AGENDA FOR

LOCALITY BOARD

Contact:: Please visit https://gmintegratedcare.org.uk/meetings-and-events for all information and papers
Direct Line:
E-mail:
Web Site: www.bury.gov.uk

To: All Members of Locality Board

Councillors : E O'Brien (Chair), L Smith and T Tariq

Dear Member/Colleague

Locality Board

You are invited to attend a meeting of the Locality Board which will be held as follows:-

Date:	Monday, 7 July 2025
Place:	Meeting Rooms A & B - Town Hall
Time:	4.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 **LOCALITY BOARD PAPERS** *(Pages 3 - 142)*

Agenda Item 1

BURY INTEGRATED CARE PARTNERSHIP

Agenda

Locality Board – Meeting in Public (face to face)

Date: 21st July 2025

Time: 4.00 pm – 6.00 pm

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

Chair: Dr Cathy Fines

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.10	10 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 2nd June 2025 and action log	Paper	Approval	Chair
4.0			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.1	4.10 – 4.20	10 mins	Key Issues in Bury	Paper to follow	Discussion	Will Blandamer
5.2			Fit for the Future – the 10 Year Plan for Health	Paper	Discussion	Will Blandamer
Locality Board Priorities						
6.0	4.20-4.30	10 mins	End of Life Care update	Paper	Discussion	Stuart Richardson
7.0	4.30-4.50	20 mins	Mental Health			
7.1			• Mental Health Service Gap analysis	Verbal	Discussion	Will Blandamer
7.2			• CQC OP wards Action plan – Pennine Care	Paper to follow	Discussion	Sarah Preedy
7.3			• Living Well	Paper	Discussion	Jannine Robinson/Maggie Tiller
7.4			• Mental Health Commissioning intentions/contracts	Paper to follow	Approval	Will Blandamer/Ian Trafford

8.0	4.50-5.00	10 mins	Dementia Strategy	Paper	Approval	Adrian Crook
Integrated Delivery Collaborative Update						
9.0	5.00-5.05	5 mins	Integrated Delivery Board Update	Paper	Discussion	Kath Wynne-Jones
10.0	5.05-5.10	5 mins	Performance Report	Paper to follow	Discussion	Kath Wynne-Jones
11.0	5.20-5.30	10 mins	Clinical Led Model (CLM) Model from the NCA	Paper	Discussion	Lorna Allan
Updates						
12.0	5.30-5.35	5 mins	Strategic Finance Group	Paper	Approval	Simon O'Hare
13.0	5.35-5.40	5 mins	Better Care Funding Update	Please see item 12	Discussion	Simon O'Hare
14.0	5.40-5.45	5 mins	Clinical and Professional Senate update • Weight management update	Paper Verbal	Discussion Discussion	Kiran Patel Cathy Fines
15.0	5.45-5.50	5 mins	Population Health and Wellbeing update	Paper to follow	Information	Jon Hobday
Committee/Meeting updates						
16.0	5.50-5.55	5 mins	SEND Improvement and Assurance Board Minutes	Paper	Information	Will Blandamer
Closing Items						
17.0	5.55	5 mins	Any Other Business		Verbal	
18.0	_____	_____	**Date and time of next meeting in public - Monday, 1 September 2025, 4.00 - 6.00pm on Microsoft Teams**		_____	

Post Meeting Reflection

		5 mins	Post Meeting Reflection	Chair/All

Meeting: Locality Board			
Meeting Date	21 July 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 21st July 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	
	Parekh	Nina	Divisional Managing Director - Bury Community Services Division	None Declared					Nil Interest	Nov 23	Present	
	Allan	Lorna	Chief Digital and Information Officer Digital Services, NCA	Trustee at St Leonard's Hospice in York			X	Direct	Trustee	Dec-23	Present	###### Y
				Host Non Exec of Aqua (Advancing Quality Alliance)		X		Direct	Host Non Exec	Sep-24	Present	
Dr	Patel	Kiran	Member of the Locality Board	Tower Family Health Care - Primary Care General Practice	X			Direct	GP Partner	Jul-18	Present	As per policy - see details above (Y,Y,Y,Y,Y)
				Bury GP Federation - Enhanced Primary Care Services	X			Direct	Medical Director	Apr-18	Present	
				Laserase Bolton - Provider of a range of cosmetic laser and injectable	X			Direct	Medical Director	1994	Present	
				Laserase Bolton - Provider of a range of cosmetic laser and injectable				Indirect	Spouse is a Shareholder	2012	Present	
				Tower Family Health Care - Primary Care General Practice				Indirect	Spouse is a Director	Jul-18	Present	
	Preedy	Sarah	Chief Operating Officer, Pennine Care NHS Foundation Trust	None Declared					Nil Interest	Nov 23	Present	
	Hargreaves	Sophie	Chief Officer, Manchester Foundation Trust	Manchester & Trafford LCO				Indirect	Spouse works as Transformation Manager	Sep-18	Present	As per policy - see details above (Y,N,N,N,N)
	Tomlinson	Helen	Chief Officer, Bury VCFA	Bury VCFA (Voluntary, Community, Faith & Social Enterprise)	X			Direct	Chief Officer in organisation which may seek to do business with health or social care organisations	Nov-21	Present	As per policy - see details above (Y,Y,Y,Y,Y)
	Blandamer	Will	Deputy Place Based Lead & Executive Director Health and Adult Care	Ashton on Mersey Football Club Trafford			X	Direct	Chairman	2024	Present	As per policy - see details above (Y,Y,Y,Y,Y)
				Manchester Football Association			X	Direct	Non Exec Director (Board Champion for Safeguarding)	2018	Present	
				Francis House Hospice (Manchester)				Indirect	Spouse is a Registered Nurse	2024	Present	
				University Hospital of Wales				Indirect	Daughter is a Foundation Year 1 Doctor	2024	Present	
				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	
	Beesley	Mark	Chief Officer	Bury GP Practices Limited	X			Direct	Chief Officer & Director	Jul-21	Present	
				Greater Manchester GP Federation	X			Direct	Director	Oct-21	Present	
Invited Members												
Cllr	Rydeheard	Jack										Declaration to be confimed
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	21 July 2025	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 2nd June 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 2nd June 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 (in public), 2nd June 2025

Time: 4.00 pm

Venue: Via Teams

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

Document History:

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

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public (via Teams) 2nd June 2025 4.00 pm until 6.00 pm **Chair – Cllr O'Brien**

ATTENDANCE

Voting Members
Cllr Eamonn O'Brien, Leader of Bury Council (Chair) Dr Cathy Fines, Senior Clinical Leader in the Borough 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) Dr Kiran Patel, Medical Director, IDCB 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 Ms Joanna Fawcus, Director of Operations, NCA
Non-Voting Members
Ms Catherine Wilkinson, Director of Finance, NCA Ms Ruth Passman, Chair, Bury Healthwatch (for part) Mr Stuart Richardson, Chief Executive, Bury Hospice
Invited Members and Observers
Cllr Mike Smith, Leader, Radcliffe First Ms Ceri Kay, Legal Services, Bury Council Ms Sian Grant, Housing, Director of Housing, Bury Council Ms Helen Simpson, Tripartite Agreement Director, Greater Manchester Combined Authority Mr Mark Beesley, Chief Officer, Bury GP Federation Mrs Zoe Alderson, Head of Primary Care, NHS Greater Manchester (Bury) Mr Chris Woodhouse, Strategic Partnerships Manager, 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, Mr Richard Bulman, Ms Kath Wynne-Jones and Cllr Russel Bernstein.
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 2nd June 2025 and previous meeting 7th April 2025.**

ID	Type	The Locality Board	Owner
D/06/01	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 7th April 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/06/02	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/06/03	Decision	Received the update.	

5	Place Based Lead Update
5.1	Ms Ridsdale presented the latest Place Based Lead update to the Locality Board which detailed the key issues of the Bury Integrated Care Partnership. It was reported that: - • Since the last Locality Board, there had been a number of discussions at key meetings/forums and with staff regarding the NHS Structural changes. There had been a requirement for a GM ICB high level submission to NHSE in response to the 39% cost reductions in the context of the NHS GM operating model. An intensive design phase in GM would take place over June and July 2025. In the meantime, it was important to place on record the appreciation and outstanding contribution of NHS GM (Bury) staff to the operation of our partnership working in Bury, and to recognise the continued dedication to improve things for Bury residents despite the considerable anxiety and distress the potential restructure was causing. Partners were thanked for their kindness to NHS GM staff at this time but noted also a number of partner organisations were facing their own period of uncertainty for staff. • The Locality Assurance Meeting was scheduled to take place on the 5th June 2025. 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. It was noted that there had been considerable improvements in respect of the CHC position since the last Assurance meeting in terms of budget and areas of spend. Steps were being taken to address the service gaps in Pennine Care provision discussed by the Locality Board in April 2025, 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.

	• In relation to the CQC inspection of Bury Council Adult Services, the Council had received notification of the intended visit 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. The Council was awaiting confirmation of the formal inspection visit which could be between 6 weeks and a number of months and would advise all colleagues when confirmed. • Today (2nd June 2025), the Council have received notification from Ofsted regarding the ILACS inspection. Inspectors would arrive on site Monday 9th June 2025 and fieldwork would take place over a 2-week period (9th June to 20th June 2025). • In relation to the Bury SEND Improvement and Assurance Board discussions, the meeting held on 28th May 2025 received an update on the contribution of NHS partners to the SIAB performance improvement plan priorities and commended the good progress being made but noted there was further work to do in some areas • There were opportunities available around the live well fund and 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 and care and wider public services. The next agenda item included a paper in order to provide an overview of the approach and opportunity in Bury which should be commended 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.
5.2	The following comments/observations were made by Locality Board Members: - • Mr Blandamer was commended for his continued support to staff as well as the ongoing conversations with NHS Greater Manchester around the structural changes. It was noted that staff had really appreciated the support given to them by Mr Blandamer and other senior leaders at this time. • Members recognised the very challenging circumstances for staff in NHS GM and also in some partners organisations facing challenging financial position. However, the meeting endorsed Ms Ridsdale's view that the quality of the partnership working in Bury, and the evident progress being made, means Bury is in the best possible position to work together to achieve the objectives of the locality plan. • Staff were commended for their ongoing hard work within the locality during this difficult period.

ID	Type	The Locality Board	Owner
D/06/04	Decision	Received the update.	

6.	Public Service Reform (PSR)/Live Well
6.1	Mr Woodhouse was in attendance to present a report in relation to PSR/Live Well. Ms Tomlinson and Mr Blandamer also contributed to the presentation of this item.
6.2	It was highlighted that: - • the report built on previous updates to the 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 set out the development of proposals for the implementation of the GM Live Well initiative anchored into Bury's neighbourhood working approach. • The way public services work together in our neighbourhoods, in integrated teams and in partnership with the voluntary sector had 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 was 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. • The image within the report set out a summary of integrated neighbourhood working in Bury. In recent months, there had 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. • There were 4 key components of the model namely 'The establishment of Live Well centres, spaces & offers', Integration of support through an optimum Neighbourhood Model, A resilient VCFSE eco-system and A culture of prevention – with workforce and organisational development geared towards prevention. • 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. • 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. • 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 • In consideration of potential flagship sites, a number of key considerations were being made as outlined within Section 2.8 of the report. • The VCFE Memorandum of Understanding was in development and was currently planned to bring this to the Locality Board meeting in July 2025. • As this proposal develops, there would be a need to bring a further report back to the Integrated Delivery and Locality Board meetings in a few months time.
6.3	The following comments/observations were made by Locality Board Members: -

	• That it was the start of National Volunteer Week from Monday, 2nd June to Sunday, 8th 2025 which was an annual event is a time for communities and organisations to celebrate and recognise the contributions of volunteers across the UK. Ms Tomlinson commented that there would be a stand in the Millgate shopping Centre on Wednesday, 4th June 2026 with further information on volunteering opportunities available. • A query in relation to the number of contacts received by the Ingeus Neighbourhub in the Millgate which acted as a central resource offering health, employment, and wellbeing support services to the people of Bury. It was noted that there had been 100s of contacts however there was a need to try an protect the current central location and funding for the service which was due to come to an end. Mr Woodhouse to obtain the latest figures for people accessing the hub and circulate to Locality Board members for information.

ID	Type	The Locality Board	Owner
D/06/05	Decision	To note the update report and support system commitment to furthering Bury's neighbourhood model through Live Well implementation	
A/06/01	Action	Mr Woodhouse to obtain the latest figures for people accessing the Ingeus Neighbourhub in the Millgate and circulate to Locality Board members for information.	Mr Woodhouse
A/06/02	Action	Further report in relation to PSR/Live Well to be brought back to the Integrated Delivery and Locality Board meetings in a few months time.	Mr Woodhouse

7	General Practice Strategy year end report
7.1	Mr Beesley and Mrs Alderson were in attendance to provide a presentation in relation to the General Practice strategy and year end report. Members also received a copy of a report in this regard. The presentation covered: - • The vision, goals, example measures and programmes. • The actions being taken to develop and promote a new model of general practice including availability of a range of services offering additional accessible appointments and Patients accessing services differently • The practice figures to support having a resilient workforce and an attractive place to work. • The steps being taken to Strengthen the relationship between provider partners across the Bury system • The work being undertaken to improve outcomes for patients by reducing inequity & variation in access & quality of care
7.2	The following comments/observations were made by Locality Board Members: - • It was helpful to see the movement in respect of the workforce as part of this presentation. • It may be beneficial for the Health and Wellbeing Board to be sighted on the some of the content covered as part of this presentation particularly the health inequality

	elements. This could be picked up by Ms Wynne-Jones who is the current IDC representative on the Board. • A query around the use of technology by GPs and the October 2025 timescale for changes to be made. It was reported that this was a national deadline and related to online consultations and use within core hours of the practice. Discussions were ongoing around use of future provider within this area with the GM Team involved in these elements. • It was felt that the public would really welcome the increased use of technology for GP access. • There was often a perception that patients were unable to get a GP appointment however there were 70,000 extra appointments in Bury last year. • A question as to how data could be used at the individual practice level benchmarked against other local practices in terms of availability of appointments and other key metrics which can be used to assess levelling up and down issues. It was noted that there was likely to be differences amongst single handed practices compared to practices with more GPs with discussions ongoing regarding the sustainability of single-handed practitioners. • Mrs Alderson and Mr Beesley were thanked for all their hard work in this area.

		The Locality Board	
D/06/06	Decision	Received the update provided and acknowledged the achievements to date.	
D/06/07	Decision	Noted the risks being presented.	
D/06/08	Decision	Noted the required pause in refresh for 2025/26.	
A/06/03	Action	To consider sighting the Health and Wellbeing Board on the some of the content covered as part of this presentation particularly the health inequality elements.	Ms Wynne-Jones

8.	**GM Tripartite agreement housing and health**
8.1	Mr Heppolette introduced this item before handing over to Ms Simpson for the main presentation of the report. It was reported that: - • The GM Tripartite Agreement connected 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. • The paper set 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 was 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. • The refreshed Tripartite Agreement reflected 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. • The refreshed Agreement would 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. • There was 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.
8.2	The following comments/observations were made by Locality Board Members: - • There was a need to ensure that current housing and health activity within localities was fully mapped to this work going forward. • The current housing position for children and older people in Bury was discussed including the recently opened Mental Health facility within the borough. • There was an opportunity for further economic growth/investment within this area to improve housing within the borough. • The need to further explore how this work links to schools, the work of the health visiting teams and private landlords.

ID	Type	The Locality Board	Owner
D/06/09	Decision	Considered the content of this paper and discuss the potential opportunities associated with implementation of a Locality Tripartite Framework.	

9.	Integrated Delivery Board Update
9.1	Mr Blandamer submitted the latest Integrated Delivery Board update to the Locality Board.
9.2	There were no questions raised by members.

ID	Type	The Locality Board	Owner
D/06/10	Decision	Noted the update	

10	Performance Report
10.1	Mr Blandamer submitted the latest Performance report to the Locality Board.

10.2	There were no questions raised by members.

ID	Type	The Locality Board	Owner
D/06/11	Decision	Noted the Performance report.	

11	Risk Report
11.1	Ms Jackson submitted the latest Risk report.
11.2	This report detailed the locality strategic and programme risks set by the Risk and Performance 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.

