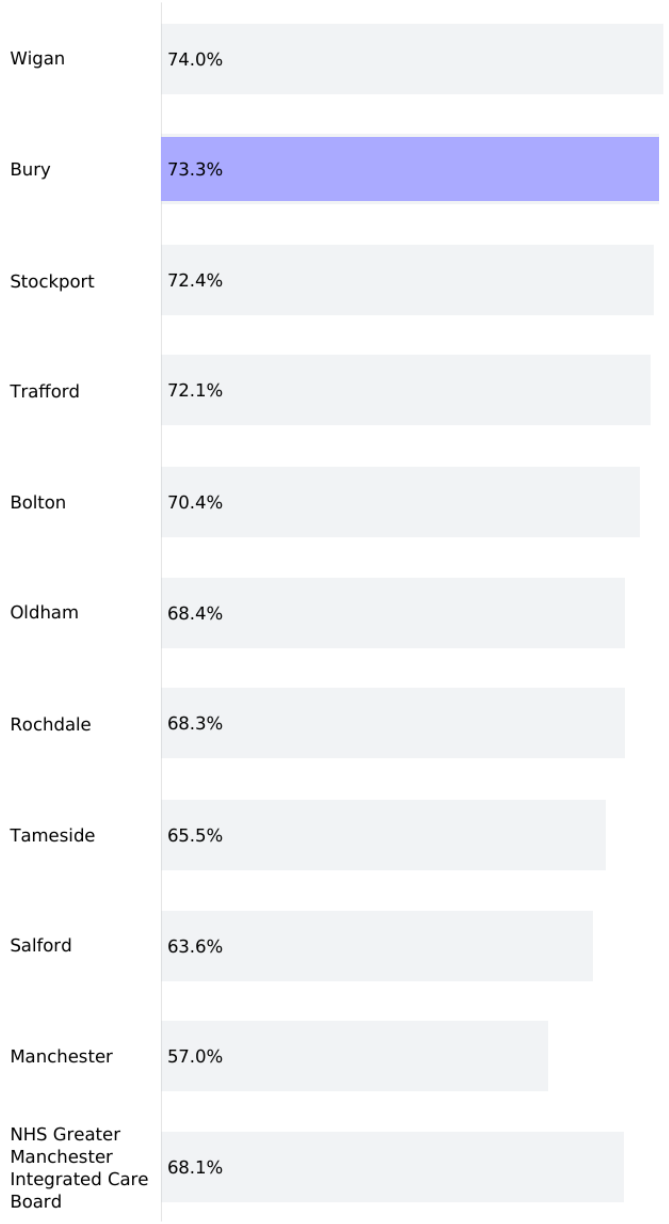
Outliers more than 1 standard deviation from the mean



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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

COVER immunisation: MMR2 Uptake at 5 years old

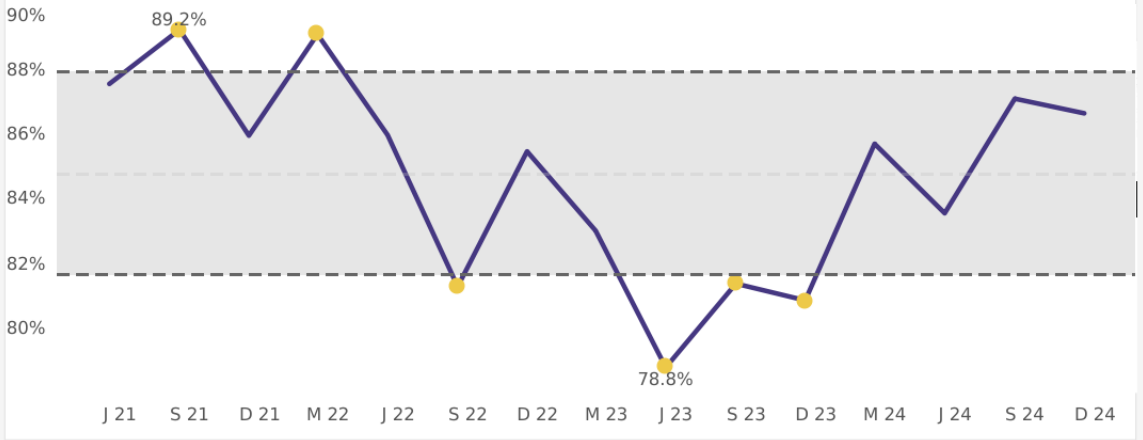
Population vaccination coverage – MMR for two doses (5 years old)

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

86.7%
December 2024

95.%
National Target

Outliers more than 1 standard deviation from the mean

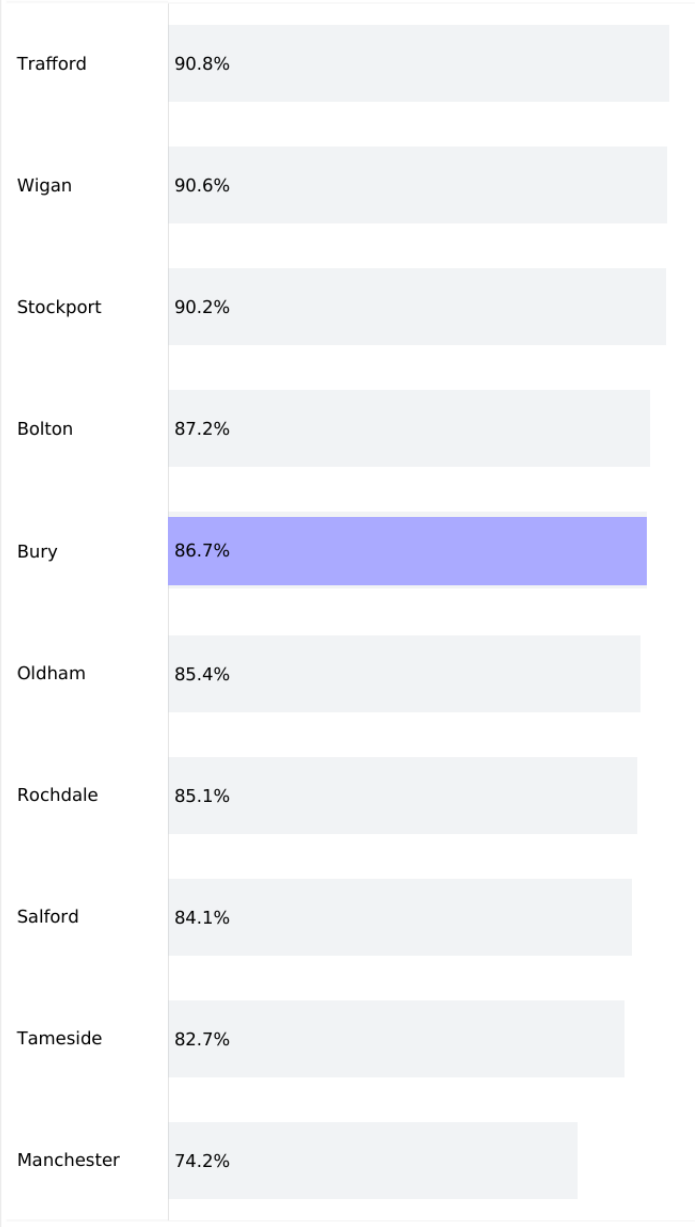


	Jun	Sep	Dec	Mar
2021-22	87.6%	89.2%	86.0%	89.1%
2022-23	86.0%	81.3%	85.5%	83.0%
2023-24	78.8%	81.4%	80.9%	85.7%
2024-25	83.6%	87.1%	86.7%	

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The percentage of MMR2 uptake at 5 years old as of Dec 24 is 86.7%, which is an increase on Dec 23 which was 80.9%
- Bury currently has a higher percentage than GM which is 86.7%
- Bury has the 5th best rate of uptake of the GM localities.
- Bury and GM are not meeting the national target of 95%.

Bury

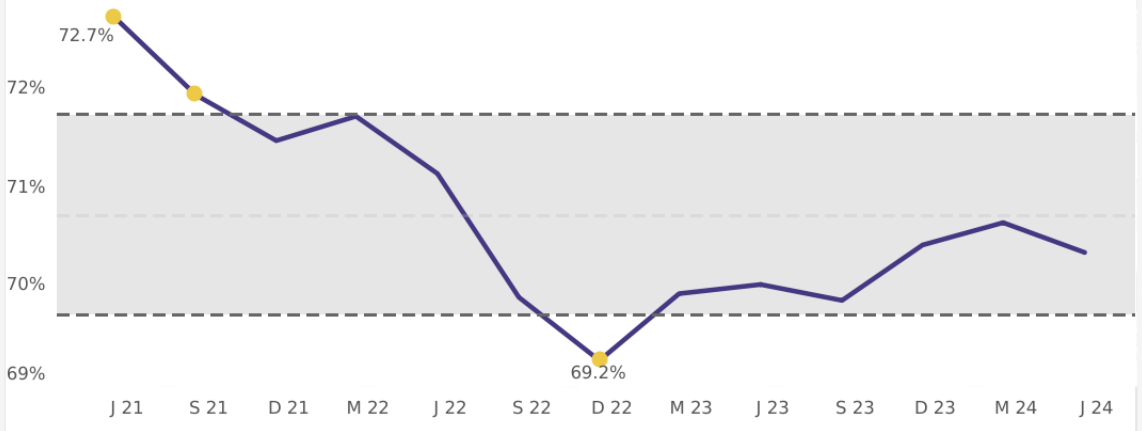
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