ID	Type	The Locality Board	Owner
D/06/12	Decision	Noted the report	

12	Strategic Finance Group
12.1	Mr O'Hare reported that it was too early within the financial year to provide an accurate picture of the overall financial position however was known that this year would be challenging. A full report would be available at the next Locality Board meeting.

ID	Type	The Locality Board	Owner
D/06/13	Decision	Noted the information	

13.	Population Health and Wellbeing update
13.1	Mr Hobday provided a brief update on the latest issues discussed at the Health and Wellbeing Board.

ID	Type	The Locality Board	Owner
D/06/14	Decision	Noted the update	

14	Clinical and Professional Senate update
14.1	Members received copies of the latest highlight report from the Clinical and Professional Senate meeting held in April 2025. It was noted that there was no meeting of the Senate in May 2025.

ID	Type	The Locality Board	Owner
D/06/15	Decision	Noted the update	

15	Primary Care Commissioning Committee (PCCC) Update
15.1	Members received copies of the latest highlight report from the Primary Care commissioning Committee meeting held in May 2025.

ID	Type	The Locality Board	Owner
D/06/16	Decision	Noted the update	

16	SEND Improvement and Assurance Board Minutes
16.1	Members received minutes from the SEND Improvement and Assurance Board held on the 26th March 2025 are attached for information.

ID	Type	The Locality Board	Owner
D/06/17	Decision	Noted the minutes	

17	System Assurance Committee update
17.1	Members received copies of the latest summary report from the last locality System Assurance Committee held in May 2025.The key discussion items 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.

ID	Type	The Locality Board	Owner
D/06/18	Decision	Noted the update	

18	Any Other Business
18.1	There were no items raised.

ID	Type	The Locality Board	Owner
D/06/19	Decision	Noted the information	

19	Date and time of next meeting
19.1	It was noted that the next Locality Board meeting would take place on **Monday, 21 July 2025, 4.00 - 6.00pm in Committee Rooms A and B, Bury Town Hall**

Locality Board Action Log – June 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	Included on agenda
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/04/02	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		June 2025	
7th April 2025	A/04/03	A need to further review the Locality Plan from a mental health perspective given the discussions at today's meeting.	Mr Blandamer		June 2025	
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	Mr Blandamer		June 2025	Update included on agenda

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

Date	Reference	Action	Lead	Status	Due Date	Update
		be produced in conjunction with Pennine Care, the Mental Health Programme Board and Greater Manchester ICB colleagues.				
7th April 2025	A/04/05	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		June 2025	Included on agenda
2nd June 2025	A/06/01	Mr Woodhouse to obtain the latest figures for people accessing the Ingeus Neighbourhub in the Millgate and circulate to Locality Board members for information.	Mr Woodhouse		July 2025	
2nd June 2025	A/06/02	Further report in relation to PSR/Live Well to be brought back to the Integrated Delivery and Locality Board meetings in a few months time.	Mr Woodhouse	---	September 2025	
2nd June 2025	A/06/03	To consider sighting the Health and Wellbeing Board on the some of the content covered as part of this presentation particularly the health inequality elements.	Ms Wynne-Jones		July 2025	

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Bury Locality Board			
Meeting Date	21 July 2025	**Action**	Receive
Item No.	5.2	**Confidential**	No
Title	Fit for the Future – the 10 Year Plan for Health		
Presented By	Will Blandamer, Deputy Place Based Lead		
Author	_____		
Clinical Lead	_____		

Executive Summary

The 10 Year Plan for Health was published by the Government on 3rd July 2025. The Plan is part of the government's health mission to build a health service fit for the future. It sets out how the government will reinvent the NHS through 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

To support the scale of change implied in these shifts, the Plan emphasises system changes to be implemented:

- a new operating model
- greater transparency on care quality
- a new workforce model
- a reshaped innovation strategy
- a different approach to NHS finances

This report summarises the key changes and highlights particular points of relevance to Greater Manchester.

Recommendations

The Locality Board is asked to note the update in relation to the 10 Year Plan for Health.

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	☐

Implications

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

BURY INTEGRATED CARE PARTNERSHIP

Fit for the Future – the 10 Year Plan for Health – Summary for GM Partners and Considerations

Introduction

The 10 Year Plan for Health was published by the Government on 3rd July 2025. The Plan is part of the government's health mission to build a health service fit for the future. It sets out how the government will reinvent the NHS through 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

To support the scale of change implied in these shifts, the Plan emphasises system changes to be implemented:

- a new operating model
- greater transparency on care quality
- a new workforce model
- a reshaped innovation strategy
- a different approach to NHS finances

This report summarises the key changes and highlights particular points of relevance to Greater Manchester.

Neighbourhood Health Service (Hospital to Community)

- Bringing more service delivery closer to local communities, following recognition that current system is hospital centric. Convening professionals into patient-centred teams who are co-located. To eventually combine with a genomics population health service to predict population health and advise targeting of preventative care.
    - Neighbourhood Health Centre (NHCs) to be established in every 'community' – beginning with places where healthy life expectancy is lowest – 'one stop shop model' to open for 12 hours a day, 6 days per week.
    - Additional urgent care and outpatient services in the community delivered via the Neighbourhood Health Centres.
    - Changes will be reliant on a shift in pattern of health spend – driven by proportionally greater investment in *out of hospital* care over the next 3-4 years.
    - End 8am scramble by recruiting more GPs, expanding NHS App, same day GP appointment for those who need one.
    - Introduce 2 new contracts beginning next year:
        1. Creation of 'Single Neighbourhood Providers' to deliver enhanced services to ~50,000 people neighbourhood areas. Built on the PCN model.
        2. Creation of 'Multi neighbourhood providers to geographies of ~250,000 people to deliver care requiring work over multiple neighbourhoods such as end of life care. Further implementation to involved shared back-office function, digital transformation and data analytics.

- 1 million people to be offered a personal health budget by 2030 – universal offer by 2035
- Mention to increased role for Community Pharmacy and dentistry, including community pharmacy addition to the single patient record and support to long term condition management.
- Recognition given to wider determinants of health throughout the document, NHCs will work in partnership with family hubs, schools, nurseries to offer early years support including to those with Special Educational Needs and Disabilities.

Analogue to Digital

- Ensuring rapid access for those in generally good health, free up physical access for those with complex needs and to ensure NHS financial sustainability.
  - Patients to be able to access a single patient record
  - Development of the NHS App to get instant advice, find services via My NHS GP, **choose a preferred provider** via My Choices, **book tests** via My Specialist and **book consultations** with My Consult, **medicine management** and **vaccine booking**, **long term conditions management** and **upload of medical data**
  - Coordination feature also to be added for dependents – children and carers.
- Enabling real time feedback to providers via the app
- Rollout of *continuous monitoring* to support proactive care at first signs of deterioration
- 'Health Store' to be developed for management of approved digital tools
- Single Sign on for staff and use of tech such as AI Scribes.

Sickness to prevention

- Rollout of cross societal approaches to health prevention, such as:
  - Delivering on the tobacco and vapes bill – making it illegal to sell tobacco to those 16 and younger from this year, resulting in a smoke free generation. Reducing number of children who vape.
  - Ending obesity epidemic and restoring Healthy Start
  - Progressing weight loss medication breakthroughs and providing access to treatment – industries to be paid on *impact on health outcomes* basis
  - Health reward scheme and work with the Great Run Company to motivate people to move more
  - Join up support from across work, health and skills systems to help people find and stay in work. We will work with all integrated care boards (ICBs) to establish **Health and Growth Accelerators models**
  - Increased mental health support in schools and support to young people via Young Futures Hubs
  - Development of a new genomics population health service to support with population health risk stratification and interventions.

- There are links to clean air and awarded monies to MSA's for transport as part of the prevention chapter.

New Operating model

- Reforms to simplify the system and to push power to places, providers and patients.
  - Combining NHSE with the DHSC, reducing central headcount by 50%
  - Streamlining how local government and the NHS work together – making ICBs coterminous with strategic authorities by the end of the plan where possible.
  - System of 'earned autonomy – new failure regime for underperforming systems, ultimate ambition for high autonomy after 10-year plan ends.
  - Progression of Foundation Trust model – ambition for every NHS provider to be an FT with the ability to retain and reinvest surplus – using flexibility to improve population health outcomes and encouraging partnership working.
  - Creating opportunities for the best FTs to hold the whole health budget as an integrated health organisation (IHO) – authorisation to be led by a new DHSC function.
  - Setting higher standards for leaders – pay tied to performance
  - Using private sector capacity and expanding private provider use in the most disadvantaged areas.
  - Introduction of a Patient Choice Charter

The role of the ICB as a Strategic Commissioner

- Responsible for all but the most specialised commissioning using multiyear budgets. This means ensuring that the money available to each local care system is put to the best possible use: to improve their population's health, reduce health inequalities and improve access to consistently high-quality services.
  - Rationalised commissioning support functions – Commissioning Support Units to be closed
  - Responsible for commissioning the best, most appropriate neighbourhood providers – Market Making and provider cultivation both within and beyond the NHS.
  - Providers will be expected to have a clear plan for sustainability and productivity – quality to be based at the centre of commissioning
  - Provider orgs to no longer sit on ICBs
  - Mayors or delegated representatives to become board members of ICBs rather than local authority representatives to align strategic planning across the NHS and MSAs.
  - ICBs to become coterminous with MSAs where possible by the end of the plan
  - ICPs to be abolished – work to commence with the Local Govt Association to consider democratic oversight and accountability – role of mayors and local govt reforms.

Transparency of Care Quality

- Development of league tables, ranking providers against key indicators
- Developing the use of patient reported experience measures and linked with a 'choose your provider' function on the NHS App
- Reform to the complaints process and improving response times
- Development of a new national quality board and strategies to be developed in conjunction with the Royal Colleges
- Providers to be able to make additional payments to clinical teams with high outcomes and good feedback
- Consistently poor-quality care to result in decommissioning of services/providers.

Workforce

- Proposes fewer staff will be in place by 2035 than those projected in the 2023 Long Term Workforce Plan, but those in place will be better treated, trained and more motivated.
    - AI assistants to be introduced and well established in front line clinical care (note taking and recording)
    - Staff standards to be developed, outlining minimum standards for employment
    - Focus on 'growing our own' medical and clinical workforce as priority – reduce overseas recruitment to less than 10% by 2035 – increased nursing apprenticeships over next 3 years.
    - Increasing the number of nurse consultants in neighbourhood settings
    - Establishment of a new college of executive and clinical leadership
    - New freedoms to leaders and managers to reward good work, and new arrangement for VSM pay to reward good work and penalise poor performance.

Innovation to drive reform

- Links with life sciences and economy across 5 technology areas – data, AI, genomics, wearables and robotics to improve outcomes and boost economic growth.
    - Establishment of regional health innovation zones which will being together ICBs, providers, mayors and industry to experiment, test and generate evidence behind innovation.

Productivity and finance

- Progressing a value-based approach focused on better outcomes rather than more money without reform under the proviso that community care is cheaper than hospital care, digitisation will increase productivity and prevention will reduce front door demand.
    - 2% year on year productivity gain over the next 3 years

- Stopping the practice of providing additional funding to cover deficits (though more deprived with disproportionate economic and health challenges will be offered additional funding)
- 5-year plans to be requested of all organisations to demonstrate how financial stability will be achieved.
- Deconstruction of block contracts to align with activity delivered and funding provided via the ICB. Poor quality care will result in withheld payment.
- Review of tariffs to focus on those which result in increased productivity and outcomes – **Year of Care payments** from 2026/27 will drive shift of activity from hospital to community.
- Business case to be developed for use of public/private partnerships for neighbourhood health centres – final decision at autumn budget.
- Moving the NHS to a new financial model where money will follow patients through their lifetime – providers to be rewarded based on outcomes per individual as well as how they involve people in their own care design. Moving away from episodic instances of care at demand.

Direct mentions of Greater Manchester in the 10 Year Plan

- **Case Study:** Live Well Greater Manchester (p59)
- **Reference to the Get Britain Working White paper** (p68) and the role of health and growth Accelerators, ICBs will be required to establish specific outcome targets on contribution to reducing economic inactivity and unemployment, working with local government partners.
- **Greater Manchester coined as the prevention demonstrator** (p83)- *… a partnership between the NHS, single or upper tier authorities and strategic authorities to trial new innovative approaches to prevention – supported by mayoral **'total place'** powers, and advances in genomics and data. We will support these areas with increased autonomy, including supporting areas through exploring opportunities to pool budgets and reprofile public service spending towards prevention.*
- **Lilly trial in Greater Manchester** and links to economic inactivity and weight loss (p124)

Reflections and Implications for GM ICB

- **The confirmation of Greater Manchester as the first prevention demonstrator** is a significant opportunity. It connects the discussions between GM and across government in relation to devolution and the integrated settlement; Live Well and neighbourhood working; innovation and growth; health and economic inactivity; the NHS GM Sustainability Plan; and the relationship between prevention and proactive care and improvements in NHS performance. The discussions with senior officials on providing focus and connecting teams on the Demonstrator are already underway.

- Greater Manchester's movement for **transformed neighbourhood delivery through Live Well** is identified as a case study within the Plan. This is regarded nationally as an advanced model for neighbourhood health and the shift from treatment to prevention.
- Further reference in this context is made to development of **Neighbourhood Health Plans** which will be drawn up by local government, NHS and partners under the leadership of the Health and Wellbeing boards which will also include public health and social care. It will be necessary for GM partners to reconcile the development of the neighbourhood health centres emphasised in the Ten Year Plan with the development of LiveWell centres, spaces and places. Similarly for young people's mental health and Young Futures Hubs.
- The ICB will bring local neighbourhood health plans into a **population health improvement plan** for the footprint which will be used to inform commissioning. Greater Manchester's approach has always been to equate 'place' with upper tier local authority areas and this is consolidated through this expectation in the Plan.
- There are a number of provider collaboration intentions in the plan which will need to be explored and aligned to shared intentions around integrated delivery, Live Well and neighbourhood and place based working. In particular, there is an invitation for the best **trusts to hold health budgets for populations as an Integrated Health Organisation** and for GPs to lead single and multiple **neighbourhood providers** with new contracting options being made possible.
- **Abolition of Integrated Care Partnership** and **changes to the ICB make up** – It is expected that this removes the statutory requirement to establish an ICP as a joint committee between ICBs and local authorities in their areas. It remains open to GM partners to establish appropriate arrangements to ensure connection between NHS GM, the Mayor and GMCA and elected members, and wider system level partners across the VCFSE, GM Housing Providers, Universities, Trade Unions etc. This would reflect the longer term intent, signalled in the plan for greater convergence between Strategic and Combined Authorities and ICBs which is already realised in GM, but remains rare (with only GM and S Yorkshire systems being fully coterminous).
- The **NHS App as a single digital front door** to care – it will be necessary to remain proactive in addressing the implications for those who are digitally excluded as recognised through work of Digital First Primary Care GM Digital Facilitators in recent years within the GM Digital Inclusion Taskforce.
- The reference to **increased physical activity** in the prevention chapter and partnership with the Great Run Company will need to align with the longstanding and much wider approach to addressing inactivity through **GM Moving**.
- GM partners will need to reconcile the **minimum staff standards** to the **GM Good Employment Charter**.
- A refresh or extension of the existing NHS GM **sustainability plan** may be necessitated by the ask to develop 5-year financial sustainability plans

Next Steps for NHS GM

- Summary from DeHavilland to be shared following receipt from GMCA colleagues
- Readout from parliamentary questions on the 10-year plan to be shared following receipt from GMCA colleagues
- Development of a gap analysis and roadmap to describe
  1. Things we are already doing in GM in relation to the plan
  2. New Developments that we need to build into
  3. Fit with sustainability plan

Meeting: Bury Locality Board			
Meeting Date	21 July 2025	**Action**	Consider
Item No.	6	**Confidential**	No
Title	End of Life Care update		
Presented By	Stuart Richardson, Chief Executive, Bury Hospice		
Author	Stuart Richardson, Chief Executive, Bury Hospice		
Clinical Lead			

Executive Summary
The attached presentation in relation to End of Life Care will be discussed.
Recommendations
It is recommended that the Locality Board:- • Note the contents of the presentation.

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 Palliative End of Life Care Update

Locality Board July 2025

Part of Greater Manchester Integrated Care Partnership

13.06.2025

Introduction

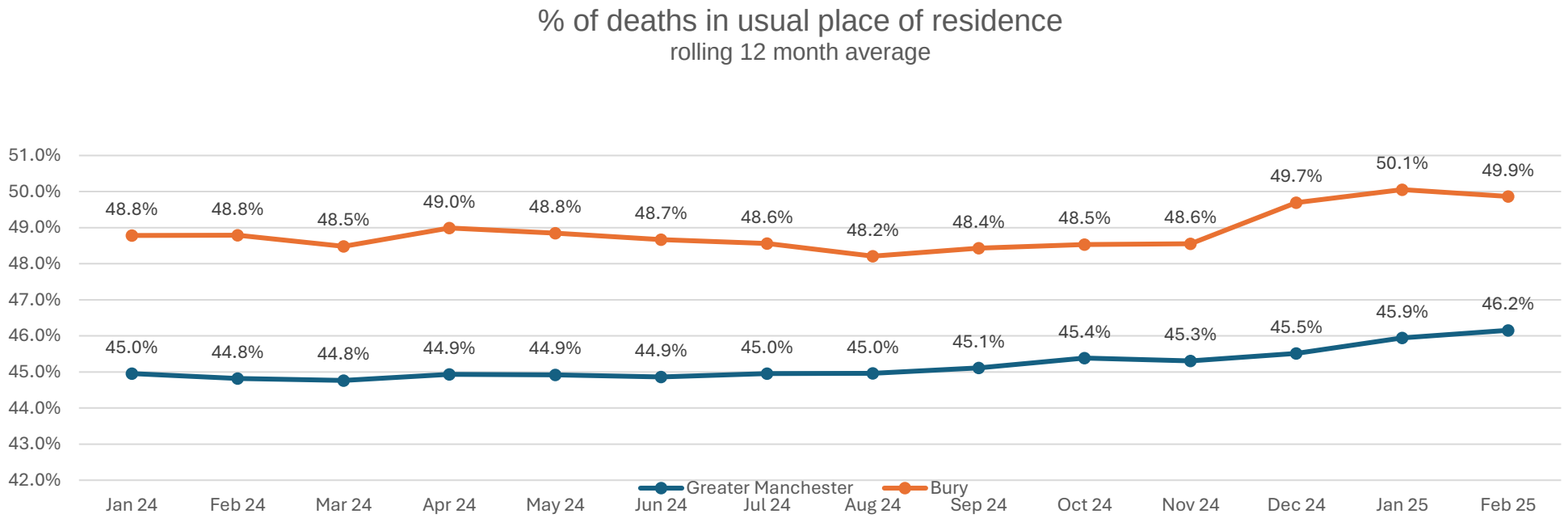
NHS Greater Manchester

- Two new SRO's/Chairs – Stuart Richardson (CEO Bury Hospice) and Richard Bulman (NCA Director of Nursing). Deputy Karen Richardson (Assistant Director Transformation /Delivery)
- Palliative and End of Life (PEoLC) 2024-28 Strategy & Delivery Plan is in place.
- PEoLC Programme Board has been revised, new ToR, membership & meeting schedule.
- A multi – organisational Clinical and Professional PEoLC Working Group (Feb 2025) – chaired Dr Caradoc Morris (Bury Consultant in Palliative Medicine)
- The Hospice multi agency Bury PEoLC Education and Training Working Group defined priorities

Bury's Palliative and End of Life Vision

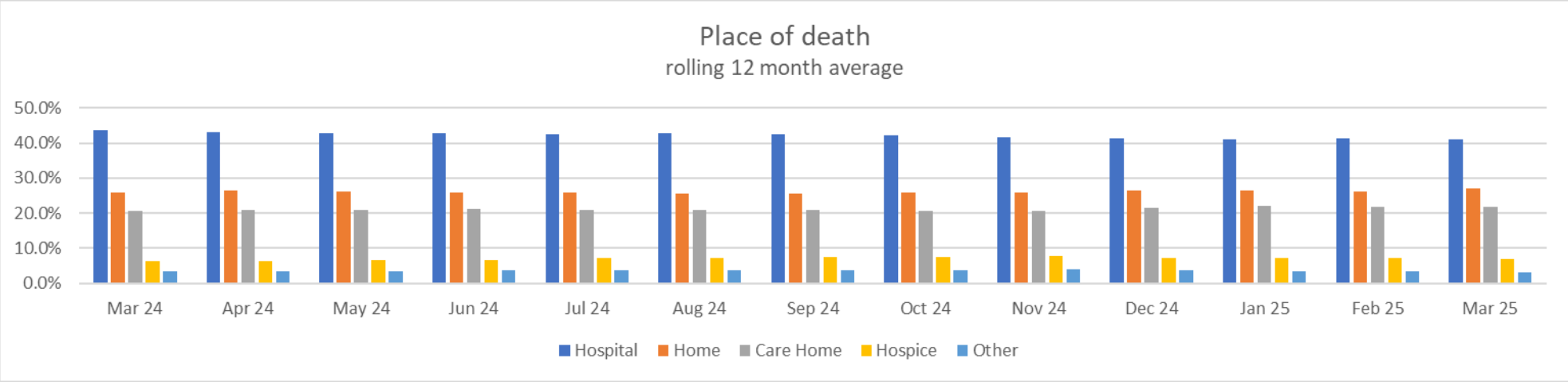
'Bury patients, their families and carers receive high quality, timely, effective services that meets needs and preferences as far as possible, ensuring that respect and dignity is preserved both during and after the patient's life.'

Performance Data

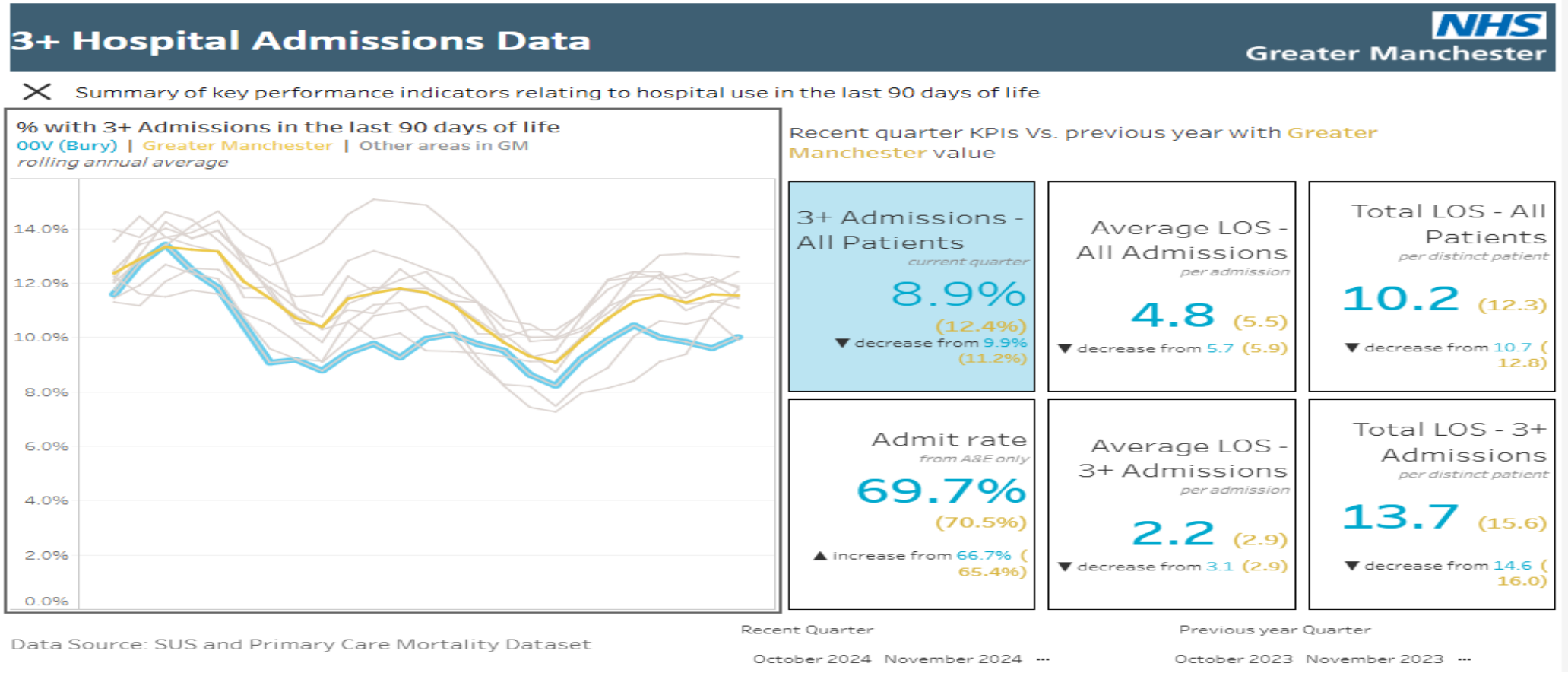


Bury continues to have the highest proportion of deaths in usual place of residence in GM and has done so for c18months.

Performance Data



- Place of death has remained fairly static
- Bury has the second lowest proportion of deaths in hospital after Rochdale.
- There is a static trend of deaths in hospital for Bury residents.



- Date range – 2019 Q1 – 2025 Q1
- In the last reporting quarter Bury had the 2nd lowest % of patients with 3+ admissions in the last 90 and 360 days of life in GM [Salford marginally lower on both metrics]

NHSE PEoLC Context

Six ambitions to bring that vision about

01 Each person is seen as an individual

02 Each person gets fair access to care

03 Maximising comfort and wellbeing

04 Care is coordinated

05 All staff are prepared to care

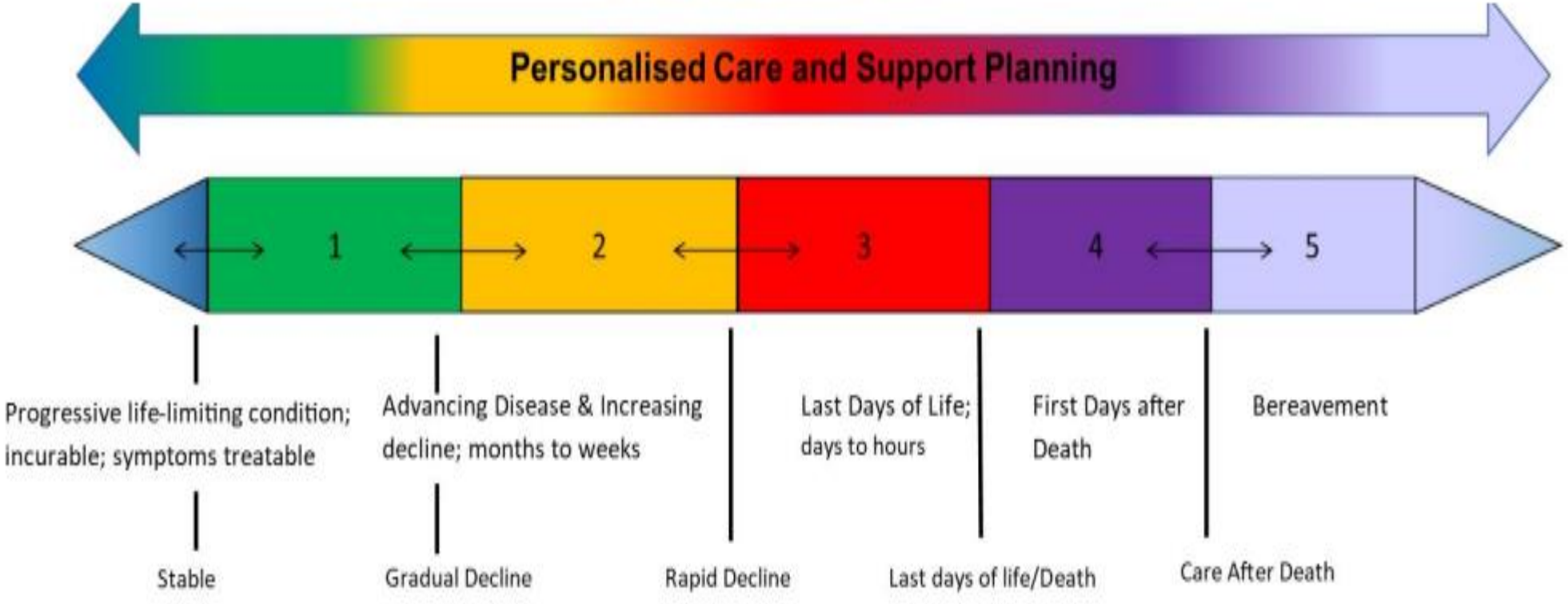
06 Each community is prepared to help

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

Northwest Model for Life Limiting Conditions

Supporting people to live well in the last years of their life before dying in the place of their choice with peace and dignity; supporting families and carers through bereavement.



GM All Age Proposed Key Deliverables for PEoLC

NHS Greater Manchester

1. Increase the identification of individuals in the last year of life and understand the prevalence of palliative care for babies' children and young people.
2. Increase the opportunity for personalised care conversations and future care planning.
3. Increase digital sharing of PEoLC information for all ages through the GM Care Record.
4. Improve data and intelligence to support effective commissioning of PEoLC across the system.
5. Address workforce planning to ensure an available workforce with the right skills to support the delivery of 24 hours 7-day services in PEoLC for all ages.
6. Grow compassionate communities.
7. Address unwarranted variation and inequalities in PEoLC provision
8. Professionals providing care for babies, children and adults with life-limiting illnesses should receive specific training and education in PEoLC care and in communication skills.
9. Every family shall have timely access to practical support, including clinical equipment, financial grants, and benefits.
10. To ensure commissioning arrangements to support PEoLC provision are in place to provide a seamless provision of care.

Bury Integrated Locality Plan – 2025/26
PEoLC Priorities

The main programmes of work for 2025/26 are aimed at increasing the capacity and capability of community based provision and improving care co-ordination.

Priorities include:

1. **The phased roll-out of an Electronic Palliative Care Co-ordination System [EPaCCS].**
2. **The delivery of a programme of workforce development and training.**
3. **A programme of work to improve integrated working and community pathways and for the provision of specialist palliative care.**

The work will be led through the Bury Palliative & EoLC Board supported by the Palliative & EoLC Clinical and Professional Delivery Group with key partners including Bury Hospice, the NCA Community and Hospital Palliative Care Teams as well as wider community health teams.

Education and Training deliverables for 2024/23

1. Roll out of GM Hospices Palliative Care Education Passport
2. Evening Teaching Sessions
3. Advance Care Planning sessions
4. Gold Standards Framework Meetings/GPs
5. Link Professionals Group
6. Registered Nurse Verification of Expected Adult Death

It is important to emphasise that even though there is frequently a lead organisation facilitating training and education, in reality, it takes a collaborative and co-ordinated approach that works towards progress in Bury.

Priorities for PEoLC Education in 2025/26

1. Plan and deliver a modular based programme of PEoLC modules including key topics such as Advance Care Planning, symptom management, palliative care emergencies, Oral Care, nutrition and hydration, care in the last days of life, care after death and Hospice Awareness sessions.
2. Continue support for general practices to hold regular Gold Standards Framework Meetings and consider targeted support where there is variation in uptake.
3. Continue progress with roll out of Registered Nurse Verification of Death across the borough.
4. Focus on care homes, identifying and consider how to address needs around palliative & EOLC care in the first instance. The SPCT educator will contact all Residential and Nursing Care Homes in Bury and invite managers to discuss what learning is required.
5. Focus on improving uptake of the Individual Plan of Care and Support for the dying person across the borough.
6. Improve reporting of progress and outcomes for the priorities, quarterly or six monthly, to the Palliative & EOLC Clinical and Professional Delivery Group.
7. In the Acute hospital, prioritise education regarding nutrition and hydration assessments and management plans in the last days and hours of life, as noted in our Action Plan from the National Audit of Care at the End of Life (NACEL) 2024.

Challenges

- The resources needed to deliver the Bury PEoLC Strategy though a significant period of organisational change.
- We need a sustainable financial model for our Hospice.
- Community Specialist Palliative Care Team and limitations to provide a 7 day palliative care service
- Lack of IT system interoperability between organsiations (we are a prime area to pilot a new integrated IT model)

Opportunities

- Relationships across the system are strong and focussed on a single aim; we are in a great place to address the requirements of the NHS 10 year plan.
- Palliative Care and end-of Life support at the centre of the new Neighbourhood Health Service available to everyone.
- We have shown we can move together as a partnership at pace to ensure changes are clinically led and we actually make things happen – exciting times ahead.