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

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

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

Outliers more than 1 standard deviation from the mean

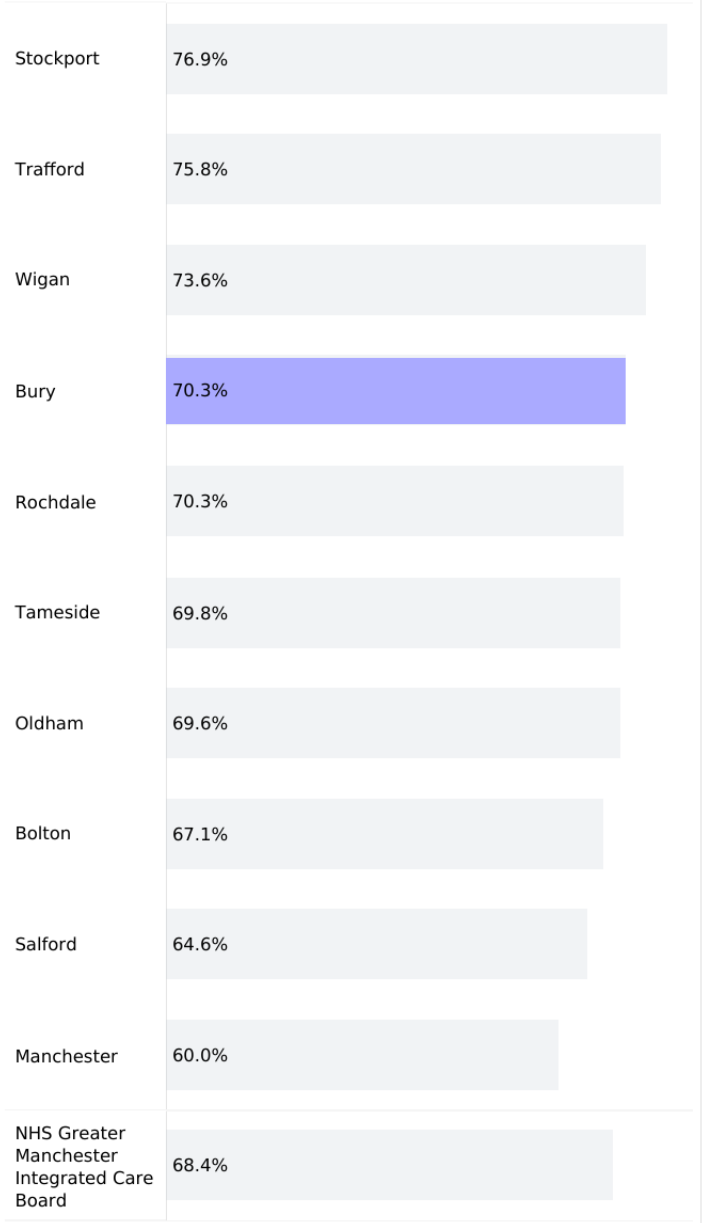


	Jun	Sep	Dec	Mar
2021-22	72.7%	71.9%	71.5%	71.7%
2022-23	71.1%	69.9%	69.2%	69.9%
2023-24	70.0%	69.8%	70.4%	70.6%
2024-25	70.3%			

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- Latest figures from the GM Cancer Screening Dashboard, shows that for Bury Patients in April 2025 Cervical screening is 69.1%, for 24 - 49 yrs and 74.1% for 50-64 yrs which is below the efficiency target of 80%

Bury

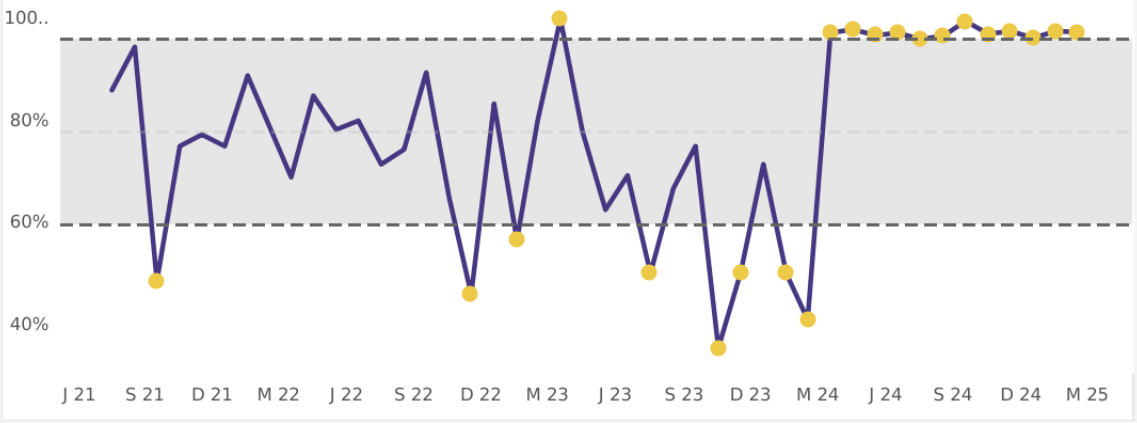
% 2-hour Urgent Community Response (UCR) first care contacts

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

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

97.4%	97.7%	70%
March 2025	February 2025	National Target

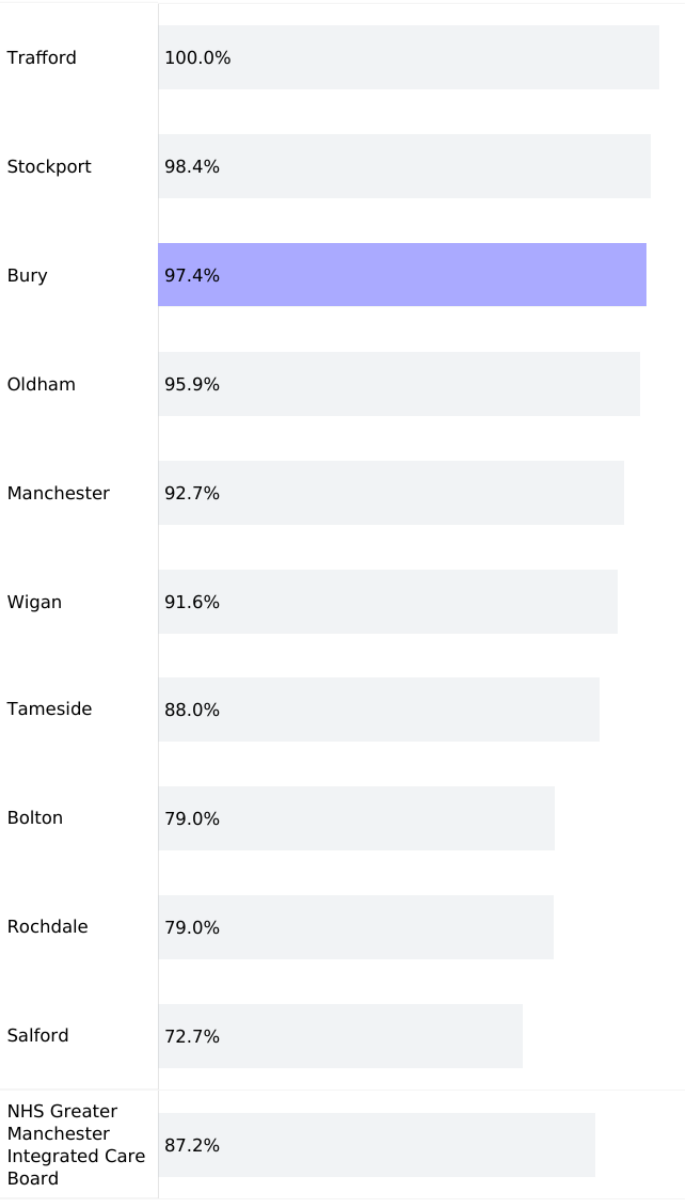
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22					86.0%	94.5%	48.5%	75.0%	77.3%	75.0%	88.9%	79.4%
2022-23	68.9%	84.9%	78.3%	80.0%	71.4%	74.4%	89.5%	65.0%	45.8%	83.3%	56.5%	80.0%
2023-24	100.0%	77.8%	62.5%	69.2%	50.0%	66.7%	75.0%	35.3%	50.0%	71.4%	50.0%	40.9%
2024-25	97.3%	98.0%	96.8%	97.3%	96.1%	96.7%	99.6%	97.1%	97.6%	96.3%	97.7%	97.4%

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

Latest Value GM Benchmarking



Narrative

- The percentage of UCR referrals that received a 2-hour response standard for Bury registered patients in Mar 25 was 97.4%, which is a decrease on Feb 25 which was 97.7%.
- Bury currently has the 3rd highest percentage in the GM localities and is currently above the National Target of 70%.
- Local authority reporting shows that 98% of Bury residents received a 2-hour response in Mar 25 with 2 patients missing target.

Oversight Metrics Glossary

Domain	Code	Measure	Description	Data Source	Frequency	Latest	Updated	RAG rated against	Desired Direc
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4	Cancer Early Staging Data Statistics via The National Disease..	Annual	Dec 21	2nd Thursday	National Median	Increase
Mental Health & Learning Disabilit. .	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Inappropriate Out of Area Placements	Out of Area Placements in Mental Health Services Official Statistics	Monthly	Mar 25	2nd Thursday	National Target	Decrease
	S081a	Talking Therapies: Access Rate	Number of people accessing first treatment	Improving Access to Psychological Therapies Data Set	Monthly	Mar 25	2nd Thursday	No Target	Increase
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Mar 25	2nd Thursday	National Target	Increase
	EK3	% of patients aged 14+ with a completed LD health check	% of patients aged 14+ with a completed LD health check	Learning Disabilities Health Check Scheme	Monthly	Mar 25	2nd Thursday	National Target	Increase
	S030a	% of patients aged 14+ with a completed LD health check	% of patients aged 14+ with a completed LD health check	Learning Disabilities Health Check Scheme	Monthly	Mar 25	2nd Thursday	National Target	Increase
	S110a	Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults wit..	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Median	Increase
	S125a	Long length of stay for adults (60+ days)	Number of people for a given CCG discharged from an adult acute inpatient bed with a hospital spell over 60 days (calculated from the point of admission to the point of discharge)	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Target	Decrease
	EH9	Access to Children and Young Peoples Mental Health Services	Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact.	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Median	Increase
	EH09	Access to Children and Young Peoples Mental Health Services	Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact.	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Median	Increase
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Number of women accessing specialist community PMH and MMHS services in the reporting period	Published MHSDS	Quarterly	Mar 25	2nd Thursday	No Target	Increase
	N/A	Number of MH patients with no criteria to reside (NCTR)	Number of MH patients with no criteria to reside	GM Admissions - Local	Monthly	Apr 25	1st	No Target	Decrease
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Percentage of MH patients with no criteria to reside	GM Admissions - Local	Monthly	Apr 25	1st	No Target	Decrease
	N/A	Proportion of urgent eating disorder referrals cases entering treatment within one week, aged 0-18	Proportion of referrals with eating disorders categorized as urgent cases entering treatment within one week in RP, aged 0-18	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Target	Increase
	N/A	Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18	Proportion of referrals with eating disorders categorized as routine cases entering treatment within four weeks in RP, aged 0-18	Published MHSDS	Monthly	Mar 25	2nd Thursday	National Target	Increase
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance		NHS Quality Outcome Framework	Annual	Mar 24	2nd Thursday	National Target	Increase
	S129a	GP appointments - percentage of regular appointments within 14 days	Percentage of appointments where the time between booking and appointment was 'Same day', '1 day', '2 to 7 days' or '8 to 14 days'	Appointments in General Practice	Monthly	Mar 25	Last Thursday	National Median	Increase
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	CVD Prevent	Quarterly	Dec 24	2nd Thursday	National Median	Increase
Quality	S037A	% of patients describing their overall experience of making a GP appointment as good	The weighted percentage of people who report through the GP Patient Survey their overall experience of their GP practice as 'very good' or 'fairly good'	GP Patient Survey	Annual	Mar 23	2nd Thursday	National Median	Increase
	S042a	E. coli blood stream infections	12-month rolling counts of E. coli	National Statistics: E. coli bacteraemia: monthly data by loc..	Monthly	Mar 25	1st Wednesday	No Target	Decrease
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	The proportion of broad-spectrum antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Feb 25	2nd Thursday	National Target	Decrease
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	The proportion of antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Feb 25	2nd Thursday	National Target	Decrease

Sight Metrics Glossary

Domain	Code	Measure	Description	Data Source	Frequency	Latest	RAG rated against	Target/National
Elective Care	EB20	RTT incomplete: 65+ week waits		Consultant-led RTT Waiting Times data collection (National Statistics).	Monthly	Mar 25	National Target	0.
	EB28	Diagnostic 6ww: All	% of Patients waiting over 6 weeks for a diagnostic test or procedure	Monthly Diagnostics Waiting Times and Activity Return - DM01	Monthly	Mar 25	National Target	1.%
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Count of patients told cancer diagnosis outcome within 28 days divided by total count of patients told cancer diagnosis outcome following their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral	National Cancer Waiting Times Monitoring Data Set (CWT)	Monthly	Mar 25	National Target	75.%
Materni..	S022a	Number of stillbirths per 1,000 total births	Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 23	National Median	3
	S104a	Number of neonatal deaths per 1,000 total live births	Number of neonatal deaths per 1,000 total live births	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 23	National Median	1
Screening and Immunisations	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	number of people over 65 who received the seasonal influenza vaccination divided by the number of eligible people who are aged 65 and over	Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023	Monthly	Feb 24	National Target	85.%
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	% children whose fifth birthday falls within the time period who have received two doses of MMR vaccination	Cover of vaccination evaluated rapidly (COVER) programme	Quarterly	Dec 24	National Target	95.%
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	% of females, age 25-64 yrs, attending cervical screening within target period (3.5 yrs if aged 24-49 or 5.5 yrs if aged 50-64)	Cervical Screening Programme - Coverage Statistics [Management Information]	Quarterly	Jun 24	National Target	80.%
	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	% women eligible for screening who have had a test with a recorded result at least once in the previous 36 months	Fingertips, Public Health Data, Public Health Outcomes Framework	Annual	Dec 24	No Target	
Commu..	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Percentage of 2-hour Urgent Community Response referrals subject to the 2-hour standard where care was provided within two hours	Community Services Data Set (CSDS)	Monthly	Mar 25	National Target	

PIA Locality Report

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Meeting:			
Meeting Date	02 June 2025	**Action**	Receive
Item No.	11	**Confidential**	No
Title	Bury ICP Strategic Risk Report (Risks above 15)		
Presented By	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		
Author	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury) & Ian Trafford, Bury Integrated Delivery Collaborative		
Clinical Lead	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		

Executive Summary

This report details the locality strategic and programme risks set by the Risk, Performance and Scrutiny Group as scored above 15 using the strategic risk descriptors detailed in section 3 of the report. The risks are described in summary and high-level mitigating actions are included. Further detailed information on the risk mitigations is discussed and actioned through the transformation/programme boards and workstreams.

A further quality risk register is available and scrutinised at the System Assurance Committee.

Recommendations

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

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

Implications						
Are the risks already included on the Locality Risk Register?	Yes	☐	No	☐	N/A	☐
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 CARE PARTNERSHIP

Bury ICP Strategic Risk Report

1. Introduction

1.1. This report updates the Locality Board on the key strategic risks to the delivery of the Locality Plan and Board priorities.

1.2. This report updates the Locality Board on the risks considered 15 or greater by the workstreams of the IDCB.

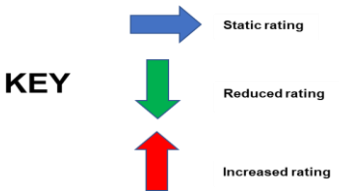
1.3. Risks are managed by the relevant IDCB workstream and this report providers an overview to inform Locality Board members of high risks but does not contain those judged to be under 15 or all the actions that are ongoing in mitigation.

1.4 There is a Risk and Scrutiny Group who consider all the borough level risks, seeks assurance from the Transformation/Programme Boards and workstreams to advise on the elements of managing, scoring and escalation processes.

1.5 There is currently no electronic system for risk management for the borough whilst an agreement is made across the GM ICP and no locality risk manager.

2. Risk Descriptors

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Consequence	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5



No	Theme	Risk description	Initial score						Risk movement	Risk target	Assurance
			2024.25				2025.26				
			Q1	Q2	Q3	Q4	Q1	Q2			
1	Strategy and transformational change Further change anticipated due to national policy affecting NHSE	BECAUSE of the partnership-wide, organisational and GM ICP breadth of transformational ambition, THEN there is a risk that there is insufficient finance, capacity and focus to	16	16	16	16	16		↔	8	Local governance structures reflect ICB governance. Generic Communications and Engagement Strategy which supports the public messages and campaigns. Finalised locality budget annually. Locality Board operation agreed by

	and ICBs during 2025-26.	deliver health and care strategic change locally.								GM March 2023 with relevant delegated authority. Operational planning guidance received in February for 2025-26. Bury 2030 'Let's Do It' strategy embedded and refreshed regularly. Scrutiny on delivery in place at Strategic Finance Committee, System Assurance Committee, IDCB and Locality Board. Relevant prioritised workstreams with programme leadership in place.
2	Finance: System Finance Position	BECAUSE of the risk that the financial position of all partners and the statutory requirement to achieve a break-even position versus budgets set and deliver in year savings / CIP targets THEN there is a risk that this challenges the model of partnership working in the Bury Integrated Care Partnership by inducing actions that effectively cost shunt within the system.	16	16	16	16	16		↔	8	Commissioning oversight through Commissioning Oversight Group (COP). Commissioning intentions developed for GMICB for 2025-26. Locality Finance and Scrutiny committee oversight. Saving planning meetings in place. QIPP management and oversight. Improvement work carried out since last quarter means that there is vastly improved clarity on budgets. PwC support across range budgets.
3a	Finance: Locality Healthcare budgets *25/26 only*	BECAUSE the locality had an overspent of £7m in 2024/25 and whilst over 50% of this has been funded in 2025/26 budgets the underlying drivers remain and with a 4% CIP,	16	16	15	15	15		↓	8	1.Bury System Finance Group. 2. Monthly Locality assurance meetings with NHS GM. 4.Weekly finance and complex care meetings. 5. Projects to drive down costs. 6.Saving planning meetings.

		and the overall NHS GM position and that of statutory partners in Bury being very challenged THEN there is a high risk that financial balance will not be achieved.								7.QIPP management and oversight. 8.Programme leads in place, monthly formal scrutiny. 9.Programme leads active management CIP targets. 10. Finance Locality Assurance Meetings (LAMs) monthly.
3b	Finance: Locality Healthcare budgets *Recurrent position*	BECAUSE the locality had an overspent of £7m in 2024/25 and whilst over 50% of this has been funded in 2025/26 budgets the underlying drivers remain and with a 4% CIP, and the overall NHS GM position and that of statutory partners in Bury being very challenged, leaving little opportunity for transformatory change to reduce system wide costs THEN there is a high risk that financial balance will not be achieved	16	16	16	16	16		↔	8	1.Bury System Finance Group. 2.System wide workshops being set up. 3.Monthly Locality assurance meetings with NHS GM. 4.Weekly finance and complex care meetings. 5. 7 Projects to drive down costs. 6. Saving planning meetings. 7. QIPP management and oversight. 8. Programme leads in place, monthly formal scrutiny. 9. Programme leads active management CIP targets. 10. Finance Locality Assurance Meetings (LAMs) monthly.
4	Finance: Locality Operating costs budgets	The locality currently has a budget of £3.6m and is forecasting to be break even in 2024/25. However the non-recurrent funding for the RBMS has not been confirmed recurrently and without this the locality would be £0.25m overspent	16	16	16	16	16		↔	8	1. Escalated to NHS GM re RBMS and dialogue remains ongoing 2. Saving planning meetings. 3. QIPP management and oversight. 4. Work to reconcile the RBMS function and costs.

		BECAUSE there is a difference between the budget and the planned expenditure, THEN there is a risk to delivering transformation projects, staff well-being and of an overspend.								
5	Data, insight and intelligence (DII)	BECAUSE of a loss of locality analytics and data sharing solutions since the formation of the ICB, THEN there is a risk that data and insights are not adequately shared and used across all partners and sectors, resulting in a lack of ability to make real time and longer-term changes and improvements for the benefit of our communities.	16	16	16	16	16		↔	4	Working with GM ICB analytics team on some projects to gain insights. Using data from Tableau and other sources where available. Local data sharing work rounds in place between NCA and ICB. Datasets now more readily available and shared informing programmes of accurate timely data. Futures platform developing.
6	Urgent and Emergency Care	BECAUSE of limited flow of patients out of the ED and hospital, the number of patients in ED can be greater than the staff's capacity to manage within targets, THEN there is a risk that this could lead to a compromised quality of care given to patients. Also, IF the number of patients on the Days Kept Away from Home (DKAFH)	16	16	16	16	16		↔	8	FGH failed the 4 hour target in 2024-25. However, the site is on an improvement trajectory and has seen improved performance month on month since December 2024. This improvement is currently set to continue in May 2025. Further work continues into 2025 - 26 including: • Front door streaming review • Re launch of Bury Patient Flow Collaborative • Avoiding needless in

		list do not reduce, THEN patients will be kept in hospital unnecessarily leading to potential increased harm for those patients (e.g. increased risk of infection, deconditioning) and for other patients attending the emergency department and requiring admission to an acute bed (e.g. reduced ED capacity, trolley waits in ED).								patient/emergency care" Deflection from ED • Stroke Rehab -Right Place, Right Time • 7 Day Working More People Home Same Day • Understanding Length of Stay Wards Why not home? why not today? • Increase opening hours on SDEC Staffing review • Consultant Community in reach for Frailty and Dementia • Relaunch Activity rooms on Ward 18 & Ward 8 • Understand Blockers to be able to Discharge before 10am • Review of services that we can left shift to the community • Implementation booking system to bring patients back the following day for SDEC/UTC June/July 25 • Fall Pilot in the Community • Rochdale Pathways • Weekend SDEC Frailty • Implementation of Hot Clinics • Roll out of Call before your conveyance starting 19th May 25 • Review of a 24-hour Assessment area

7	Elective Care and Community Care	BECAUSE of the waiting times created by the pandemic and on-going staffing challenges, including junior doctors' industrial action, THEN there is a risk that patients have delayed treatment, are at risk of harm and have a poor experience which could affect their health and wellbeing.	16	16	16	12	12		↓	4	GM ICB programme boards in place. Bury Elective Care and Cancer Recovery and Reform Board in place. 2025-26 operational planning guidance sets out waiting list reduction expectations. Current NHS GM Programmes of work to reduce waiting times – such as the implementation of the GM Dermatology MOC. Over all numbers of Bury patients waiting has been coming down and the number of log waits has also been on a downward trend.
8	Services for Children, including SEND	BECAUSE the Bury system is not delivering in-line with the SEND national framework expectations, THEN there is a risk that the children, young people, families, and carers do not get the right support from health services, Children's Social Care and Education to ensure they reach as good outcomes as all children. The increase in requests for ND assessments is being felt nationally and locally.	16	16	16	16	16		↔	8	Children's Improvement Board in place. Work continues on an improvement journey to strengthen the support for children, young people. and families in the borough. External support from national team. Independently chairing a SEND improvement board. Refreshed action plan underway. Committed £300k investment in the HV service delivered by NCA. mobilised in increasing SEND HV team. Investment into Early Years team. Developing - GM Investment (£200k) in the Neurodevelopmental offer, with the progress of a new model of care pathway. Offering

										early help to families – this should be fully mobilised by October 25. GM ADHD consultation on adult pathway changes is ongoing. Developing (GM) work is ongoing to address reduction in CAMHS waiting lists. Locally focus activity continues to address aspects of the pathway that are under significant pressure. Pathway mapping of the first 1001 days, and the potential roll-out of family hubs. Launch parenting strategy and early years proposition with oversight by the Childrens Strategic Partnership Board. February 2025 – feedback following monitoring visit, positive improvements evidenced.
9	Sustainable General Practice	BECAUSE the apportionment of delegated monies into Primary Care is not equitable to that across GM THEN there is a risk that the whole of PC will be limited as to what they can support/deliver which could lead to the local general practice strategy and GM PC Blueprint not being delivered in full and ultimately poorer outcomes for the patients of Bury.	16	16	16	16	12		↓	8	Additional investment supported by GM Board and whilst this hasn't fully addressed the variability goes some way to increasing investment and therefore service delivery/improvement over a phased period.