Bury Living Well

Locality Board Update

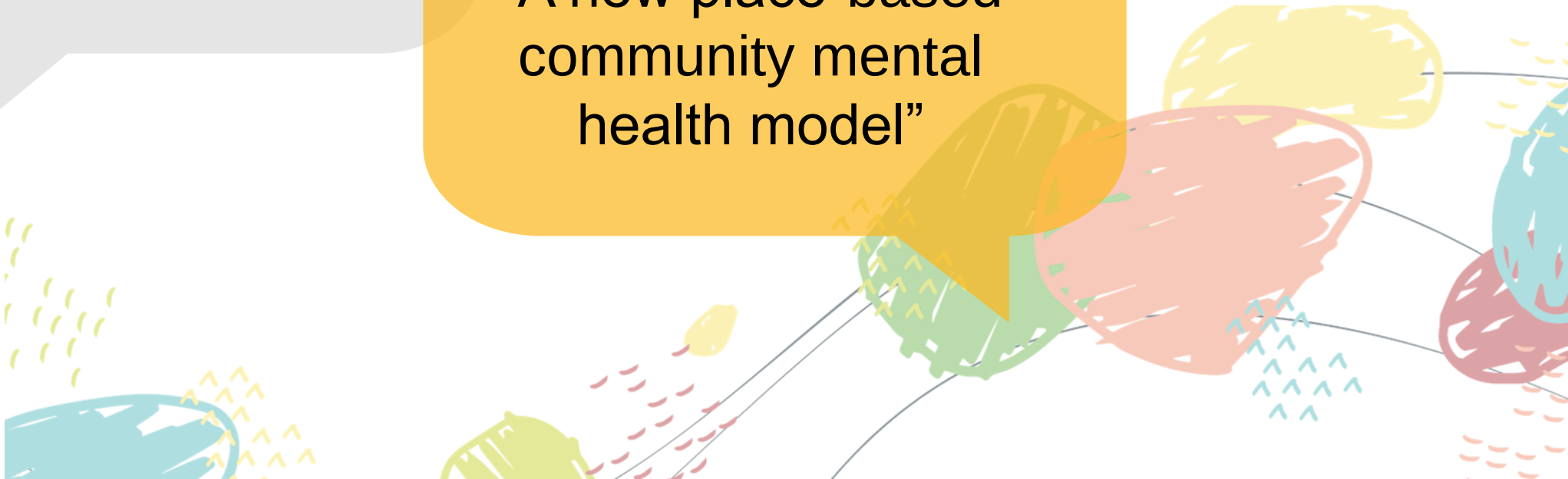
July 2025

Greater Manchester
Community Mental Health Transformation

The Community Mental Health Framework for Adults & Older Adults

NHS England
September 2019

"A new place-based community mental health model"



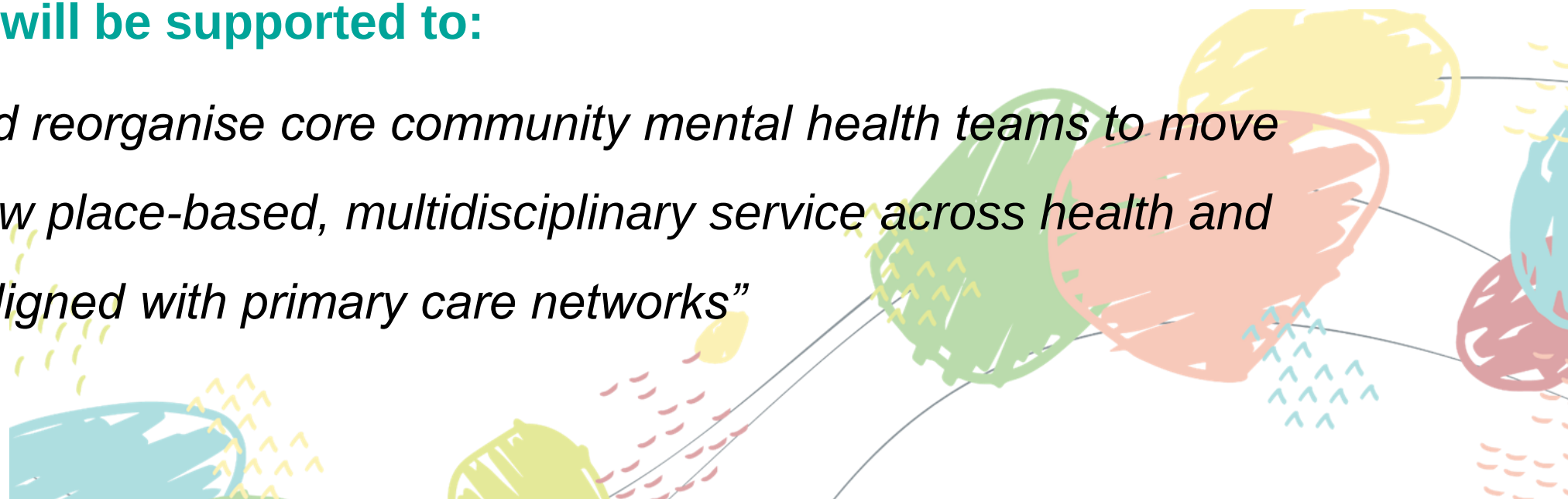
Framework extracts

One of the key objectives of the framework is to develop..

“new and integrated models of primary and community mental health care (which) will support adults and older adults with severe mental illness”

Local areas will be supported to:

“redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks”



What is Living Well?

Living Well offers:

- Community mental health support for adults that focuses on people's strengths, to help them recover and stay well as part of their community.
- A connected front door to community service, offering mental health and practical support (such as housing, employment, financial support).
- Support for people who may have previously been excluded from services because their needs are too complex for primary care and not complex enough for traditional secondary care services.
- A multi-disciplinary neighbourhood approach, with additional mental health expertise and support for primary care professionals.
- An approach to fulfilling the expectations of the National Community Mental Health Framework, adopted from Lambeth who launched the model 15+ years ago.

The Vision

[Greater Manchester Living Well Guide]

The Bury Collaborative

Substance Use
Achieve
Recovery
Service

Housing
Calico

Sixtown

Irwell Valley

Great Places

Pennine Care Mental Health Services
Community Mental Health Team – adults

Community Mental Health Team – older adults

PCN Mental Health Team

NHS Talking Therapies

Secondary Care Psychology

Access & Crisis Team

Employment
Ingeus

The Job Centre

Lived Experience Representatives & Collaborate Outloud

Physical Health
Physical health services & Neighbourhood Managers

Bury Council
Health & Employment

Bury Live Well

Adult Education

Adult Social Care

Public Health

Commissioning

VCSE
Early Break

BIG in Mental Health

The Samaritans

VCFA

Outreach

Growing Together Radcliffe

ADAB

One Step

CLC

Mind

& many more…

Bury Living Well Service

delivered by partners from the NHS and Voluntary sector

NHS Pennine Care NHS Foundation Trust

BIG – Bury Involvement Group in Mental Health

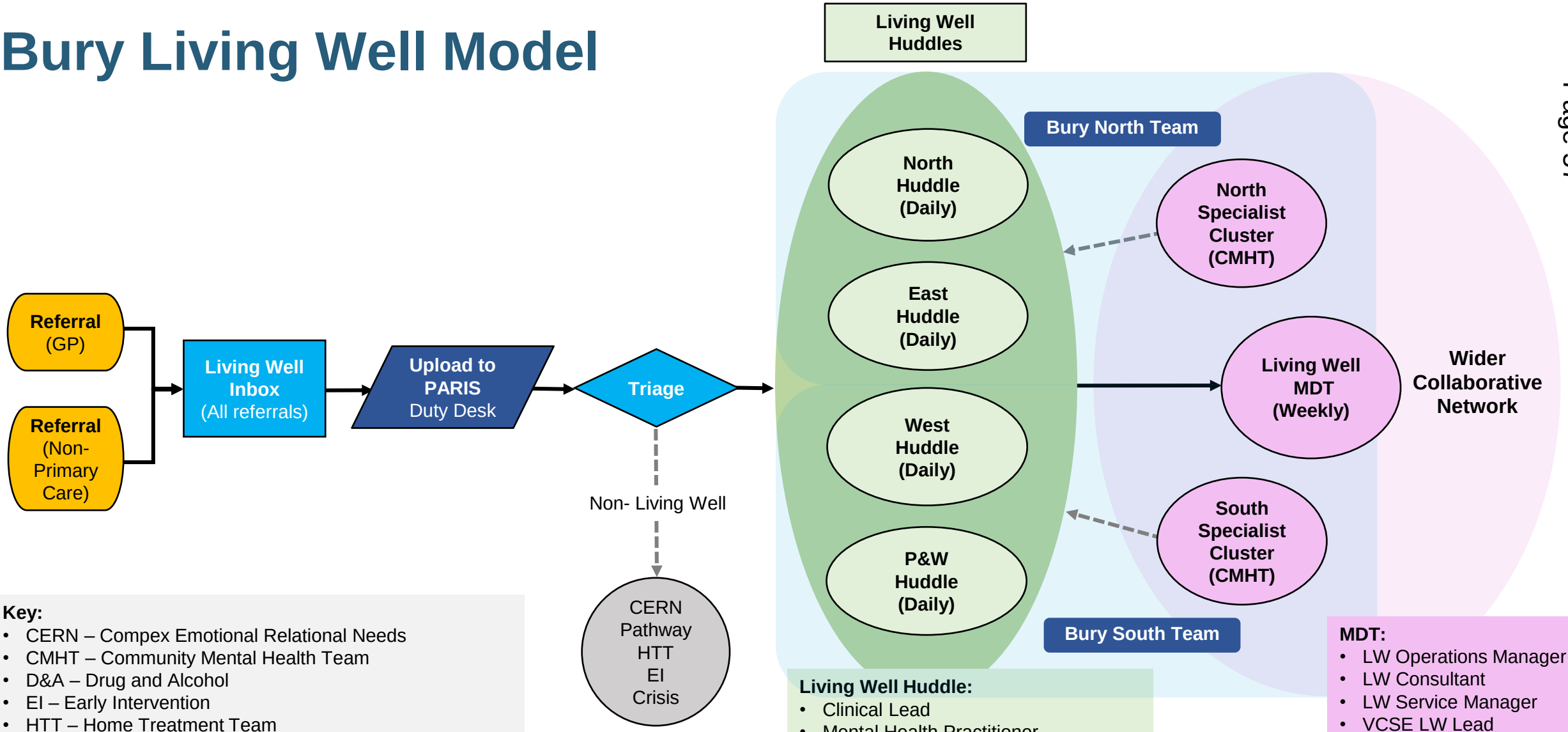
Creative Living Centre – Working Together for Mental Wellbeing

& Early Break

Service went live in January 2025

Referrals from GP's and health & social care professionals

Bury Living Well Model



Key:

- CERN – Compex Emotional Relational Needs
- CMHT – Community Mental Health Team
- D&A – Drug and Alcohol
- EI – Early Intervention
- HTT – Home Treatment Team
- LW – Living Well
- MDT – Multidisciplinary Team
- MHP – Mental Health Practitioner
- P&W – Prestwich and Whitefield
- PARIS – Primary Access Regional Information System
- VCSE – Voluntary Community and Social Enterprises

Living Well Huddle:

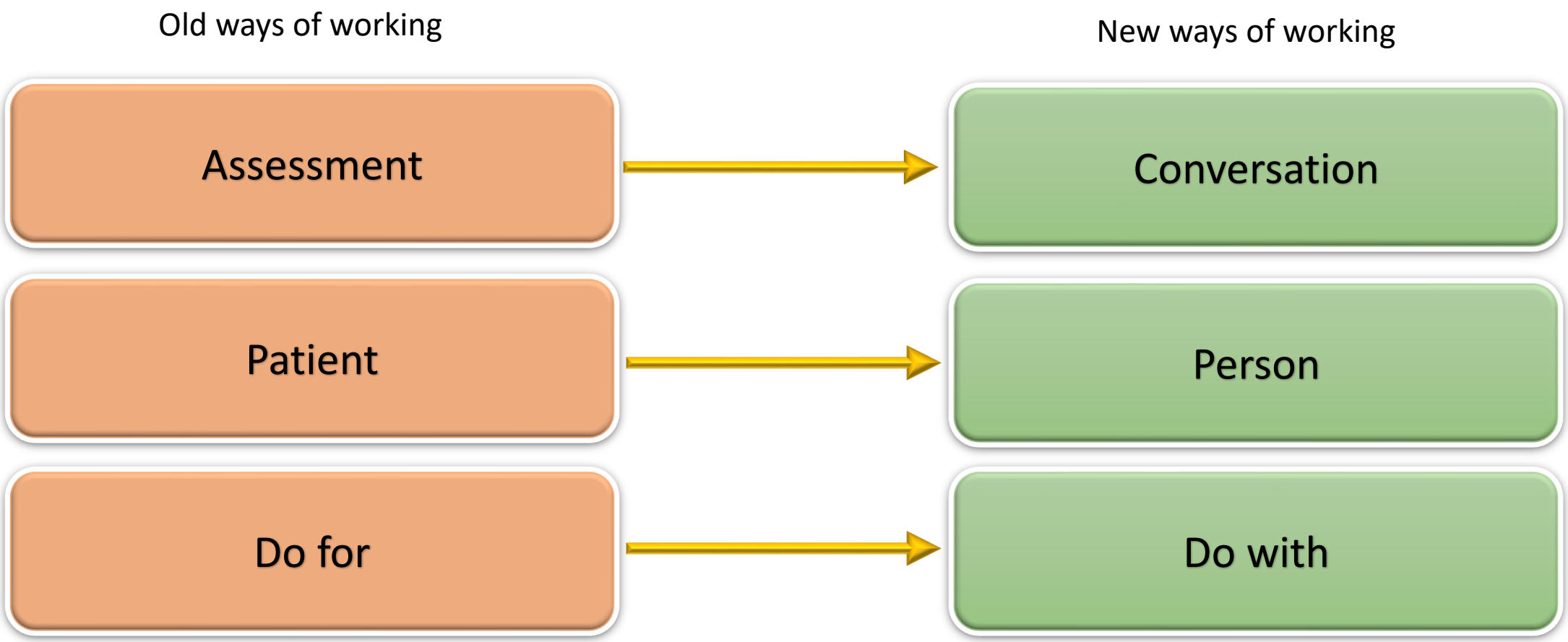
- Clinical Lead
- Mental Health Practitioner
- Mental Health Wellbeing practitioner
- VCSE Peer Worker
- VCSE Link Worker
- VCSE LW Lead
- Admin Support
- VCSE Triage Worker

MDT:

- LW Operations Manager
- LW Consultant
- LW Service Manager
- VCSE LW Lead
- CMHT Health Manager
- CMHT LA Manager
- Bury Achieve (D&A)
- Connect Direct
- Older Persons MHP
- Admin Support

The changes

Person centered, trauma informed care and support



Achievements

- ❑ Operate daily huddles across all Bury neighbourhoods
- ❑ Provide an older age adults offer
- ❑ Have initial conversations as recommended in the GM Living Well Handbook
- ❑ Transferred our CMHT Assessment Team into LW to improve patient journey & experience
- ❑ Commenced a step up / step down pathway to ensure seamless transition between services
- ❑ Working towards all services utilising internal referrals on PARIS – already in place for Living Well and specialist end
- ❑ Supported 3,608 people Jan to Jun 2025, of which 316 people were supported by the VCSE team. On average the service receives 600 referrals per month.

Gaps and Challenges

- Demand for support is high, waiting times…….
- Capacity within the team is limited, resilience is low across lean staffing particularly on the voluntary sector side of the service
- Lack of community venues to provide support to people
- Different case management systems for NHS and voluntary sector colleagues
- Gaps in expertise such as dedicated young person's worker, psychology offer…..
- Service is confused with Bury Live Well Service and others with similar name

Person feedback

I found my worker to be very helpful. She is compassionate & caring & made me feel very much at ease. She is very easy to talk to & I found her to be very trustworthy & she made me feel safe enough to be able to open up to her. I'm thankfull to have met her.

My worker has been nothing short of amazing, and I have seen a significant improvement in my mood and my overall outlook on life. I am extremely grateful for the service Living Well has provided. Thank you very much for the safe space you have given me.