10	The delivery of the Uplands practice estate solution	BEAUSE an affordable scheme cannot be achieved to enable move of Uplands practice from current premises, THEN there is a risk that patients will have a poor experience of healthcare due to the condition of the estates. The current facility is becoming increasingly difficult to maintain to an acceptable level and is already impacting on patient experience and staff within the practice.	16	16	16	12	12		↓	8	Work continues to secure a variable alternative Health Centre. Financial and contractual discussions are progressing well with all parties. National approval has been secured for capital to deliver the scheme on the ex-library site – work now progressing to tender construction works and secure planning approval. Current estimates propose start on site September 2025 with new facility operational around 12-18 months later depending on tendered construction period.
11	GP collective action	Risk: There is a risk that GP Collective action Cause: in response to the BMA ballot outcome will Impact: withdrawal from supporting non-contractual services that support requests from the hospitals as well as community services.	12	16	16	12	closed		↔	4	Collective action has officially been stood down; however this does not stop practices from rejecting inappropriate or non-contracted requests. A working group will continue to address these issues with a view to improving patient pathways and reducing bureaucracy through the Primary/Secondary Care interface group.
12	Mental health programme	If patient flow is not improved in MH inpatient wards this will lead to delayed discharge of patients to more appropriate placements, drive demand for	16	16	16	16	16		↔	8	GM, PFT and locality level improvement plan in place. Weekly locality and GM MADE meetings to support flow in MH wards.

		inappropriate Out of Area Placements and increase the risk of 12-hour breaches in ED								GM crisis programme to increase / improve community-based crisis provision and pathways. Actively monitored through Bury MH Programme Board. Bury continues to be over target for bed days occupied by patients who are CRFD
13	Mental health programme	If Bury (and the other NES localities) are unable to commission a provider of adult ASD assessment and ADHD assessment and treatment there will be complete reliance on the right to choose pathway resulting in: • inability to implement a managed pathways of care. • reliance on right to choose with the associated inequality in access and cost pressures. • ongoing reputational impact.	16	16	16	16	16		↔	8	Right to choose pathway is in place & GPs have previously been provided with information. Panel meets to look at any individual patients flagged by GPs or other H&SC professionals. Spreadsheet of LANC UK legacy patients is being maintained & validated by cross-referencing with known right to choose referrals. Agreement to commission limited assessment capacity and transitions pathway from Optimise for 2025.26 - mobilisation in process.
14	Mental health programme	If the number of referrals for adult neurodevelopmental assessments via the right to choose pathways continues to increase this will lead to potentially	16	16	16	16	16		↔	8	GPs have been made aware of right to choose eligibility criteria. The eligibility of providers to receive right to choose referrals is checked when invoice is received.

		inequitable provision and significant financial pressures on the locality budget.								Right to choose spend is closely monitored. Agreement to commission limited assessment capacity and transitions pathway from Optimise for 2025.26 - mobilisation in process. GP proposals to implement triage gateway for adult ADHD assessments may limited number of right to choose assessment referrals. There has been a small reduction in expenditure on right to choose referrals in the last 2 reported months.
15	Mental health programme	If demand and waiting times for CYP neurodevelopmental assessments are not reduced this will lead to continued delays in diagnosis and follow up treatment and support for children and families, and risk of further poor OFSTED / CQC inspection outcomes.	16	16	16	16	16		↔	8	Progress monitored as part of the SEND inspection improvement plan GM triage / prioritisation criteria implemented within CAMHS. PCFT CAMHS have implemented: - routine check-ins with families on waiting list. - waiting list initiatives. - GM prioritisation criteria. Plans in place to pilot Bury ND Hub to provider early help and support.

4 Recommendations

4.1 None

5 Actions Required

5.1 The Locality Board is asked to note the contents of the report and to raise any issues for the IDCB and Risk, Performance and Scrutiny Group.

Meeting: Locality Board			
Meeting Date	02 June 2025	**Action**	Receive
Item No.	14	**Confidential**	No
Title	Clinical & Professional Senate Update		
Presented By	Dr Kiran Patel		
Author	Dr Kiran Patel		
Clinical Lead	Dr Kiran Patel		

Executive Summary
This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place in April 2025. There was no meeting held in May 2025.
Recommendations
The Locality Board is asked to receive the report and share any feedback to the Clinical and Professional Senate for action.

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

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

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

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

Clinical and Professional Senate Highlight Report – April 2025

1. Introduction

This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place on 30 April 2025.

2. Headlines from the Clinical and Professional Senate

2a. Palliative Care Service Update - Caradoc Morris

- Caradoc Morris provided an update in relation to the Palliative Care Service; he provided an overview of the current and upcoming projects in Bury.

2b. Clinical Leadership Update – Nigget Saleem

- Nigget Saleem provided an update in relation to the CVD and Diabetes prevention plan 2024/26. The purpose of the update was to outline the priorities and position of the CVD and Diabetes work programme in the Bury Locality.

2c. GM Work Well Partnership- Jon Hobday

- Jon Hobday presented the paper which provided an overview of the Work Well Partnership (WWP) programme which is designed to support people to get back in to work and those at risk of dropping out of work due to health reasons.
- In terms of the recommendations in the paper to promote the uptake of the scheme with GPs in the borough, Jon Hobday advised that the plan is to try to raise awareness and increase in the number of referrals into the programme

2d. ICB Personal Health Budgets Policy – Catherine Jackson

- Catherine Jackson introduced the PHB draft policy. All localities have been asked to review the refreshed policy and good practice guidance to ensure PHBs continue to be offered to improve choice and control on how funds are used to meet individual needs and to improve patient outcomes.
- Catherine highlighted that the policy does not cover anything new or different to the process that has been in place since approximately 2014/15 in terms of the recommendations around a personal health budget.

2e. Dementia Standards – Nigget Saleem & Nikki Ledger

- Nigget Saleem and Nikki Ledger provided a presentation on the Bury Dementia strategy and delivery plan 2024- 2029 and the Greater Manchester Dementia and Brain Health delivery plan and accompanying Quality Standards, also to report on the outcomes of the Bury Locality workshop focused on self-assessment of the standards.
- Nigget described one of the areas that the team want to work on is a dementia hub business case where the support offer is in one place which is dependent on investment and capacity funding, also to look at post diagnostic support and potentially the VCFA to lead on that in terms of signposting.
- A further main area of work this year will be looking at the Dementia diagnostic pathway, where GPs have been undertaking most of the work for vascular patients, a further area of priority in GM is to look at digital care plans after a successful pilot.
- A member of the Senate suggested recognising the link across any dementia strategies to the CBD prevention work for dementia.

2f. Partner Update

- NCA – Dr Vicki Howarth

  - The clinical leadership model is still being worked through in terms of the clinical critical design reviews and is due to be presented at Board in July for the final decision, with a planned implementation date of April 2026.
  - Collaborative working is currently ongoing between Rochdale and Oldham and Bury and Salford due to the cost improvement programmes (CIP) which requires radical thinking in terms of service operation to deliver this.
  - From an urgent emergency care performance point of view overall GM performance has improved, however there are some challenges, particularly around flow and MH long stays in ED.

- Pennine Care – Jayne Alexander

  - Consultant post has been recruited to with a well- established consultant taking the position who is also the medical lead for the community transformation project.
  - Initiatives are being worked on to cut down on lengths of stay on the wards with reported high lengths of stay on the Bury adult wards
  - 30/60/90 plan- 30 and 60 days completed with 90 days ongoing.
  - Implementation of discharge to access trial on South Ward.
  - Currently there are no out of area patients in Bury with no out of area private beds in use. Trust wide project in relation to smoke free wards is ongoing.
  - Community transformation project is ongoing across the community mental health teams, effectively embedding a new model of integration to make specialist teams with patients allocated a key worker determined within disciplines as opposed to a generic care coordinator. The aim is for this to go live on 2nd June, demonstrating a great deal of ongoing transformation in the community in Bury.

- GP Update – Dr Cathy Fines

  - The inaugural primary/secondary care FLP interface group met on 30 April 2025, the meeting included a review of the terms of reference and Concorde data and set out the methods for working together as a team going forward to effectively provide ongoing care across pathways to the same cohort of patients. The governance of the group will flow through the Senate with anything for review, ratification or information to brought to the Senate for review.

- Adult Principal Social Worker Update – Emma Massey

  - There is a transformation programme ongoing in safeguarding. This is about the alignment of the safeguarding process within adult social care and to ensure duties and responsibilities are met in terms of Section 42 inquiries.
  - Themes are being gathered through moderated audits which guide the implementation of improvement plans in terms of knowledge and skills.
  - In terms of workforce, the post graduate social work apprenticeship is about to go out to advert to try to widen apprenticeship routes into social work which is additional to the internal route and there is need to also think about workforce planning moving forward.
  - The national mental health fast track programme will be piloted from August with a focus on training social workers over a 12- month fast track.

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

- Dr Cathy Fines provided an update in relation to CEG with a focus on the discussion regarding the Mounjaro drug prescribed for diabetes which will become a green/grey drug on 23rd June. Dr Fines pointed out that the NICE guidance for Mounjaro is different to what the ICB have agreed in terms of BMI and the importance of funding to prescribe for patients this financial

year.

- Greater Manchester is a fast- track city for HIV, the aim is to stop any new transmissions by 2030, the pledges that have been made with 95% of the people who are known to be HIV positive are receiving successful treatment.

2h. Commissioning Oversight Group Feedback – Will Blandamer

- The minutes from the Commissioning Oversight Group were circulated to members within the Clinical & Professional Senate meeting paper pack.

2i. GMMMG Update - Salina Callighan

- Salina Callighan provided a GMMMG update. Further details and the open consultations are in the GMMMG presentation which was circulated with the papers.
- A lengthy discussion took place with regards to weight management and capacity within the Tier 3 service, also the issues with the pressures on the prescribing budget. medication sequences, patient management pathways and uncertainty regarding treatment targets.

2j. AOB

- None.

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

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

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	02 June 2025	**Action**	Receive
Item No.	15	**Confidential**	No
Title	Primary Care Commissioning Committee update		
Presented By	Adrian Crook, Director of Adult Social Services and Community Commissioning		
Author	Helen Marshall, Business Support Officer		
Clinical Lead			

Executive Summary
The Primary Care Commissioning update is provided as a highlight report from the meeting held on the 27th May 2025.
Recommendations
The Locality Board is asked to note the highlight report from the last Primary Care Commissioning Committee.

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

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

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

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

Bury Primary Care Commissioning Committee (PCCC) Highlight Report

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

This report updates / informs the NHS Greater Manchester PCCC on the Bury PCCC work to date. It also provides an opportunity to raise any issues and inform of any changes that may affect the progression of work.

Key updates:

Bury LCS 2025/26 - PCCC were presented with a contract variation against the Bury LCS for 2025/26 which is required due to additional funding being available to Bury as part of the levelling up process, overseen by the Beyond Core Contract Review (BeCCoR) Group. Full detail was included with the appendix.

Quality Assured Spirometry (QAS) - PCCC were presented with a proposal to fund QAS in 2025/26 from remaining balances by readjusting the LCS contract and were asked to support the solution outlined.

Primary Care Additional Support- PCCC were presented with an overview of the services and increased patient access to general practice appointments which are likely to have contributed to the reduced activity seen in both A&E and BARDOC during 2023/24 and 2024/25, achieving the GM ambitions for the schemes. PCCC requested additional detail to be included within the paper to demonstrate that the UEC funding for 2025/26 will be rolled over.

In addition to:
General Practice Strategy – A detailed year end delivery report was presented to the committee
General Practice Annual Electronic Self-Declaration (eDEC) – review of submissions discussed
General Practice Leadership Collaborative - update

Priority actions in coming period:

Rock Healthcare: To ensure Rock Healthcare complete all outstanding actions prior to closure of Radcliffe site

BeCCoR – Ongoing discussion regarding 2026/27 arrangements

Bury LCS 2025/26 – Outstanding Y2 requirements to be finalised

PCNs – Utilisation improvement plan to be developed for Enhanced Access

Decisions made:

Bury LCS 2025/26 Variation- PCCC approved the variation as outlined in the appendix.
Quality Assured Spirometry (QAS)- PCCC approved the proposal to fund the Commissioning of Quality Assured Spirometry for 2025/26 from the delegated budget.
Primary Care Additional Support- PCCC accepted the recommendation to recommission the GP Federation to deliver the additionality (ARH and WSH) for winter 2025/26

Top 3 risks & mitigation:	RAG rating
Investment into General Practice – Impacting our commissioning options. Discussions are ongoing via BeCCoR and GM Boards	
MOT CIP Delivery – Priorities have been reviewed and non-essential work stood down	

Any other information:

Key escalations for NHS Greater Manchester PCCC:

Meeting: Locality Board			
Meeting Date	02 June 2025	**Action**	Receive
Item No.	16	**Confidential**	No
Title	SEND Improvement and Assurance Board Minutes – 26th March 2025		
Presented By	Will Blandamer, Deputy Place Based Lead		
Author			
Clinical Lead	N/A		

Executive Summary
The minutes from the SEND Improvement and Assurance Board held on the 26th March 2025 are attached for information.
Recommendations
It is recommended that the Locality Board note the minutes.

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

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

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

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

Bury Council
Department of Children & Young People

Minutes

SEND Improvement & Assurance Board Meeting
26th March 2025

1	**INTRODUCTIONS & MINUTES**
	The Chair welcomed everyone to the SEND Improvement and Assurance Board meeting and acknowledged the presence of Board members joining online and apologies were given. The Chair emphasised the importance of Board development sessions and proposed small group or one-on-one meetings to collect diverse viewpoints. A sign-up sheet was circulated for members to select their preferred time slots for the one to one. The objective of these development sessions is to identify the Board's strengths and areas requiring improvement.
2.	**ACTIONS & DECISION LOG**
	Nearly all actions are in progress, with one outstanding action regarding sharing papers with parents – this action is dependent on the wider programme of work to improve the Local Offer and will be commenced as part of the development plan for this area. A request was made from the Chair to ensure prompt updates to the Action Log from all members of the Board; either directly to the Action Log or to be sent to the PPL project officer lead. The actions from the log will be updated in the minutes and the copy will be sent to members via email for approval.
3	**Contributions from, and engagement with, Children and Young People**
	Presentation

The Change Makers Group provided feedback on the SEND strategy. They expressed a preference for more visual data, requested a key be included to explain BRAG rating, and were pleased to see the inclusion of an acronym glossary but requested this was included more consistently and there is less use of acronyms in the reports.

Youth Voice Network Meetings:
The Change Makers Group had two meetings since the last Board meeting, on March 11th and March 25th. The Youth Voice Network had one meeting earlier in the week with three schools in attendance.
Feedback from these meetings highlighted the importance of smooth and supportive transitions for primary school children, while teenagers and older young people emphasised the need for timely and efficient support from services.

Co-production Day Announcement:
There was an announcement about the upcoming Co-production day, scheduled for Tuesday, April 15th from 10:00 to 14:00. The event will be held in the Peel room, and Scout requested the attendance of 3 or 4 Board members. Several members volunteered to attend.
The event aims to gather feedback from young people and other stakeholders to collaborate on the SEND strategy. The previous Co-production day in June 2024, had about 25 young people in attendance.

Session Plan and Feedback:
The session plan developed last month to gather initial thoughts has been delivered to several Children's groups since the last Board meeting. All feedback has been fed into the SEND Strategy Development Group, and findings will be documented after the Co-production day.
Key insights from the feedback include the need for early identification of support needs and the importance of adults recognizing when young people need support.
There was a presentation on strategies for improving communication between the Board and young people. The focus was on utilising social media effectively, with provisional ideas being developed.
The Change Makers Group will conduct more focused sessions on the Local Offer and the SEND newsletter after the Easter break.

Vlog Feedback:
Young people provided feedback on the vlog content, suggesting the inclusion of a faded-out ending, subtitles, and whiteboard animations to emphasise key points. They also recommended more enthusiasm from the speaker. It was noted in the room that the vlog had added a very positive aspect to communication at that while there are areas of improvement as noted from the children's feedback, that this was a positive addition to communications.
Topics for other videos were discussed, including introductory videos about the PIPS, Instagram reels, and short videos. The length of videos was also considered, with suggestions for quick updates to be about a minute long and in-depth topics to be 2-3 minutes.

Social Media Engagement:
The idea of creating a social media account, such as an Instagram page, was discussed. The goal is to provide regular updates and engage with young people

through various content formats. The previous Facebook page is being revisited to understand if this would be beneficial to re-launch.
The importance of celebrating and acknowledging the contributions of young people was emphasised. Ideas for recognition included awards, certificates, and reward trips.

What do young people want from the SIAB?
Young people want their work to be recognised and appreciated. They suggested receiving formal acknowledgment, such as a letter, for their contributions and reflections.
They want the opportunity to attend more meetings like the ones held by the Board.
They also suggested having Councillors and other senior members of the Council visit their schools and talk to them.
They hope the Council can enforce actions on the things discussed in meetings.
They want the Council to address issues such as uniforms and ensure that schools listen and let students speak.
They want more opportunities for entertainment and engagement, such as trips to the cinema and other activities.

An update on the "You Said, We Are Doing" initiative was provided, which is a running document for Board members to answer any questions that young people have. The document is already uploaded onto Teams, and the Board was encouraged to have a look at it. The questions will be added following all meetings with young people and shared with all viewing meetings. Board members are responsible for answering these questions, which will then be shared back with the young people.
The importance of regularly checking the document was emphasised to ensure that questions are being answered promptly. This initiative aims to keep the communication transparent and ensure that young people's voices are heard, and their questions are addressed. The document will be checked every week to make sure that the questions are being answered, and the feedback is being incorporated into the Board's actions.

Some questions young people asked are:

How can young people get involved in staff training?
How long will it take for new training to be rolled out and how long will it take until we see the effect?

Young people were asked about their views on the Council's efforts, specifically:

What do you think Bury Council is doing well for young people with disabilities?
Young people think the Council is working hard to help young people who are struggling in school and making them feel safer.

One person mentioned that their voice is being heard, and their thoughts and feelings are validated. Another person commented on the youth service groups, saying that the Council is taking their feedback into consideration.

What is the most important thing Bury Council should do?

Young people hope the Council can enforce actions on the things discussed in meetings.
Some young people feel that the Council is not doing enough with schools, but they appreciate the helpful teachers and other support provided. They want more communication between the Council and schools, ensuring that teachers listen to students.
They also mentioned issues with uniforms and the need for Council members to visit schools in casual clothes to see what is happening.

Discussion
The Board asked what young people like to do? Young people would like to do video interviews with Board members, and for there to be regular updates on social media page and blogs.
The Board discussed the potential of creating a social media account, specifically an Instagram page, to enhance communication and engagement with young people. The idea is to provide regular updates through short posts, reels, and stories. The young people suggested that the account should include a mix of updates from the Board, engaging content, and interactive elements like memory hooks and whiteboard-style animations. They also emphasised the importance of subtitles and more enthusiasm in the videos.
The Board considered the logistics of maintaining the account, including the frequency of posts (3-4 posts a week), the type of content, and the metrics for evaluating success (number of followers, views on reels, etc.). They discussed the need for a conversation about populating and evaluating the content to ensure it meets the needs and interests of young people. The Board acknowledged the positive feedback from young people and their desire for more engaging and interactive content.

The Board also discussed the approach of the Corporate Parenting Board, which also has a strategy for engaging young people including them attending the meetings, where they review and rate reports. They also write summary versions of reports for young people to read and provide feedback on. This approach ensures that young people's voices are heard and considered in decision-making processes.
The Board noted that the Corporate Parenting Board's method of involving young people could be a model to follow. They discussed the importance of recognising young people's contributions and suggested drafting a letter or certificate to acknowledge their efforts. This would help young people feel valued and appreciated for their input.

The Board discussed the issue of uniforms as raised by young people. They mentioned that uniforms are a common issue in schools and that students often feel not listened to regarding this matter. The Board acknowledged these concerns and emphasised the importance of ensuring that schools listen to students and address their feedback about uniforms. This discussion was part of a broader conversation about improving communication between the Council and schools and making sure that students' voices are heard and considered in decision-making processes.

It was noted that feedback on staff was referring specifically to Council staff, but that a broader question and response on wider staff would be useful. The Board is considering a draft of a workforce strategy plan that outlines different levels and types of training for various staff members. This plan aims to ensure that

staff at different levels of engagement and proximity to young people receive appropriate training.