Her bubbly open and helpful attitude has helped me become more trustful of workers and the service they provide

Just like to thank her for all she's done to help me as I believe having someone with lived experience for mental health helps as they understand more.. think we need more Karen's as she's made me smile each time I've seen her, even when it's been a bad time for me

Next Steps

- *Ongoing work to establish links with Bury's neighbourhood model and active case management*
- *Identifying gaps – preparing a case for investment*
- *Ongoing work to secure access to NHS case records for voluntary sector staff*
- *Moving into shared office space at 3 Knowsley Place in November*

Thank you

For more information visit

penninecare.nhs.uk/bury-living-well

Meeting: Locality Board			
Meeting Date	21st July 2025	**Action**	Approve
Item No.	8.0	**Confidential**	No
Title	Dementia Strategy 2025 – 2030 including the programme delivery plan.		
Presented By	Nikki Ledger, Commissioning Manager- Older People, Ageing Well and Dementia Lead.		
Author	Nikki Ledger.		
Clinical Lead	-		

Executive Summary

The report provides an overview of Dementia in Bury, current position and future aspirations as detailed within the Dementia Strategy and Programme Delivery Plan.

Recommendations

- To formally agree the Dementia Strategy for Bury for 2025 – 2030 including the programme delivery plan.
- To support system wide engagement to action wortk relating to Dementia, to ensure that Bury is improving outcomes for the residents of Bury across Health and Adult Care. This will also mitigate risk and provide a planned approach to the increased need, cost and demand for services to support those living with and caring for someone with Dementia.

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	
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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.	☒

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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:						
The relevant assessments will be completed for specific pieces of work that fall from the strategy and programme plan priorities.						
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

Dementia Strategy 2025 - 2030

1. Introduction

1.1. Dementia is the leading cause of death in the UK. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world.

1.2. In England it is estimated that around 676,000 people have dementia. In the whole of the UK, the number of people with dementia is estimated at 850,000. Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years. However, for some, dementia can develop earlier, presenting different issues for the person affected, their carer and their family.

1.3. There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it's thought that some 66,000 people have already cut their working hours to care for a family member, whilst 50,000 people have left work altogether.

1.4. There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke.

1.5. Key Facts

- In 2040, 8% of Bury's population will have dementia.
- Bury has 3rd highest mortality rate from Dementia in its group of statistical neighbours.
- Only 26% of patients diagnosed with dementia had their care plan reviewed in Bury in 2022, significantly worse than England average of 39.7%.
- Little follow up contact by GP Practice after diagnosis with patients with families feeling they had been abandoned.
- Results of memory tests and scans were often given by phone over the last two years causing greater upset and distress to patients and their families.
- Little evidence of post diagnostic treatment such as cognitive stimulation therapy available in Bury.
- Referrals to support services provided by Alzheimer's Society were ad hoc and there were not consistent actions taken around advice and support at the point of diagnosis.

2. Background

2.1 Along with the increase of the number of people with dementia, there will be increased pressure on both Health and Adult Care services, significant increases in the cost of supporting people with dementia due to increases in levels of complexity

and need, overall financial pressures on the system and the need to develop more integrated ways of working. Consideration must also be given to resource and capacity to support effective future planning, whilst recognising the challenges in public funding and the needs of an ageing population.

2.1. **Dementia United**
NHS Greater Manchester are proud to have a dementia programme in place to support quality improvement across all areas of the health and social care system. Much of this work aims to address unwarranted variation in access, experience, and outcomes for residents of Greater Manchester.

2.2. **Brain Health Delivery Plan and Quality Standards**
The quality standards provide a vision for the future as we work together to improve the experience of all those affected by dementia in Greater Manchester. Alongside the Greater Manchester Strategic Dementia and Brain Health Delivery Plan, the standards offer a framework for all localities and organisations in Greater Manchester to evaluate against and develop action plans.

2.3 Since these standards were adopted by GM in April 2024, our Place Leads have been working closely with partners in each locality to ensure these plans are developed and overseen within local structures, as well as at NHS GM level.

2.4 The Dementia Quality Standards Workshop was a thought-provoking day and had a high turnout of 30+ partners from across the Health and Adult Care system, coming together to assess Bury in relation to the standards has supported the development of a strong basis for future planning. It is evident that Bury is committed to improving the pathways, services and support for people living with and caring for someone living with Dementia. Dementia United also fedback that as a locality we had a fabulous turn out for the event which shows people's passion for the work around Dementia.

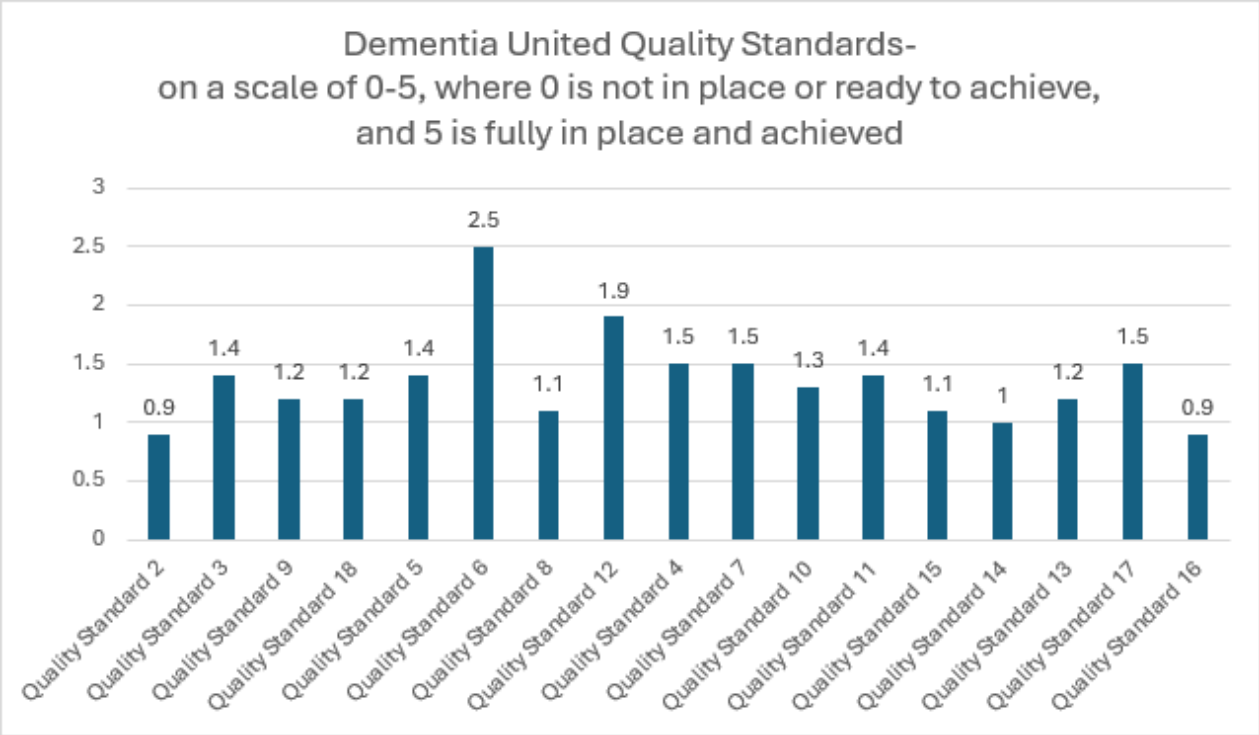
2.5 Feedback from the event was collated in the word cloud below.

2.6 The self-assessment forms a strong baseline as to how the system perceives itself to be in relation to Dementia. This provides lots of opportunities to further enhance our Dementia strategy and the self-assessment action plans which are derived from the work we achieved at the workshop. The Bury Dementia Strategy 2025-2030 has been approved at the Bury IDC board and action has been taken to agree and deliver the programmes of work which also incorporates the quality standards.

2.7 The scoring from the day has been collated into the chart below, scoring was based on 0-5, 0 is not in place or ready to achieve and 5, is fully in place and achieved.

2.8 The results highlight that there is substantial work to be completed to achieve the best for Bury residents living with or caring for someone with Dementia, and there is a need for the system to work in partnership to reconnect and to take action to address these areas. This is an exciting opportunity to develop new and innovative ways of working as an integrated system, building strong foundations for the future, and ensuring there is a flow through the system with clear pathways in place.

2.9 The commitment and desire to achieve this was clearly evident through the various conversations that were taking place, however continued engagement and support from all system partners is required to progress the work and improve standards for Bury residents.



3. Bury Dementia Strategy 2025 – 2030 including Dementia Programme Delivery Plan.

3.1. The Bury Dementia Strategy 2024-2029 sets out the commissioning intentions and key priorities based on several national, GM and locality programmes, these being:

- The NHS well pathway for Dementia
- GM Dementia United brain health delivery plan and associated Quality Standards
- NICE guidelines
- Dementia right care
- Dementia training standards framework
- Discharge Integration Frontrunner

The strategy also incorporates key information from The Care Quality Commision's State of Health and Adult Care first phase analysis 2025, and also the Healthwatch report on Dementia in Bury 2023.

3.2. We recognise that in Bury there are significant gaps in knowledge and awareness across the system. The aim of the Strategy is to work to improve the health, wellbeing, and quality of life for people living in Bury living with a Dementia. It places a strong emphasis on prevention and early intervention by taking a strength-based approach –identifying an individual's strengths and capabilities and to support people to maximise those strengths to promote independence and improve quality of life.

3.3. We are aware that the pathways for support in Bury are complicated and confusing, this has been reported through the Healthwatch Dementia Report 2023 and through feedback received through various sources. Through working in co-production, we need to develop links between services and communities, ensuring that people living with Dementia and their families and carers are seen and heard, to enable people to receive timely and appropriate support.

3.4. There has been an invigorated approach to bring together system partners and to identify and establish the right connections to move the work forwards with clear accountability. The programmes of work will be held by the refreshed Dementia Programme Delivery Group (which replaces the dementia Steering Group).

3.5. Highlight reports will be submitted to the Ageing Well Partnership Board and onwards to the IDC board with an accompanying risk register to raise awareness of key challenges, risks and also to celebrate and recognise good practice. The initial work of the Dementia Programme Delivery Group will be to condense the work into themes and then risk stratify these in order to manage the large portfolio of work required over the next 5-years. Engagement and commitment from across all system partners is paramount to ensure that the gaps are joined up and that there is clear communication between ourselves which is disseminated to Bury residents, to support people living with dementia and their carers and families.

3.6. The Dementia Strategy priorities and intentions have been developed through the refreshed Dementia Programme Delivery Group, through wider engagement with the Mental Health Partnership Board, and through our established partnership working with colleagues across the system.

3.7. The strategy and delivery plan will be further enhanced throughout 2025 by working in co-production with our Bury Older People's Network, and the Dementia co-production network which is to be established later this year. This will enable us to fully work in partnership and in true co-production, through full and meaningful participation and input by all those in the adult care sector to achieve the outcomes required for Bury residents.

3.8. <u>The Dementia Strategy highlights 7 key priorities in which the commissioning intentions are set:</u>

- Priority 1: Promoting Health and Wellbeing, we need to help people to stay healthy to reduce the risk of getting Dementia and the illness progressing.
- Priority 2: Ensuring People with Dementia have equitable access to appropriate Health and Care Services
- Priority 3: Supporting People Affected by Young Onset Dementia
- Priority 4: Supporting Carers of People with Dementia
- Priority 5: Preventing and Responding to Crisis
- Priority 6: Developing Dementia-Friendly Communities
- Priority 7: Establishing a Dementia Co-production Network.

Table 1. Projected number of older people aged 65 and over with dementia (persons)

Local authorities by type and region	2019	2020	2025	2030	% growth
Bury	2450	2520	2950	3430	40.1%

Table 2. Projected total costs of dementia (in £million, 2015 prices)

Local authorities by type and region	2019	2020	2025	2030	% growth
Bury	90	95	120	155	71.2%

Table 3. Projected number of older people living with dementia by severity (persons)

Local authorities by type and region	2019	2020	2025	2030	% growth
Bury	2,445	2,516	2,951	3,425	40.1%
Mild	350	354	390	443	26.5%
Moderate	686	663	701	779	13.6%
Severe	1,409	1,500	1,860	2,203	56.4%

Table 4. Projected costs of dementia by type of care (in £million, 2015 prices)

Local authorities by type and region	2019	2020	2025	2030	% growth
Bury	91	96	122	156	71.20%
Healthcare	13.5	13.9	17.4	21.9	62.70%
Social care	38.4	41.4	53.5	68.9	79.20%
Unpaid care	38.5	40.3	50.4	63.8	65.50%
Other	0.5	0.7	0.9	1.1	122.10%

Source: London School of Economics and Political Science, Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040

4 Associated Risks

4.1 Dementia is the leading cause of death in the UK, services need to be in place and appropriate to meet with the projected increase in the number of people in Bury who will receive a diagnosis of Dementia, and those who will also require support from the Health and Adult Care System.

4.2 There is a risk that due to current capacity across Health and Adult Care, deliverables may not be achieved.

5 Recommendations

5.1 To formally agree the Dementia Strategy for Bury for 2025 – 2030 including the programme delivery plan.

5.2 To support system wide engagement to action wortk relating to Dementia, to ensure that Bury is improving outcomes for the residents of Bury across Health and Adult Care. This will also mitigate risk and provide a planned approach to the increased need, cost and demand for services to support those living with and caring for someone with Dementia.

6 Actions Required

6.1 The Bury Locality Board is required to:

- Approve the Dementia Strategy and support the priorities within the prgramme delivery plan.

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June 2025

Dementia Strategy 2025-2030

NHS Greater Manchester Integrated care

Bury Council

Contents

1. Bury's aim and vision for people living in Bury with dementia, and their family and carers.

The Dementia Strategy is for people living in Bury living with a Dementia and their families and carers.

The aim of this Strategy is to work to improve the health, wellbeing, and quality of life for people living in Bury living with a Dementia. It places a strong emphasis on prevention and early intervention by taking a strength-based approach – which means identifying an individual's strengths and capabilities and to support people to maximise those strengths to promote independence and improve quality of life.

We are aware that the pathways for support in Bury are complicated and confusing, this has been reported through the Healthwatch Dementia Report 2022. Through working in co-production, we need to develop links between services and communities, ensuring that people living with Dementia and their families and carers are seen and heard, to enable people to receive timely and appropriate support.

National and best practice guidance has been reviewed and we have identified key themes and priorities to improve outcomes for people, whilst recognising the challenges in public funding and the needs of an ageing population.

2. Let's do it… Bury 2030

Our borough is the place we are proud to call home. It includes six towns built within areas of extraordinary natural beauty. It is a place rich in possibility which we must preserve, improve, and cherish for future generations.

We want to recognise the distinct identities of our townships and the diversity of each community; to invest in our town centres; create more spaces where people can meet and enable access to affordable decent housing for all. As we do this, we are committed to becoming eco leaders, ensuring future generations can enjoy our green spaces and breathe clean air.

Overall, our borough is relatively less deprived than our statistical neighbours, but our trend is a negative one. Deprivation is highly concentrated and was reported to be getting worse in both 2019 and 2015. To reverse this trend and close the inequalities gap we will target our resources locally, in the places that need them most. Public services and others will work together better, seamlessly and with knowledge of communities. We will create public service hubs which work within and across townships on a neighbourhood footprint, to bring different agencies together to target resources around greatest need, understand and galvanise community assets and focus on prevention as well as management of risk.

This local approach provides a foundation stone to develop a different relationship with residents and communities to connect people together. To do this, all of our work in neighbourhoods will be guided by the LETS principles:

taking a local approach; driving enterprise; working together and with a strengths-based approach.

Local Neighbourhoods	**Economic Growth and Inclusion**
1. Improved access to services 2. Cleaner environment through improved waste management 3. Increase in affordable, good quality homes 4. Reduction in overall crime rates 5. Improved feelings of safety	1. Improved business start-up and survival rates 2. Increased economic activity rates 3. Improved attendance and attainment in education and training 4. Improved quality ratings for schools, colleges and training providers 5. Increased investment in regeneration
Delivering Together	**Strength-based approach**
1. Increased engagement in volunteering / community aid 2. Increased participation in social and cultural activities 3. Increased participation in democracy and decision making 4. Improved digital connectivity and inclusion 5. Improved infrastructure and sustainable transport options	1. Improved population health and wellbeing 2. Increased participation of all equalities groups in decision making and delivery 3. Increased referrals to social prescribing 4. Increase in successful outcomes from Active Case Management within Integrated Neighbourhood Teams 5. Increase in ownership of community assets

The Dementia Strategy will align to the 4 principles and will ensure that the golden thread is maintained throughout all actions.