The Board discussed the importance of involving young people in the development and delivery of staff training. They emphasised that young people could provide valuable insights and perspectives that can enhance the training content and make it more relevant and effective.
The Board mentioned a previous example where young people were involved in delivering training on mindful practice. This training was well-received and highlighted the benefits of having young people directly involved in training initiatives.
The Board agreed that they need to provide young people with clear information about the training being developed and explore opportunities for their involvement. They also emphasised the need to respond to young people's questions about staff training with detailed answers.

The discussion focused on the importance of smooth and supportive transitions for young people, particularly those moving between different educational stages. Members emphasised the need for clear communication and adequate support during these transitions.

Concerns were raised about the early recognition of support needs. Board members stressed that adults should be able to identify when young people need support and provide timely and efficient assistance.
The Board asked how can we improve the early recognition of support needs? And response received was by developing training programs for schools that focus on identifying and supporting young people earlier.
The development of training for schools to help identify and support young people earlier was discussed. Updates on this training will be provided in the next term.
Members emphasised the importance of including feedback from children and young people in the training development process. Concerns were raised about the potential challenges in implementing this training effectively.
Members discussed the importance of ensuring that staff working with young people are adequately trained and supported. The strategy aims to address these concerns by providing comprehensive training programs.

The Board asked about the progress on the slides for the Co-production Day and how the engagement notice was being handled, preparations and the level of engagement expected for the event and progress with EOTAS (Education Otherwise Than At School). Preparations for the Co-production Day are ongoing. The project will also be reaching out to primary schools and other organisations to improve engagement with those children and young people who have education other than in school (EOTAS). They acknowledged the challenges but emphasised the importance of gathering feedback from young people with additional needs who are supported outside of school including those who are electively home educated (EHE).

The programme will also engage with EOTAS providers and gather feedback to inform the Board's strategies and actions.

Actions

1. Members of the board to attend Co production day on the 15th of April Due date: 15th April

2. Chair will draft a letter to young people to acknowledge their contributions and express gratitude for their efforts. This initiative aims to help young people feel valued and appreciated for their input Due date: May 28th

3. Members of the board will provide detailed answers regarding the timeline and impact of new training to young people and contribute to the workforce strategy plan; ensuring feedback from children and young people in the training development process and providing updates on the training development in the next term Due date: May 27th

4. Liaison on further school visits to gather feedback Due date: May 28th

4 **DEEP DIVE UPDATE**

Presentation

Presentation on the recent DfE and NHSE Deep Dive into the Graduated Approach as follows:

Key Findings:

There are numerous activities and services supporting the Graduated Approach, particularly around early identification and assessment of needs. Early stages and indications of progress were observed in the use of the Graduated Toolkit, with some evidence of changing practices. However, the Graduated Approach is not well communicated across the Local Area Partnership. It lacks a format that allows consistent advocacy across education, social care, and other services. The need for an integrated offer to support holistic assessment and meeting of children's needs was identified.

The toolkit is predominantly utilised to support schools in meeting needs, but there is a lack of confidence in the system regarding available support and how to access it. A high reliance on statutory support was observed, with a need for a better-understood and implementation of the graduated approach at the point of request for access and assessment.

Feedback from Bury2gether and outcomes from the questionnaire highlighted the need for the Graduated Approach to align with principles of strength-based working and promotion of independence. The Graduated Approach should continually monitor children's progress and support the development of independence, particularly at key points of transition.

Next Steps

There will be a rapid review of the Graduated Approach offer across Education, Health, and Social Care. This review aims to ensure the approach is described simply, widely available, and communicated effectively, for example, on the Local Offer and Graduated Approach Toolkit.

Focusing on target groups to move the Graduated Approach forward is essential. This includes headteachers, SENCOs, teaching assistants, pastoral support, and school nursing support. Engaging better with SENCOs by bringing SENCO

networks together will help target and work cooperatively with schools across the partnership to influence content and detail of required actions.
Establishing a design group to map out the holistic support available and ensure a key understanding of the Graduated Approach is necessary. This group will bring together the services recognised in the deep dive to provide a coordinated and comprehensive support system.

Discussion

The preparations over the past six months have been commendable, with the partnership working well together and engaging in challenging financial conversations. The Board has discussed the next steps and is pleased with the progress made. The summary of the meeting and the intentions were clearly communicated, which is appreciated.
The Board noted that feedback has underscored the critical importance of effective communication. While a substantial amount of impactful work is being undertaken, it is imperative that these efforts are communicated clearly and effectively. This Communication Strategy will ensure that all stakeholders, including young people, fully comprehend the objectives. There appears to be a disconnect between the perceptions of young people and the actual efforts being made by the Council, which highlights the necessity for clear and consistent communication.
Members stated that the Deep Dive has provided an opportunity to understand the Graduated Approach better. It has been noted that the Graduated Approach has been overlooked nationally in the implementation of the SEND Code of Practice from the Children Family Act 2014 and requested that the focus should be on early identification rather than relying solely on Education, Health, and Care plans. The Partnership needs to move towards a comprehensive understanding and implementation of the Graduated Approach.
Everyone should be able to describe and understand it. The session was productive, with appropriate challenges and reflections from various organisations. The set of actions agreed upon within the day is a positive outcome.
The Board noted that the Local Offer needs significant improvement in terms of investment, creativity, functionality, and content. It is one of the keyways to communicate effectively and must be prioritised. There is a need for a clear understanding of the Local Offer within the partnership to tell the story accurately.
A question was raised about the training during the onboarding of new staff regarding the Graduated Approach. It was acknowledged that currently, there is no specific training; this needs to be addressed. Social care has some specific induction elements around children with additional needs, and it was suggested to check if the Graduated Approach is included.
The discussion also highlighted the need for strategic support from communicators to provide a clear explanation of the Graduated Approach, finding alternative explanations that are easy to understand will be beneficial.

Actions

1. Communications to lead on a project of improvement for the Local Offer looking at both the accessibility/presentation and the content. Due date for next update: April 29th

2. Social Care members to check if the social care induction includes the graduated approach and ensure it is integrated. Due date: May 28th

3. Health leadership to work on articulating the graduated approach clearly within the wider health and care partnership. Due date: May 28th

5 **SEND STRATEGIC VISION AND WORKFORCE STRATEGY DRAFTS**

Presentation

Two documents were presented for the Board's consideration: the Workforce Strategy and the SEND Strategic Vision.

Workforce Strategy

The development of the Workforce Strategy involved a process of communication and engagement. A version of the strategy was presented at the January meeting, but it was deemed cumbersome and not sharp enough. The current version has been thoroughly edited to deliver on the feedback. This sets out the key workforce outcomes against key workforce groups; with the recognition that the current focus are statutory services but that a future focus will be on school staff and the unpaid workforce (e.g. carers and families).
It was emphasised that strategic frameworks like the Workforce Strategy should never be considered complete; they need to be kept under review and developed continuously. The Board's consideration was sought on whether the revised strategy is better and tighter than the previous version, if the content addresses the local need, and if the Board could endorse the approach to move forward with the implementation model. The importance of incorporating feedback from children and young people about their opportunity to engage in the training was also mentioned.

Discussion

The Board noted that the document is clear and a significant improvement to the previous addition and is significantly more concise.
The question was raised on how to ensure Primary Care understands their responsibilities without being able to mandate training to staff who are in independent organisations. There is a need to include primary care in the strategy explicitly, as they are often the first point of contact for parents.

The strategy will continue to be developed and improved, and it was emphasised that it must incorporate input from children and young people.
The Board members unanimously agreed to approve the strategy.

Actions

1. Inclusion of an explicit statement in the strategy about the inclusion of primary care and the ongoing work to address this. Due date: April 29th

2. Proceed with the implementation planning for the workforce strategy. Due date: May 28th

3. Further engagement with children and young people on the progress of the workforce strategy. Due date: May 28th

Presentation

SEND Strategic Vision

The development of the Strategic Vision for SEND in the Borough is a complex undertaking. In January, the SIAB discussed the necessity for a broader strategic framework. Previous iterations of strategic frameworks were reviewed, but they lacked traction with all partners. In February, a small representative group of the Board convened to consider the approach for developing the strategy. This group reflected on good practices from elsewhere in the country, with advice from DfE and NHSE.

The group reviewed various strategy documents, ranging from 80 page documents to single slides, and everything in between. They concluded that the strategy should be accessible, brief, tight, but meaningful. The framework aims to address SIAB priority improvement areas and reflect good work done previously, as well as using outcomes identified by children and young people to inform the strategy.

The current draft of the Strategic Vision was presented for consideration. The draft includes an opening statement slide written by children and young people, a single strategy page that can be extracted and used in isolation and clarifies the purpose and commitment to co-production.

There is an opportunity for further feedback from the children and young people during the Co-production day on April 15th.

Key Points:

- The strategy should be accessible, brief, and meaningful.
- It should reflect previous good work and outcomes identified by children and young people.
- The draft is presented for feedback and further development.
- Co-production is a key element, with feedback opportunities on April 15th and April 29th.

Areas for Improvement:

There are a couple of gaps in the draft that need to be addressed. Particularly, the outcome for children and young people to have fun needs more focus, as it has not been consistently presented in the programme of work.

Discussion

The Board noted that the document is clear and concise. They appreciated the structure but felt it lacked a sense of overall achievement, focusing more on individual achievements. They suggested making the goals more aspirational.

The Board acknowledged the significant progress made on the document. However, they also recognised the complexity arising from the inclusion of multiple goals, priorities, aspirations, and programs. They recommended simplifying and aligning these elements for greater coherence.

	It was raised that discussions with parents focused on the implementation and use of the strategy rather than the strategy itself. The importance of using the strategy as an evolving working document was emphasised. The Chair suggested that the strategy should capture aspirations and have a focus on early identification and support. It was pointed out that the language on Slide 9 changes from focusing on young people to focusing on services. The Board suggested the language needs to be reviewed to maintain focus on children and young people and clearly defining the impact. **Actions** 1. Simplify and align the goals, priorities, and programmes to create a clear and cohesive strategy. Due date: April 29th 2. Make the goals more aspirational and clearer about how to achieve them. Due date: April 29th 3. Capture individual aspirations and focus on early identification and support. Due date: April 29th 4. Ensure the language throughout the document remains consistent and focused on children and young people. Due date: April 29th 5. Clearly define the difference we want to make and how we will measure impact. Due date: May 28th 6. Incorporate feedback and present a refined document. Due date: May 28th
6	**THEME 3 UPDATE**
	Presentation The discussion focused on bringing together the three priority areas: Preparation for Adulthood, Transition, and Alternative Provision. The aim is to understand how these areas link together, and the emerging impacts and differences being made in relation to the actions completed within these areas. **Highlight update for PIP 4 –Preparing for Adulthood** The report highlighted the ongoing work in Preparing for Adulthood, driven by the audits conducted a few months ago and the needs analysis. The current focus is on developing provision within Bury and engaging with existing providers to explore opportunities for better post-16 provision. The discussion also covered alternative provision, with efforts to engage with providers who have post-16 provision. Meetings and projects in Radcliffe and collaboration with Manchester City Council were mentioned. The goal is to find providers who can offer suitable premises and staff to support young people in transition. The importance of partnership engagement was emphasised, including opportunities for work experience within the Council, Health, and Schools. The need for a broad range of opportunities and support for young people in transition was highlighted.

Discussion

Members asked about the opportunities for work experience within the Council, Health, and Schools, and how the partnership is engaged in finding opportunities for young people. The response received was that there are opportunities for internships and employment forums working with supporting bodies. The challenge is finding suitable provision for young people aged 16-17 who are not in college but not necessarily high needs.

Questions were raised including further information about different cohorts and the progress being made in the report and Will stated that the report includes information about different cohorts, but it would be helpful to have standalone documents with more detailed information about the offer for children with different needs.

Board members emphasised the importance of understanding the pathways and options available for young people, reflecting on the last deep dive and the need for clarity in the partnership.

The Board agreed on the need for clarity and mapping out available options for young people. The next report will include this information.

The Board also highlighted the need for data to understand the numbers, ages, gender, and ethnicity of young people being supported and the idea of collecting feedback from parents and young people, with support from schools and other partners.

Actions

1. Include further information about different cohorts and the progress being made in the report. Due date: May 28th

2. Develop standalone information sets with detailed information about the offer for children with different needs; to be included in appendices. Due date: May 28th

3. Include contextual data on numbers, ages, gender, and ethnicity of young people being supported in future reports. Due date: May 28th

4. Look at ways to collect feedback from parents and young people, with support from schools and other partners. Due date: April 29th

5. Ensure reports are responding to the key outcome indicators agreed as part of the Priority Impact Plan. Due date: April 29th

Presentation

Highlight update for PIP 5 Transitions

An update on the progress of transitions from nursery into school, school into high school, and high school into college was given. The key focus was on the year six to year seven transition, and the digital solution "6 into 7."

Strong progress has been made in the year six to year seven transition. All schools have signed up to "6 into 7". The data is expected to be received on time, and a staged approach to information dissemination has been implemented. SEND information will be made available earlier to high schools to facilitate additional planning for SEND children.

Additional support includes home visits, events at the Elizabethan Suite, and drop-ins at family hubs. Over 200 home visits were conducted last year, and this practice will continue. The transition process is enhanced by the digital solution but this is only available for 6 into 7 – an alternative is being

investigated for other years, with additional support in the interim being provided.
For other transitions, such as from nurseries to primary schools and from high school to college - enhanced non-digital solutions will be used this year. Briefings with private, voluntary and independent (PVI) nurseries have started, and Early Years advisors are providing information and advice on quality transitions. Face-to-face transition events and training are planned to support access to primary schools.
The transition from high school to college will not use the "6 into 7" digital platform this year. However, robust systems are in place, and colleges are actively participating in transition events. The transition work is strong, and there have been no issues reported.

Discussion
The Board asked for assurance that there is no detriment to children and young people due to the lack of a digital platform and the response received was that the transitions last year were positively received, and there has been no negative feedback from SEND parents and families. Enhanced feedback mechanisms are being discussed to ensure continuous improvement.
The Board recommended including more quality assurance and feedback from schools, parents, and young people in future reports.
The Board raised the idea of retiring the term "SEND" and using "children with individual needs" instead. Mixed feelings were expressed about changing the term due to legislative implications. The focus should be on actions rather than names, and any change should come from the top down.
The Board emphasised the importance of capturing the impact and differences made by the transition work and for future reports to include this information.
The importance of ensuring that the transition process is seamless and that all stakeholders are engaged in providing opportunities for young people was highlighted and it was noted that there are ongoing efforts to engage with various stakeholders, including schools, health services, and the Council, to provide a comprehensive support system for young people in transition.
It was suggested that the strategy should reflect the broader goals and aspirations for young people, not just the immediate transition needs. The strategy aims to be aspirational and comprehensive, addressing both immediate and long-term needs of young people. Future iterations of the strategy will include broader goals and aspirations.

Questions were raised about the specific measures in place to support young people who are not in college, but also not high needs and it was stated that there are ongoing efforts to provide support for young people in this category, including internships, employment forums, and collaboration with existing providers to offer suitable opportunities.

The Board emphasised the need for clear communication and consistent language throughout the paper to ensure all stakeholders understand the goals and objectives and for future reports and strategy documents to ensure this clarity.

Actions

- Include more comprehensive feedback and quality assurance from schools, parents, and young people in future reports. Due date: June 24th

- Enhance feedback mechanisms to ensure continuous improvement. Due date: June 24th

- Capture the impact and differences made by the transition work in future reports. Due date: July 22nd

- Consider the implications of changing the term "SEND" to "children with individual needs" and discuss further with stakeholders. Due date: August 31st

Presentation

Highlight update on EOTAS and Alternative Provision:

The report provided an update on the Educated Other Than at School (EOTAS) provision and alternative provision. The key points included definitions, current practices, and future plans.

EOTAS refers to education provided for young people who might not otherwise receive it due to permanent exclusion, medical reasons, or other circumstances. It is distinct from alternative provision, which is education provided by the local authority within a different framework. The new guidance from the DfE states that EOTAS is not considered alternative provision, although there is some overlap.

Efforts have been made to clearly identify and categorize cohorts of children receiving EOTAS and alternative provision. This includes ensuring secure oversight and tightening processes around these provisions. Schools are required to inform the local authority about children in alternative provision, and data collection sheets are used to maintain oversight.

The policy for EOTAS has been completed and shared with parent forums for feedback. Amendments have been made based on this feedback, and the policy is ready for approval. An ongoing EOTAS Parents Forum will be established to discuss issues and collect feedback regularly. Efforts are also being made to ensure that children in EOTAS have access to services and support typically available in schools.

Discussion

Board Members asked for definitions of EOTAS and Alternative Provision to be emailed for reference.

Board Member suggested having a breakdown of all children with SEN support and an education, health, and care plan by provision, including alternative provision, EOTAS, missing education, and elective home education.

Members asked if the local authority has a full understanding of where all children are, including those in alternative provision commissioned through schools.

There are checks and balances in place, and schools are required to provide information about children in alternative provision. Data collection sheets are used to maintain oversight.

The Chair highlighted the importance of knowing about all children in Bury, including those in unregistered schools and the need for cross-referencing data with health and social care to ensure all children are accounted for. In the same vein, the number of children currently in EOTAS and the main cohorts were requested for. Currently 41 children in EOTAS, with 70% in year 11 or post-16. The main cohorts are children with Social Emotional Mental Health and Autism.

The Board suggested establishing ongoing forums to discuss issues and collect feedback from EOTAS parents and emphasised the importance of ensuring children in EOTAS have access to services and support typically available in schools. Efforts are being made to ensure access to services, including educational psychology services, to support children in EOTAS and facilitate their return to the school system where possible.
Questions were asked if children and young people have seen the policy and provided feedback and it was confirmed that he policy has been shared with parent forums, but feedback from children and young people is still needed. Efforts will be made to gather this feedback through various channels.
The Board Members suggested having a register of all strategies to ensure a clear strategic framework.

Actions

- Email definitions of EOTAS and alternative provision. Due date: April 29th
- Provide a breakdown of children with SEN support and education, health, and care plans by provision, including those outside the maintained sector, and cross-referencing with health and social care data. Due date: May 28th
- Establish EOTAS Parents Forum to meet regularly. Due date: April 29th
- Gather feedback from children and young people on the policy. Due date: July 22nd
- PPL to create a register of all strategies. Due date: April 29th

Presentation

Highlight update on EHC Process:

The report provided an update on the progress of the annual review recovery plan for Education, Health, and Care (EHC) plans. The focus remains on delivering the Annual Review-based recovery plan, with progress being made despite significant barriers related to data management.
One of the major barriers to developing the recovery plan beyond the initial phases is the management of annual review data. The systems are currently being updated to hold annual review data effectively, including information on who has had an annual review, who hasn't, and who has been waiting. The data cleansing process is underway, with staff being trained to ensure accurate data management.
Progress and Achievements:

- Achieved a 94% compliance rate (completion within 20 weeks of due date) for transfers by the 15th of February, with 76% of placements named according to parental preference.
- On track to ensure every year 11 plan includes a preparing for adulthood element by the 31st of March deadline. Quality remains a focus, but statutory compliance is being maintained.

Next Steps

The next phase of the recovery plan will focus on year 11 transitions and ensuring statutory compliance. The goal is to address reviews and move to a position of no back log. This will take longer than 12 months due to the scale of the challenge.

Discussion

There was a discussion on the roles of Providers and how they have evidenced outcomes, and the extent to which providers can recognise and advocate for improvements. Efforts are being made to improve relationships and communication with providers.

Concerns were raised about prioritisation of EHC plan reviews in the staging of the recovery, particularly those outside of transition points and asked how parents can trigger the process for prioritising their child's review. Annual Review triage has been established to manage the high volume of reviews. The triage process prioritises Reviews based on risk factors such as crisis situations, exclusions, and other urgent needs. Further refinement of the process is needed to ensure seamless management.

There was a suggestion to include all providers in the annual SEND survey to capture feedback from all services that children and young people touch. The importance of capturing feedback from a broad range of stakeholders was emphasised.

The importance of understanding the whole position of children with SEND, including those outside the maintained sector was discussed.

The current approach delivers on bringing different but related elements together. There is a need to better bring together and describe the whole experience of transitions in the executive summary, highlighting key challenges and questions for the Board.

The report includes tables with red RAG ratings. It is important to explain these ratings in the report and reset dates for those that have not been met. The Board needs to approve new dates to ensure they are achievable.

The report indicates that outcome measures are to be confirmed. The Board looks forward to having these measures completed by the next meeting.

The importance of building a partnership approach and thinking about children holistically was highlighted as the reason for bringing together these areas in to one report, so that should be the focus, not just a better report. It was suggested that the Delivery Group should ensure joined-up work.

It was suggested that the Executive Summary could be sharper and that in doing this we may also deliver on the action at the beginning of the report on how to communicate key messages to families, children, and young people.

It was agreed that further audits of plans should be conducted to identify progress on inclusion of the Preparing for Adult elements.

The Board emphasised the importance of engagement of parents, children, and young people but that we should think about the impact on parents.