3. Background

Dementia is a growing challenge. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world. In England it is estimated that around 676,000 people have dementia. In the whole of the UK, the number of people with dementia is estimated at 850,000. Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years. However, for some dementia can develop earlier, presenting different issues for the person affected, their carer and their family.

There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it's thought that some 66,000 people have already cut their working hours to care for a family member, whilst 50,000 people have left work altogether.

There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke.

Only 26% of patients diagnosed with dementia had their care plan reviewed in Bury, significantly worse than England average of 39.7%.

Bury has 3rd highest mortality rate from Dementia in its group of statistical neighbours**.**

Source: Bury JSNA data

4. Dementia in Bury

Population aged 65 and over, projected to 2040	**2023**	**2025**	**2030**	**2035**	**2040**
People aged 65-69	9,400	10,100	11,300	11,300	10,300
People aged 70-74	8,900	8,400	9,200	10,400	10,500
People aged 75-79	8,300	8,500	7,400	8,100	9,200
People aged 80-84	5,000	5,400	6,800	5,900	6,600
People aged 85-89	3,100	3,200	3,600	4,600	4,100
People aged 90 and over	1,700	1,800	2,100	2,500	3,200
Total population 65 and over	**36,400**	**37,400**	**40,400**	**42,800**	**43,900**

People aged 65 and over predicted to have dementia, by age and gender, projected to 2040	**2023**	**2025**	**2030**	**2035**	**2040**
People aged 65-69 predicted to have dementia	156	166	187	187	170
People aged 70-74 predicted to have dementia	271	256	280	317	320
People aged 75-79 predicted to have dementia	504	516	444	487	553
People aged 80-84 predicted to have dementia	554	588	754	654	732
People aged 85-89 predicted to have dementia	545	580	651	827	742
People aged 90 and over predicted to have dementia	530	554	636	731	966
Total population aged 65 and over predicted to have dementia	**2,560**	**2,659**	**2,952**	**3,202**	**3,482**
Percentage aged 65 and over, to have Dementia, projected to 2040	**7.03%**	**7.11%**	**7.31%**	**7.48%**	**7.93%**
	7 % of Bury's population will have dementia, rising consistently to reach 8% in 2040.				

Source: Projecting Adult Needs and Service Information (PANSI) website

5. Healthwatch Report Bury

The aims were to:

- Understand the experiences of carers of people living with dementia and those they care for.
- Understand and learn from their experiences of diagnosis and accessing care and support for themselves and the person they care for, in order to shape service improvement and provision locally.

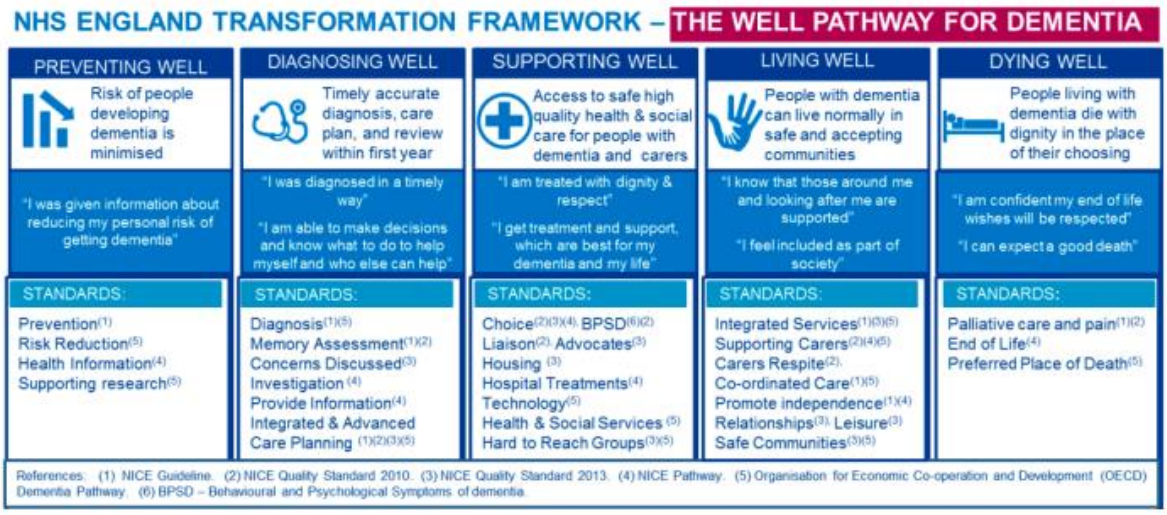
Key findings of the report:

- Diagnosis of Dementia in Bury is generally undertaken by GP Practices with a limited number of more complex cases referred to the Memory Clinic.
- Experience of diagnosis was generally good although it could take years from initial raising of concerns to a confirmed diagnosis.
- Referrals to support services provided by Alzheimer's Society were ad hoc and there were not consistent actions taken around advice and support at the point of diagnosis.
- Results of memory tests and scans were often given by phone over the last two years causing greater upset and distress to patients and their families.
- Little follow up contact by GP Practice after diagnosis with patients with families feeling they had been abandoned.
- Little evidence of post diagnostic treatment such as cognitive stimulation therapy available in Bury.

6. Dementia Pathways

The Well Pathway for Dementia is NHS England's framework to support the transformation of Dementia care and support. It covers five key areas:

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying well



Greater Manchester Dementia United Quality Standards

In addition to The Well Pathway, the Dementia Care Pathway has been developed by the Greater Manchester Health and Social Care Programme through its Dementia Programme (Dementia United) as part of an Integrated Care System. Dementia United worked with people living with dementia, their care partners, and professionals in Greater Manchester to find out what matters to them and to use this information to co-produce a set of dementia quality standards.

These quality standards provide information and resources for all stages of the dementia journey, from looking after the health of your brain, receiving, and managing a diagnosis, staying connected within your local community, to what to expect from end-of-life care and much more. Each standard includes information on how to access support and services across Greater Manchester and nationally, as well as evidence as to why the standard is important and examples of best practice showing how it has been successfully implemented.

In late 2024 Dementia United released a new revised set of 18 quality standards. Dementia United has worked with individual localities across Greater Manchester to complete a benchmarking exercise to determine each localities position against each of the standards, and in comparison, across Greater Manchester.

The review of the standards has identified significant gaps in provision and knowledge across the Bury system. In Bury there are a number of standards to work towards achieving which will be supported through the Integrated System comprising of, Adult Social Care, Primary Care, Secondary Care, Tertiary Care, VCFA organisations, Public Health and both individuals and communities.

7. The Bury Mental Health Strategy Delivery Plan 2022-2025

The Bury Mental Health Strategy Delivery Plan was developed to meet the wide and varied needs of people with mental health within Bury, it also includes deliverables in relation to Dementia. The agreed actions will be reviewed alongside the actions from the Dementia Strategy with members of the integrated partnership:

	Action	Activities to achieve
6.1	Dementia diagnosis rates are to be maintained above 67%.	Rates are monitored (via NHS Quality Outcomes Framework data) with any dips below 67% reported to the MH Transformation Board.
6.2	Increase the number of people receiving a diagnosis of dementia within 6 weeks of referral for assessment.	Regular data collection is to begin (reportable to NHS England) and will be shared at Transformation Board. Numbers are expected to increase over time.
6.3	All patients with a diagnosis of dementia are to be allocated a coordinator of care (in line with NICE Guidance NG 97 (2018) Dementia: assessment, management and support for people living with dementia and their carers and National Guidelines) and will receive an annual review of their care plan and medication review.	Bury system wider approach to coordination of care which sits with Primary Care Networks - the role coordinates NHS, VCSE and social care at a community level. Annual medication reviews require a data collection to be agreed (dementia registers are an option) and monitored via quality and performance with breaches for failure to review medications every 12 months reportable as a serious incident.
6.4	Post-diagnostic interventions (e.g., Cognitive stimulation therapy, cognitive rehab, occupational therapy) are to be available people who need and would benefit from them.	Updated service specification for the Memory Assessment Service agreed for Bury as required, which is in accordance with NICE Guidelines.
6.5	The Bury Dementia Care Pathway will be reviewed against NICE Guidelines and the NHS England Well pathway for Dementia with an action plan	Links to be made with the Dementia programme delivery group to ensure that the health elements of the care pathway are joined up with the rest of the care pathway in Bury and any

	developed to fill any gaps not listed above.	subsequent action plan is shared with the MH transformation Board for monitoring.
6.6	An Early Onset dementia service will be in place with clear referral pathways.	Service Specification to be reviewed and updated in line with NICE Guidance.
6.7	There will be a carer support package in place for people needing to visit the inpatient dementia unit.	Consideration to be given to people visiting patients on inpatient wards outside of Bury. This may include options such as allocating a small budget for those who need financial assistance to travel to the inpatient unit, and providing information about public transport options, and facilities that they can use once there.
6.8	Review of the above actions of the delivery plan, to agree governance and assurance monitoring.	The Bury dementia pathway runs across primary care, adult social care, the VCSE and PCFT and therefore will need some coordination and agreement for this should be agreed by the Mental Health Partnership Board.

8. Our Commissioning Priorities and Intentions

We have established 7 Priorities which we will begin working towards over the next 3 years.

- Priority 1: Promoting Health and Wellbeing We need to help people to stay healthy to reduce the risk of getting dementia and the illness progressing.
- Priority 2: Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services
- Priority 3: Supporting People Affected by Young Onset Dementia
- Priority 4: Supporting Carers of People with Dementia
- Priority 5: Preventing and Responding to Crisis
- Priority 6: Developing Dementia-Friendly Communities
- Priority 7: Establishing a Dementia Co-production Subgroup through the Bury Older People's Network.

a. *Priority 1: Promoting Health and Wellbeing- We need to help people to stay healthy to reduce the risk of getting dementia and the illness progressing.*

We will work with the Voluntary, Community and Faith Alliance (VCFA) to explore new ways to enable people living in the community to have access to a range of services that reduce the risk of getting Dementia, or of the illness progressing.

By understanding the availability of, and access to different services in each Bury neighbourhood, and by supporting the growth of the VCFA services, developing micro enterprises, and working with existing providers, we can ensure there is a robust framework of support, with a range of options to meet individual preference.

As part of the Dementia Strategy, within Priority 7, it is identified that work is required to scope out and understand what is available across each of the neighbourhoods across the borough, and identify the gaps, to ensure equity across Bury, this is part of the age-friendly network project.

b. *Priority 2: Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services.*

Our aspiration is to ensure that regardless of where you live within Bury, there will be equitable access to appropriate health and care services.

In order to achieve this, we must review the whole of the dementia united pathway to ensure that there is a robust action plan to work on the gaps. As an integrated system, we are committed to ensuring that people diagnosed with Dementia have access to the post diagnostic support they require (e.g. Cognitive stimulation therapy, cognitive rehabilitation, occupational therapy) and that ongoing enhanced annual reviews (including reviewing, behaviour, risk and social circumstance, Physical health checks, care plan reviews, and medication) takes place in line with NICE guidance. People with a diagnosis of dementia must also be provided with a named coordinator of care who will support partnership working with other agencies as required to support the development of a holistic personalised care plan. Taken from The Bury Mental Health Strategy 2022-2025.

We understand the need to address the differences which make up Bury, to be an inclusive borough under our Public Sector Equality Duty. Data shows that Burys non-white population has increased. There are often many cultural and religious practices which means Dementia is not always understood or accepted.

Within some communities the word Dementia does not exist within their language, and the expectation is that families will provide all care and support that is required, often missing support that can be accessed for both them, and their loved one. As an integrated system we must ensure that there is accessible information which explains what Dementia is and the impact it can have on the person and their families. We will work in co-production with communities to develop services that work for them.

There is an ongoing plan to address various needs in relation to mental health, and we have highlighted the need for Community Mental Health Services for people living with Dementia including enhanced services to ensure specialist staff are available to help support providers, individuals, and their families and carers. This is especially important when looking at crisis intervention and complex dementia, this is within priority 6.

Bury prides itself on being an inclusive borough, there is an established LGBTQ+ network which includes a Dementia group run through Dementia Untied however this needs to be expanded and developed further to ensure that it is accessible to all.

It is predicted that there will be a significant increase in the number of people living with dementia, the severity of dementia will also increase, as will the projected cost of care for people living with dementia. To ensure that we can provide high quality care and support, with a range of services to meet the growth in demand and severity, planning will need to be robust and comprehensive.

Over the next 3-years, we will be developing a Bury Dementia Framework to look at the types of support that are needed now and in the future. We will conduct market testing to understand the current market, what Bury needs to do to secure additional services of different types to meet different and complex needs, and will work in conjunction with integrated services, VCFA, community groups and networks, and through public consultation to achieve this.

Table 1. Projected number of older people aged 65 and over with dementia (persons)

Local authorities by type and region	2019	2020	2025	2030	% growth
Bury	2450	2520	2950	3430	40.1%

Table 2. Projected total costs of dementia (in £million, 2015 prices)

Local authorities by type and region	2019	2020	2025	2030	% growth
Bury	90	95	120	155	71.2%

Table 3. Projected number of older people living with dementia by severity (persons)

Local authorities by type and region	2019	2020	2025	2030	% growth
Bury	2,445	2,516	2,951	3,425	40.1%
Mild	350	354	390	443	26.5%
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Unpaid care	38.5	40.3	50.4	63.8	65.50%
Other	0.5	0.7	0.9	1.1	122.10%

Source: London School of Economics and Political Science, Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040

c. *Priority 3: Supporting People Affected by Young Onset Dementia.*

Dementia UK said limited awareness of the conditions leaves many families in isolation, with "little to no" service provision.

We need to ensure that recording is more robust to understand the level of need within Bury. At this time there is very little available information and data for people affected by Young Onset Dementia in Bury.

Across England, 473,100 people had a dementia diagnosis with just over 16,000 of them aged under 65 (3.4%).

We are aware that there is limited awareness and understanding among health and social care professionals of the impact the condition has on families.

National data shows that:

- 42% of people with young onset dementia receive no services whatsoever in the first six weeks following diagnosis
- 39% of people with young onset dementia reported seeing no health professional within the previous three months
- 62% of people with young onset dementia had no key worker
- 70% of people with young onset dementia had no care plan
- 46% of people with young onset dementia had not attended any dementia related activities in the previous three months
- 71% of family carers have not attended a carer support group

Challenge	NICE Guidelines
Involving people living with dementia in decisions about their care	Provide people living with dementia and their family members or carers with information that is relevant to their circumstances and the stage of their condition.
Diagnosis	Taking a history from the person with suspected dementia and from someone who knows the person well.
	Do not rule out dementia solely because the person has a normal score on a cognitive instrument.
	Refer the person to a specialist dementia diagnostic service - People with suspected dementia are referred to a specialist dementia diagnostic service if reversible causes of cognitive decline have been investigated.
	Diagnose a dementia subtype.

	After a person is diagnosed with dementia, ensure they and their family members or carers (as appropriate) have access to a memory service or equivalent hospital - or primary-care-based multidisciplinary dementia service.
Care coordination	Named care coordination professionals- People with dementia have a single named practitioner to coordinate their care.
	Services should be accessible to as many people living with dementia as possible, including people who have other responsibilities (such as work, children, or being a carer themselves)
Interventions to promote cognition, independence and wellbeing	Offer a range of activities to promote wellbeing that are tailored to the person's preferences - People with dementia are supported to choose from a range of activities to promote wellbeing that are tailored to their preferences.
Supporting carers	Carers of people with dementia are offered education and skills training.

Source: Young Dementia Network, Supporting implementation of the NICE guideline for people with young onset dementia

d. *Priority 4: Supporting Carers of People with Dementia Caring for a loved one with dementia can be challenging and stressful.*

The Carers Strategy contains the intentions for the next 3 years, and applies to all carers, including those supporting someone living with dementia.

In addition to this, through feedback gathered from our partners, and from our Dementia Roadshow, we are aware that there needs to be more targeted events where people can go and speak to a range of organisations that can provide help, guidance, and support. We are committed to ensuring that information is accessible which includes a range of different formats, and languages.

We will support the Dementia Advisor Service, commissioned through the Alzheimer's Society, to reach more people through our integration with our health colleagues, and will liaise with GP practices to ensure that all people living with dementia, and their carers are referred for ongoing support.

We are looking at several processes which have been identified as challenging to access, this includes the Blue Badge application and approval process, Disability Council Tax discount application, and access to Carer's assessments.