Actions

- Reset request for overdue milestones to be brought to the future Boards. Due date: April 29th
- Audits of plans to look at quality of preparing for adulthood elements and provide an update. Due date: May 28th
- Development of an approach to engage parents and carers. Due date: April 29th

	• The future approach to review planning should consider how parents can feed in to the process to ensure their perspectives are considered as part of prioritisation. Due date: June 24th
7	**ANY OTHER BUSINESS**
	Thoughts/communications from today's meeting: • Strengthening within the partnership across the Board. • Quality of reports is improving, with expectations for further enhancement through data and quality assurance. • There is greater challenge and support among partners. • Positive feedback from children, emphasising the importance of early identification of needs.
11	**DATE OF NEXT MEETING**
	29th April 10.00 – 13.00 Town Hall Committee Room A & B 28th May 10.00 – 13.00 Town Hall Committee Room A & B 24th June 10.00 – 13.00 Town Hall Peel Room 22nd July 10.00 – 13.00 Town Hall Peel Room 23rd September 10.00 – 13.00 Town Hall Peel Room 21st October 10.00 – 13.00 Town Hall Peel Room 25th November 10.00 – 13.00 Town Hall Peel Room 16th December 10.00 – 13.00 Town Hall Peel Room

Meeting:			
Meeting Date	02 June 2025	**Action**	Receive
Item No.	17	**Confidential**	No
Title	NHS GM ICB June 2025 Bury System Assurance Report for Locality Board		
Presented By	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		
Author	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		
Clinical Lead	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		

Executive Summary

This is the Bury Quality Report June 2025 for Locality Board.

The paper includes the summary discussion from the locality System Assurance Committee. The key discussions in May were:

- My Mind Coach as Part of the C&YP Neuro Diversity Pathway.
- Communication - Primary-Secondary Care Interface.
- Screening and Immunisation Update.

Emerging system issues reported to GM System Quality Group (SQG).

Good practice and reasons to be proud.

Recommendations

To receive 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	☒

Links to Locality Plan priorities	
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	☐
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care	☐
Optimise Care in institutional settings and prioritising the key characteristics of reform.	☐

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

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

Discussions from the May Bury System Assurance Committee

My Mind Coach as Part of the C&YP Neuro Diversity Pathway

Jane Case shared a presentation which described a programme of work that has been moving into Childrens over the last four years and the impact of that work.

Jane reported that My Happy Mind operates in 70% of primary schools across Bury and it delivers PHSC in the classroom. The impact seen from My Happy Mind has been excellent and the feedback from teachers, parents and children is good. The programme won an innovation award two years ago for the work done in Bury. The schools that do not have My Happy Mind tend to have their own programmes in place.

The programme is well established in Bury's primary schools, however last year at the children and young people circles event the young people said that they wanted good, quality assured, emotional health and well-being and mental health promotion in their secondary schools which has tiggered working with a range of children and young people in Bury on the 'Teen Offer'. Bury Youth Council co-produced the My Mind Coach , a programme for older children, along with the My Happy Mind programme for primary schools, this approach is starting to be seen in secondary schools.

The initial feedback is very positive, for example, there are case studies whereby parents have fed back that a child has been highly anxious and has employed the tools and resources that they have learned, and they have been able to calm themselves down in really tricky situations. A colleague in the System Assurance Committee commented that their daughter is in a primary school in Bury where My Happy Mind is used and gets feedback from them directly when they come home and talks about the tools and goal setting meditation.

Communication/Primary-Secondary Care Interface

Cathy Fines provided an update on the Primary Care Secondary Care Interface Group (PCSCIG) that has been reestablished. The group had its inaugural meeting last month.

There have been various iterations of this group over the years, there is some real traction now as a result of the collective action by general practice. The PCSCIG has now been generously supported by NCA colleagues and two days of Project Management Office time has been given. It has been decided that this group can operate across the NCA footprint; Bury, Salford, Oldham and Rochdale.

HMR are coming together to look at things, particularly where efficiencies can be made or resolve issues that have been long standing across a pathway of care. This piece of work will also look at how we can effectively communicate across a whole pathways of care in terms of

leadership and efficiencies to improve the patient experience.

The group are keen to involve wider partners in the borough and have stated that anyone is welcome to attend the meeting if they have an issue between providers as this is the forum to raise it.

Screening and Immunisation Update

Steven Senior provided a screening and immunisations update highlighting the key points from the programmes of work.

Screening
It was reported that Bury performs well on breast screening uptake and chlamydia screening. There is lower uptake on the newborn hearing checks, aortic aneurysm screening and cervical cancer screening, particularly among women aged 50- to 64-years-old.

Bury also has poor uptake in bowel screening, particularly in Bury PCN, however, there was a reasonably successful piece of work done at a neighbourhood level, which did result in some improvement for some practices in uptake about screening.

Steven outlined recent priorities which included, advice provided to local commissioners, on decommissioning year 1 school hearing checks; seeking assurance from commissioners on actions to address falling uptake and inequalities in cervical screening; monitoring roll out of lung cancer screening; diabetic eye screening and plans for targeted engagement. Improvements in reasonable adjustments for people with a Learning Disability/Autism to increase uptake of breast screening was being made.

Discussions were had on the new lung cancer screening programme. Whilst there is evidence that suggests at the moment lung cancer screening does reduce deaths from lung cancer, lung cancer screening is an imaging test and can identify incidental findings which will need further investigation and follow up and therefore the long-term consequences are not currently known.

Immunisations
As with screening programmes, immunisation programmes in England are commissioned by NHS England under section 7a of the NHS Act 2006. In Bury, programmes are commissioned by NHS GM at a GM level, not by locality NHS staff or by the Council public health team.

There are some significant upcoming changes to the national immunisations schedule as detailed below in the table.

CHANGES TO CHILD SCHEDULE (from 1.7.25) Menitorix is being ceased so no Hib/Men C vaccine included in the new schedule. PCV13 (Prevenar) will move from 12weeks to 16weeks. Second dose of Men B vaccine at 16 weeks of age will be moved earlier to 12 weeks of age. Hep B (for infants eligible for the selective neonatal Hep B programme) will not be offered at one year old.

CHANGES TO CHILD SCHEDULE (from 1.1.26)
At 12 months give MMR, PCV13 and Meningitis B
New routine appointment at 18 months - introduction of an additional (4th dose) of DTaP/IPV/Hib/Hep B (hexavalent) vaccine*
New routine appointment at18 month – second MMR given now instead of 3 years 4 month.
At 3 years and 4 months give DTaP/IPV only

CHICKEN POX
Vaccine potentially coming in 2026 to be given along with 2nd dose MMR at 18 months. No date yet.

Bury's performance.

Coverage of many preschool immunisations has declined faster than the national average recently and Bury appears to be under-performing for MMR (first dose by age 2), DTAP Hib Hep B, and PCV vaccines. Coverage of 1 dose of MMR by age 5 appears better, however this is a lagging indicator and may decline if declining uptake of the first dose by 2 is not caught up.

The HPV vaccine uptake and MMR has been sliding for a while. Concerns that Bury data for MMR at two years as it has dropped quite steeply over the last couple of years. The data does not necessarily reflect some of the MMR catch up programmes done recently, which has been very successful because they were targeted at an older age group. There is improvement in the school-based delivery programmes; primary school flu uptake has been good as has HPV vaccine uptake. It is credit to the school immunisation team that they managed to maintain vaccination through the pandemic where you can see the national uptake took a huge dip.

Bury is around third or fourth in GM for COVID vaccine uptake.

In terms of the rest of the older adults programmes, and particularly the PPV (pneumonia) vaccine and the shingles vaccine, Bury has been the worst among statistical neighbours for uptake for some time and improvement work is underway.

Bury has seen a slight recovery in older adult's flu uptake over the last few years. Nationally, Bury does tend to do worse with older immunisations, better with the school-based immunisations and in the middle with pre-school immunisations.

High Level System Issues Reported to GM System Quality Group

The purpose of reporting to GM is to provide high level overview of risks from the Locality Quality Groups in relation to Quality and Safety issues that affect the whole system, capturing emerging risks/issues, mitigation actions being taken to remedy and an understanding of the impact on the population of the locality and wider.

Top priority areas for locality	Issue	Actions	Impact/Outcome	Alert/Assure/Advise
Looked After Children (LAC) health assessment delays.	Initial health assessments (IHAs) must be completed within 20 working days of a child entering care, followed by review health assessments (RHAs) every six months for children under 5 years of age and annually for those over 5 years. In Bury, IHAs are carried out by Community Paediatricians, while RHAs are conducted by Health Visitors for children aged 0-5, School Nurses for those aged 5-15, and the Specialist Nurse for Looked After Children and Care Leavers until they transition out of care at 18 years. Locally there has been timely notification and capacity issues that have caused delays to these assessments.	Significant work has been undertaken to develop and implement robust processes addressing the challenges for both Initial Health Assessments (IHAs) and Review Health Assessments (RHAs). As a result, there has been a marked improvement in IHA compliance. Due to the longer lead time associated with RHAs, the impact of these process improvements is not yet fully reflected in the monthly performance data. However, it is important to note that RHA compliance was already at a relatively higher level.	Improving the timeliness of statutory health assessments is vital to ensure the early identification of physical, emotional, and developmental needs, to ensure early intervention in supporting these needs, which is particularly important given the higher health vulnerabilities often faced by children in care. The ICB is a statutory organisation with responsibility for the commissioning of health services. Health assessments for LAC are functions set out in the IBC duties.	**Assure**
PCFT Older People's wards	In February 2025, the Care Quality Commission (CQC) carried out an inspection of PCFT Older People's Wards. The CQC asked the Trust to make some changes to enable improved patient care. Since then, the Trust have worked closely with CQC to develop a Single Improvement Plan, which is a live and evolving document, updated daily. Assurance has been provided to the CQC by the Trust in April. Additionally, the ICB Quality team have supported	Live improvement plan in place. ICB quality visits and feedback, including record keeping audits. Re-inspection of wards by CQC, report awaited.	PCFT are working hard on their improvement plan to make the changes set in in the CQC letter. ICB assurance that staff are striving to provide high levels of care and a good patient experience. Challenges around estates and the record keeping system.	**Assure**

	the Trust in co-ordinated arranged visits to the wards.			

Assure	Advise	Alert

Good News / Sharing of Learning to Note:

This section is for any good news / best practice items from across the system.

Top learning activities this reporting period	Summary	How has this learning been shared			
		Shared across providers	Shared across GM ICB	Shared across ICSs in England	Shared internationally
Easy read information on the Dynamic Support Register (DSR).	Bury Transforming Care Nurse has co-produced with our partners Bury People First, who are a self-advocacy group of learning-disabled people in Bury and Pennine Care Foundation Trust an easy-read guide and consent form which explains what the DSR is for and how it is used to support people's discharge from hospital and to prevent admission to hospital. We think this is a brilliant document and very happy for people to use this document for their population. For further information contact Rachel at rachel.carr20@nhs.net	Yes	Yes	No	No
Adult safeguarding learning 7-minute briefings	4 adult safeguarding 7-minute briefings have been produced and published on the website in the last quarter. 7-minute briefings are producing following the learning identified from local CSPR, SARs and DHRs and are distributed widely to partners and are published on the Bury Safeguarding Partnership website.	Yes	Yes	Yes	No

	The topics covered are: • Self-neglect • Cuckooing • Record keeping • Making Safeguarding Personal All 7-minute briefing can be found on the Bury Safeguarding Partnership website at: https://burysafeguardingpartnership.bury.gov.uk/safeguarding-adults-1				

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