Bury is proud to be actively engaged and working with Dementia United, and are supporting their Dementia Carers Expert Reference Group (DCERG) with growing the group and ensuring that new projects and pieces of work, have the voice of

the people that are, or have previously experienced caring for a person living with Dementia.

e. *Priority 5: Preventing and Responding to Crisis*

The data shows that the severity of dementia will increase over time. We are committed to ensuring that people have access to the right support, at the right time, and in the right place, with a range of options to meet individual needs.

We will be developing a Dementia Framework with wider system partners to understand the challenges and barriers to preventing crisis, including training and development of staff teams, and providing support and guidance to families and carers. We will also work to ensure that when responding to crisis, we have sufficient resource available to ensure that the person living with dementia can access the right care and support. We are aware through the Dementia Healthwatch Report, and from data collected as part of the Discharge Integrated Frontrunner Program, that people with dementia, and their families and carers, are often confused about the pathways and how to access help. We are also aware that people living with Dementia in Bury, have experienced very high numbers of bed moves which causes greater distress and contributes to the deterioration of health and cognition. We will work with our integrated health colleagues to review current processes, ensuring that moves are minimised, with sufficient resource and capacity, which includes specialised provisions, across the wider system.

f. *Priority 6: Developing Dementia-Friendly Communities*

Age-friendly Communities

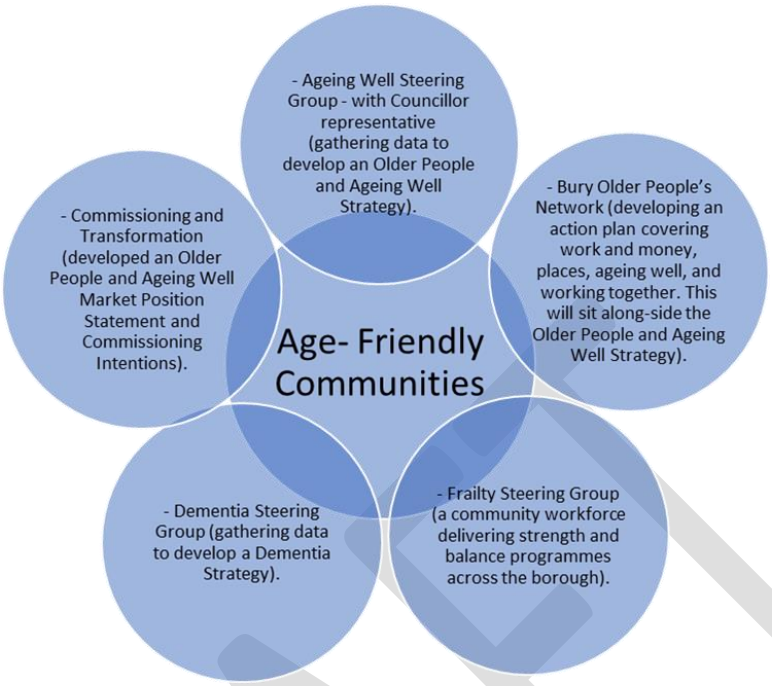
An Age-friendly Community is a place that enables people to age well and live a good later life. Somewhere that people can stay living in their homes, participate in the activities they value, and contribute to their communities, for as long as possible.

The Bury Integrated Care Partnership has a strong strategic commitment to becoming an Age-friendly Community; the diagram below demonstrates the five pillars within the Older People, Ageing Well and Dementia pillar.

As well as other ageing well priorities, we have identified the need to understand what is available across each of the neighbourhoods across the borough, and identify the gaps, to ensure equity across Bury.

The UK Network of Age-friendly Communities is a growing movement, with over 60 places across the country committed to making their community a better place to age in. Almost 25 million people are living in an Age-friendly Community, including places like Greater Manchester and Cardiff. The Centre for Ageing Better works with the Network to provide guidance, connect places and

offer support to member communities as they work towards making their services and infrastructure more age-friendly.



g. Priority 7: Establishing a Dementia Co-production Network.

We are establishing links to reach out to people who are living with Dementia, families and carers, to invite them to work in partnership with us to tackle a range of different issues, risks, and to co-design future pieces of work.

Within Bury, we have a well-established Bury Older People's Network (BOPN) and we are planning to further develop the work conducted around Dementia, moving towards a specialist Dementia co-production network, which will co-design work around the commissioning intentions over the next 12-months, including work to develop the Dementia Strategy across 2025-2030.

Our co-production values are integral to our work and are requirements across several key areas.

The Care Act 2014:

Putting the Act into practice with its main principles, such as wellbeing, prevention, and a strong focus on outcomes, will require considering the important role that co-production can play in achieving Bury's Ambition to deliver high quality services to support people living with dementia and their families and carers, which are accessible, adaptable, and responsive to local needs and demands. Through co-production, this will be achieved by the people who are at the heart of our communities.

Prevention:

"In developing and delivering preventative approaches to care and support, local authorities should ensure that individuals are not seen as passive recipients of support services but are able to design care and support based around achievement of their goals. Local authorities should actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community."

Putting together plans for universal information and advice:

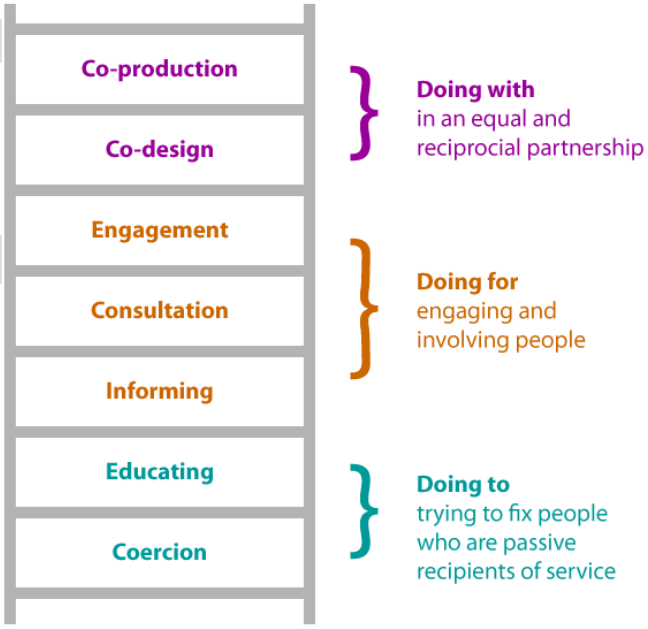
"Adopting a 'co-production' approach to their plan, involving user groups and people themselves, other appropriate statutory, commercial and voluntary sector service providers, and make public the plan once finalised".

Market shaping:

"Local authorities should pursue the principle that market shaping and commissioning should be shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, care providers, representatives of care workers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions".

Strengths-based approaches:

"Strengths-based approaches might include co-production of services with people who are receiving care and support to foster mutual support networks. Encouraging people to use their gifts and strengths in a community setting could involve developing residents' groups and appropriate training to support people in developing their skills."



Source: Think Local Act Personal and the National Co-production Advisory Group
https://www.thinklocalactpersonal.org.uk/

9. ***Delivering the strategy***

In conjunction with the Let's do it Strategy…Bury 2030, we will continue to work with our neighbourhoods to understand the unique differences across the borough.

Accompanying the strategy is the Dementia Programme delivery plan, which contains the specific actions required to meet the commissioning intentions. Each action will have an owner across the integrated system. Work has commenced to ensure that there is representation from across all organisations and to mainstream the programme of work into the system.

We will review the actions of the Dementia Strategy monthly through the Dementia Programme Delivery Group, a highlight report will be submitted to the Ageing Well Partnership Board for governance to evidence good practice, celebrate achievements, and to highlight gaps and escalate any concerns or risks.

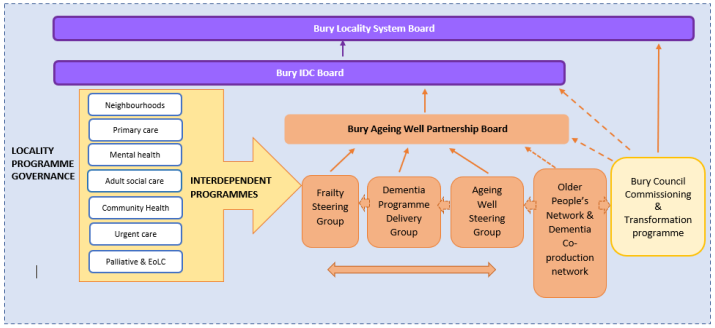
AREA	PRIORITY	Description	TIMELINE				LEAD	WITH
			Q1	Q2	Q3	Q4		
Dementia	Agree and implement the locality approach to organising and governing the work related to improving dementia care at a system-wide level	This will be led through the Dementia Programme Delivery Group and reported through the locality governance process through highlight reports into the Ageing Well Partnership Board.						Bury Council, PCFT, VCSE, NCA, GM ICB
	Identify the priorities and plan for the dementia workstream for 2025/2026 and up to 2029 in line with the Dementia Strategy	The Dementia Programme Delivery Group has commenced with the initial meeting. There will be a series of meetings to prioritise, and risk stratify the various workstreams relating to Dementia. This will be determined based on national and local guidance, and the GM Dementia United Quality Standards which have been self-assessed by the system. There are currently around 150 different areas of work. The group will determine where there is crossover between guidance and break the areas of work into themed areas to then determine which are the highest risk and need action and resource.						Bury Council, PCFT, VCSE, NCA, GM ICB
	Develop the business case for Andy Burnhams reform board, for a joint commissioned model of support through a Dementia Hub in Bury with the aim of proving better outcomes for people living with Dementia using a strengths-based and community approach.	Bury has submitted and have been accepted for funding through IMPACT to look to support the development of a Dementia Hub within Bury, which will build upon the Frontrunner developments to establish Bury as a Centre of Excellence for people with Dementia and their families who are at risk of or experiencing a hospital or community bed based 'admission.' We have established partners across the system who are supportive of a joint commissioned model of support with the aim of proving better outcomes for people living with Dementia using a strengths-based and community approach. This piece of work will also demonstrate all aspects of the High Impact Change Model in one locality with the potential for research and evaluation of this as a national example. The project will also directly support, develop, and deliver the Live Well Dementia model and integrate this with GM Living Well Mental Health workstream for Dementia. This project will also impact from a Bury perspective on the NHS framework for rehabilitation, reablement and recovery through partnership working with our IMC colleagues, and growth and development of the IMC offer. The project will create system change by bringing together system partners to evidence sustainability through a co-located model with financial benefits achieved through a community based, preventative, and early intervention approach, aiming to evidence what a neighbourhood-based model could achieve across our diverse borough. The work of the Discharge Integration Frontrunner Programme demonstrates the achievements that can be made through a whole-systems approach, and we want to continue to develop and grow the offer to residents. The Dementia Hub will have a strong emphasis on: • Understanding and evidencing the impact on informal carers. • Improving the co-ordination of care which has been evidenced through the Healthwatch report for Bury as usually poor. • Shift more care away from bed bases to care at home, enabling people to live at home for as long as possible. • Develop a mechanism to build in support to address inequalities which is a key theme for the Alzheimer's Society and a thread throughout the Dementia United work. • Build upon prevention and early intervention. • Integrated working between Bury LA, IMC, NCA, Pennine, IDC, and VCFA partners.						Bury Council, PCFT, VCSE, NCA, GM ICB
	Map current availability of post-diagnostic support and interventions, identify potential demand and capacity required and develop options for improved provision inc. business case if required.	Identify partners to support a task and finish group. Understand GM Dementia united perspective on diagnosis and future planning and reccomendations.						Bury Council, PCFT, VCSE, NCA, GM ICB
	Full review of the Dementia diagnostic pathway. Review MAS service specification and make recommendations for any change to meet NICE guidelines. Maintain dementia diagnosis rates above 67%	Identify partners to support a task and finish group ensuring clinical representation. Liaise with Pennine and identify contract requirements in relation to MAS. Liaise with Primary Care in relation to changes and contract requirements in relation to GP diagnosis. Look at options available to implement and embed the GM Care Record and Dementia Digital Wellbeing plan.						Bury Council, PCFT, VCSE, NCA, GM ICB
	Review current service provision for young onset dementia.	Identify partners to support task and finish group. Scoping exercise to determine demand and capacity. Asset mapping to determine existing services. Engagement and consultation with people living with dementia and their carers. Development of proposals to address needs in line with guidance.						Bury Council, PCFT, VCSE, NCA, GM ICB
	Develop a carer support package which can be used across the system to ensure a consistent approach is taken.	Utilise existing services (carers hub, Alzheimer's society Dementia advisory service, co-production networks etc.) to identify the specific needs of carers supporting people living with dementia and seek opportunities for development for a tailored dementia support package. Identify partners to support a task and finish group.						Bury Council, PCFT, VCSE, NCA, GM ICB
	Develop a Dementia comms strategy to raise awareness of Dementia.	Determine support/resource/capacity that can be provided through system partners existing comms teams and understand any additional costs that may be incurred. Develop 12-month plan of communications and formats in which these are communicated in (GP practice TVs, Social media, online, flyers, posters, stands, pop-ups etc.) Understand and scope the priorities of the people of Bury and the information that is useful for them. Determine areas for signposting, linking up with the public health agenda, live well, staying well, diagnosis, carers support, GM priorities etc. Develop a plan forsharing the opportunities available for people within communities to co-produce and engage with system partners.						Bury Council, PCFT, VCSE, NCA, GM ICB
	Dementia services asset mapping for VCFA services.	Seek engagement from partners to produce a directory of dementia specific services that are available within Bury.						Bury Council, PCFT, VCSE, NCA, GM ICB
	Develop dementia co-production network for people with lived experience.	The VCFA currently holds the contract to develop and facilitate the Bury Older Peoples Network, the contract has been extended and varied to include the development of the Dementia co-production which will gather members with lived experience to support the co-production of the dementia strategy and ongoing work related to dementia within Bury.						Bury Council, PCFT, VCSE, NCA, GM ICB

Programme Areas:	Key Information
Bury Dementia Strategy 2024-2029	Please see accompanying paper
Bury Healthwatch report 2023	Dementia Survey Report
Greater Manchester Brain health delivery plan and Dementia United Quality Standards	Greater-Manchester-Dementia-and-Brain-Health-Quality-Standards-2024-Long-Version.pdf
NICE guidelines 2018	Overview | Dementia: assessment, management and support for people living with dementia and their carers | Guidance | NICE
Dementia Right Care	toms-story-full-narrative.pdf
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key issues to be addressed:	People with dementia - Care Quality Commission
High Impact Change Model: Improving the timely and effective discharge of people with dementia and delirium into the community	https://www.local.gov.uk/our-support/partners-care-and-health/better-care-fund-support-programme-2023-25/high-impact-chang
Mandating Dementia Skills, Education and Training across all system partners as specified in Dementia Training Standards Framework 2015 (updated 2018) This Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England in partnership with Skills for Care.	Dementia-Core-Skills-Education-and-Training-Framework.pdf

System partners: Dementia Programme Delivery Group (To replace and refresh the Dementia Steering Group)

Work area	Lead Name	Role
Bury Integrated Care Partnership	Will Blandamer	Executive Director, Health and Adult Care - Bury Council and Deputy Place Lead - NHS GM (Bury)
Community Commissioning	Deb Yates	Strategic Lead for Integrated commissioning
Community Commissioning	Nikki Ledger	Commissioning Manager- Older People, Ageing Well and Dementia.
Community Commissioning	Caroline Malvern	Commissioning Manager- Carers, Prevention and Physical Disabilities.
Bury Integrated Delivery Collaborative	Ian Trafford	Head of Programmes
Mental Health	Kez Hyatt	Commissioning Programme Manager (Bury)
Public health	Sarah Turton	Public Health Practitioner (Age Well & Self-Care)
Carers Hub	Jayne Harrison	Service Manager
Integrated Neighbourhood Teams	Linda Prescott	Neighbourhood Lead
Wellness Service	Shelley Caulfield	Wellness Service Manager
Staying Well	Samantha Carragher	Team Leader
Integrated Discharge and System flow	Jane Moulton	Integrated Discharge Service Manager/ System Flow and Performance Intermediate Tier
Intermediate Care	Delysia Hawley	IMT lead
Integrated Delivery Collaborative	Clare Hunter	Project Manager
PCN care coordination	Dave Mayren	PCN Development Manager & Health Inequalities Lead
Clinical lead representative	Dr Jennifer Watson	Consultant in Old Age Psychiatry
Fairfield Acute representation	Katy Alcock	Senior Directorate Manager – Integrated Care
Northern Care Alliance	Vee Wentzlau	Consultant Geriatrician and Dementia Lead
Primary care	Zoe Alderson	Head of Primary Care
Primary care	Rachele Schofield	Primary Care Lead
Primary care	Kiran Patel	Medical Director – Bury GP Federation & Bury IDC
GM ICS- Dementia Lead	Nigget Saleem	Clinical Cabinet Lead- Medicines Optimisation, NHS Greater Manchester Integrated Care (GM ICS)
Pennine Care	Chris North	Dementia Clinical Lead/ Chief Nursing & AHP Information Officer
Pennine Care- Community Mental Health	Vicki Johns	Service Lead for Older People Mental Health
Healthwatch Representative	Shirley Waller	Engagement Officer
Co-production networks representation:		
1. Bury Older People's Network	1. Joanna Mawdsley	1. Bury Older People's Network Chair
2. Bury People First	2. Hamaira Haroon	2. Manager
3. LGBTQI+	3. Nikki Naylor	3. Programme Manager, Work and Wellbeing, Bury Adult Learning Service, LGBT+ Employee Group/Co-Chair Bury LGBTQI Forum/Co-Chair of Disability Employee Group
VCFA	Marie Wilson	Chief Executive Officer
Alzheimer's Society	Kay Maher	Local Services Manager
Persona	Geraldine Condron	Head of Care
Providers- Care at home, Res/Nurs, Supported living.	Kevin Winch	Home Instead
Providers- Care at home, Res/Nurs, Supported living.	Leanne Batten-Smith	Rose Court
Providers- Care at home, Res/Nurs, Supported living.	Craig Priestly	Gorsey Clough

Locality Governance: Dementia Programme Delivery Group



[illegible]	[illegible]	Supporting information [illegible]	RAG	Lead [illegible]	Locality [illegible]	
[illegible]	Promoting Health and Wellbeing We need to help people to stay healthy to reduce the risk of getting dementia and the illness progressing		Not started			
[illegible]	Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services		In progress			
[illegible]	Supporting People Affected by Young Onset Dementia		Not started			
[illegible]	Supporting Carers of People with Dementia		In progress			
[illegible]	[illegible]		Not started			
[illegible]	Developing Dementia Friendly Communities		In progress			
[illegible]	Establishing a Dementia Co-production Subgroup through the Bury Older People's Network		In progress			
[illegible]	Review diagnostic services and ensure a clear, effective, and consistent service is available to all residents in Bury. Include review of best practice and other models of service delivery to ensure a robust, comprehensive, and equitable service is available to all residents of the Borough with …		Not started			
[illegible]	Ensure everyone involved in diagnosis of dementia has received appropriate and up to date training. This will be dependent on the model of delivery but should include Memory clinic, GP Practice staff and frontline staff in Adult Care, Community services & Dementia support groups. Training should also be offered to patients, carers and family members to better understand …		Not started			
[illegible]	Ensure all services dealing with people getting a diagnosis and their families have access to the most current information and guidance to make sure there is consistency of information across the borough. Inconsistencies and differences in what people are told causes additional stress, waiting and wasted resources, as well as harming trust in the system.		Not started			
[illegible]	Information on local support and advice to be available at point of diagnosis. Clear and up to date information needs to be available at the time of diagnosis for carers and family members as this is key to addressing the feeling of abandonment and isolation felt by patients and carers. This should include details of Dementia support team, Alzheimer's advice and local community support groups for carers and patients. Improve communication with family members and carers and record any wishes they …		In progress			
[illegible]	Ensure patients, carers and family have the information they need to help the patient live a quality life. It is important to ensure access to support and information as needs change as the illness progresses. Medical professionals should discuss and record the preferences/ wishes of primary carers regarding communication needs as evidence collected indicates that patients may be in denial about their symptoms and abilities, may minimise difficulties and may get aggressive or violent if the Carer tries to correct, redirect or provide their own observations or experiences about the patient's condition, causing distress to both patient and carer.		In progress			
[illegible]	Provide Patient and Carers with clear information about treatment, annual reviews and progression of the illness. This should include information about types of dementia, what happens next, referral to Alzheimer's support workers, who is responsible for ongoing care, crisis support, common infections such as delirium, ongoing tests, medication and planned reviews.		Not started			
[illegible]	Ensure appropriate diagnostic and support services are available for all forms of dementia and for patients with early onset dementia. Evidence gathered from the survey indicated that family members felt that some patients (especially from a professional or education background) were able to complete the diagnostic tests more easily and delay diagnosis. Evidence or observations from family members should be taken into account when concerns are raised & this could allow treatment to commence at an earlier stage. Concerns were also raised that diagnostic tests, advice, support and treatment appeared to be focused around Alzheimer's and that support and advice was not readily available for less common forms of dementia.		Not started			
[illegible]	Ensure all communications are accessible to the people that need them. In line with the Accessible Information Standard and in a format that is most suited to them. This includes large print, simplified English, Easy read and …		Not started			
Greater Manchester Dementia United Quality Standards 1	There is a dedicated dementia strategy lead for the Integrated Care Board, …		In progress			
Greater Manchester Dementia United Quality Standards 2	People affected by dementia are involved with all elements of the dementia …		Not started			
Greater Manchester Dementia United Quality Standards 3	Each locality and sector have a named dementia lead to lead on the development and implementation of locality dementia delivery plans, working across the system and including Voluntary Community and Social …		In progress			
Greater Manchester Dementia United Quality Standards 4	Appropriate training is provided for people living with dementia, carers, staff working in health and social care, and the wider public. Dementia awareness training is provided for all students and staff across the health and social care system, with additional training provided for staff directly …		Not started			
Greater Manchester Dementia United Quality Standards 5	Population health and prevention programmes include actions to raise awareness about brain health and risk reduction. Targeted interventions …		In progress			
Greater Manchester Dementia United Quality Standards 6	Everyone can access an assessment and be considered for a formal diagnosis of dementia. Specific action may be required to support diverse populations to access an assessment and services should be culturally …		Not started			
Greater Manchester Dementia United Quality Standards 7	Dementia pathways are in place in each locality, including post diagnostic support. Post diagnostic support includes access to pharmacological and non-pharmacological interventions and meets the needs of diverse communities, including those with young onset or rarer forms of dementia.		Not started			
Greater Manchester Dementia United Quality Standards 8	Public services and transport systems are accessible for people affected by dementia, and all services for people affected by dementia are physically …		Not started			
Greater Manchester Dementia United Quality Standards 9	Those affected by dementia, including families and carers, are equal …		Not started			
Greater Manchester Dementia United Quality Standards 10	Everyone living with dementia has a named care navigator/co-ordinator as …		Not started			
Greater Manchester Dementia United Quality Standards 11	Everyone living with dementia has a dementia care plan that is completed with the person living with dementia and their carer/people involved in their care. This is reviewed regularly and at least every 12 months.		Not started			
Greater Manchester Dementia United Quality Standards 12	Activities are available for people affected by dementia who wish to access these, including via social prescribing schemes. A range of social, meaningful, active, and culturally appropriate activities are provided, as well as peer support groups, for people living in their own homes as well as care …		Not started			
Greater Manchester Dementia United Quality Standards 13	People living with dementia who experience distress have access to appropriate services and support, including non-pharmacological and pharmacological interventions.		Not started			
Greater Manchester Dementia United Quality Standards 14	Anyone at risk of developing delirium, including someone living with dementia, is assessed for delirium where there is an acute change in presentation or on admission to hospital. Appropriate information, treatment, and support is available.		Not started			
Greater Manchester Dementia United Quality Standards 15	Opportunities and support to complete an Advance Care Plan are regularly offered to people affected by dementia.		Not started			
Greater Manchester Dementia United Quality Standards 16	People living with dementia have equitable access to acute and community services, including rehabilitation and palliative and end of life services, as well as public spaces and transport systems.		Not started			
Greater Manchester Dementia United Quality Standards 17	Carers of people living with dementia are offered a carers assessment and carer support, including financial advice and bereavement support.		Not started			
Greater Manchester Dementia United Quality Standards 18	People affected by dementia are offered regular opportunities to participate in research and the outcomes of research are used to inform the future development of the dementia programme.		Not started			
NICE guidelines 2018	1.1 Involving people living with dementia in decisions about their care	Involving people in decision-making 1.1.1 Encourage and enable people living with dementia to give their own views and opinions about their care. 1.1.2 If needed, use additional or modified ways of communicating (for example visual aids or simplified text). 1.1.3 Consider using a structured tool to assess the likes and dislikes, routines and personal history of a person living with dementia. Providing information 1.1.4 Provide people living with dementia and their family members or carers (as appropriate) with information that is relevant to their circumstances and the stage of their condition. 1.1.5 Be aware of the obligation to provide accessible information as detailed in the NHS Accessible Information Standard. For more guidance on providing information and discussing people's preferences with them, see the NICE guidelines on patient experience in adult NHS services and …	Not started			
NICE guidelines 2018	1.2 Diagnosis	1.2.1 At the initial assessment take a history (including cognitive, behavioural and psychological symptoms, and the impact symptoms have on their daily life): from the person with suspected dementia and if possible, from someone who knows the person well (such as a family member). 1.2.2 If dementia is still suspected after initial assessment: conduct a physical examination and undertake appropriate blood and urine tests to exclude reversible causes of cognitive decline and use cognitive testing. 1.2.3 When using cognitive testing, use a validated brief structured cognitive instrument such as:	Not started			
NICE guidelines 2018	1.3 Care coordination	1.3.1 Provide people living with dementia with a single named health or social care professional who is responsible for coordinating their care. 1.3.2 Named professionals should: arrange an initial assessment of the person's needs, which should be face to face if possible provide information about available services and how to access them involve the person's family members or carers (as appropriate) in support and decision-making give special consideration to the views of people who do not have capacity to make decisions about their care, in line with the principles of the Mental Capacity Act 2005 ensure that people are aware of their rights to and the availability of local advocacy services, and if appropriate to the immediate situation an independent mental capacity advocate develop a care and support plan, and:	Not started			
NICE guidelines 2018	1.4 Interventions to promote cognition, independence and wellbeing	1.4.1 Offer a range of activities to promote wellbeing that are tailored to the person's preferences. 1.4.2 Offer group cognitive stimulation therapy to people living with mild to moderate dementia. 1.4.3 Consider group reminiscence therapy for people living with mild to moderate dementia. 1.4.4 Consider cognitive rehabilitation or occupational therapy to support functional ability in people living with mild to moderate dementia. 1.4.5 Do not offer acupuncture to treat dementia. 1.4.6 Do not offer ginseng, vitamin E supplements, or herbal formulations to treat dementia. 1.4.7 …	Not started			
NICE guidelines 2018	1.5 Pharmacological interventions for dementia	1.5.1 For guidance on managing medicines (including covert administration), see the NICE guidelines on managing medicines for adults receiving social care in the community and managing medicines in care homes. Pharmacological management of Alzheimer's disease 1.5.2 The three acetylcholinesterase (AChE) inhibitors donepezil, galantamine and rivastigmine as monotherapies are recommended as options for managing mild to moderate Alzheimer's disease under all of the conditions specified in 1.5.5 and 1.5.6. This recommendation is from NICE technology appraisal guidance on donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease. 1.5.3 Memantine monotherapy is recommended as an option for managing Alzheimer's disease for people with: moderate Alzheimer's disease who are intolerant of or have a contraindication to AChE inhibitors or …	Not started			
NICE guidelines 2018	1.6 Medicines that may cause cognitive impairment	1.6.1 Be aware that some commonly prescribed medicines are associated with increased anticholinergic burden, and therefore cognitive impairment. 1.6.2 Consider minimising the use of medicines associated with increased anticholinergic burden, and if possible look for alternatives: when assessing whether to refer a person with suspected dementia for diagnosis during medication reviews with people living with dementia. 1.6.3 Be aware that there are validated tools for assessing anticholinergic burden (for example, the Anticholinergic Cognitive Burden Scale), but there is insufficient evidence to recommend one over the others. 1.6.4 For guidance on carrying out medication reviews, see medication reviews in …	Not started			

NICE guidelines 2018	1.7 Managing non-cognitive symptoms	1.7.1 Before starting non-pharmacological or pharmacological treatment for distress in people living with dementia, conduct a structured assessment to: explore possible reasons for their distress and check for and address clinical or environmental causes (for example pain, delirium or inappropriate care). 1.7.2 As initial and ongoing management, offer psychosocial and environmental interventions to reduce distress in people living with dementia. 1.7.3 Only offer antipsychotics for people living with dementia who are either: at risk of harming themselves or others or experiencing agitation, hallucinations or delusions that are causing them severe distress.	Not started			
NICE guidelines 2018	1.8 Assessing and managing other long-term conditions in people living with dementia	Ensure that people living with dementia have equivalent access to diagnosis, treatment and care services for comorbidities to people who do not have dementia. For more guidance on assessing and managing multimorbidity, see the NICE guidelines on multimorbidity and older people with social care needs and multiple long-term conditions. 1.8.2 For more guidance on providing support for older adults with learning disabilities, see the NICE guideline on care and support of people growing older with learning disabilities. 1.8.3 Consider using a structured observational pain assessment tool: alongside self-reported pain and standard clinical assessment for people living with moderate to severe dementia alongside standard clinical assessment for people living with dementia who are unable to self-report pain. 1.8.4 For people living with dementia who are in pain, consider using a stepwise treatment protocol that balances pain management and potential adverse	Not started			
NICE guidelines 2018	1.9 Risks during hospital admission	Be aware of the increased risk of delirium in people living with dementia who are admitted to hospital. See the NICE guideline on delirium for interventions to prevent and treat delirium. 1.9.2 When thinking about admission to hospital for a person living with severe dementia, carry out an assessment that balances their current medical needs with the additional harms they may face in hospital, for example: disorientation a longer length of stay increased mortality increased morbidity on discharge delirium the effects of being in an impersonal or institutional environment. 1.9.3 When thinking about admission to hospital for a person living with	Not started			
NICE guidelines 2018	1.10 Palliative care	From diagnosis, offer people living with dementia flexible, needs-based palliative care that takes into account how unpredictable dementia progression can be. 1.10.2 For people living with dementia who are approaching the end of life, use an anticipatory healthcare planning process (see recommendation 1.1.12 on advance care planning). Involve the person and their family members or carers (as appropriate) as far as possible, and use the principles of best-interest decision-making if the person does not have capacity to make decisions about their care. 1.10.3 For standards and measures on palliative care, see the NICE quality standard on end of life care for adults. 1.10.4 For guidance on care for people in the last days of life, see the NICE guideline on care of dying adults. 1.10.5 For guidance on best interests decision-making, see the NICE guideline on decision-making and mental capacity.	Not started			
NICE guidelines 2018	1.11 Supporting carers	Offer carers of people living with dementia a psychoeducation and skills training intervention that includes: education about dementia, its symptoms and the changes to expect as the condition progresses developing personalised strategies and building carer skills training to help them provide care, including how to understand and respond to changes in behaviour training to help them adapt their communication styles to improve interactions with the person living with dementia advice on how to look after their own physical and mental health, and their emotional and spiritual wellbeing advice on planning enjoyable and meaningful activities to do with the person they care for information about relevant services (including support services and psychological therapies for carers) and how to access them	Not started			
NICE guidelines 2018	1.12 Moving to different care settings	1.12.1 For guidance on managing transition between care settings for people living with dementia, see: the NICE guideline on transition between inpatient hospital settings and community or care home settings for adults with social care needs the NICE guideline on transition between inpatient mental health settings and community or care home settings section 1.2 of the NICE guideline on medicines optimisation. Follow the principles in these guidelines for transitions between other settings (for example from home to a care home or respite care). 1.12.2	Not started			
NICE guidelines 2018	1.13 Staff training and education	Care and support providers should provide all staff with training in person-centred and outcome-focused care for people living with dementia, which should include: understanding the signs and symptoms of dementia, and the changes to expect as the condition progresses understanding the person as an individual, and their life story respecting the person's individual identity, sexuality and culture understanding the needs of the person and their family members or carers the principles of the Mental Capacity Act 2005 and the Care Act 2014. 1.13.2 Care providers should provide additional face-to-face training and mentoring to staff who deliver care and support to people living with dementia. This should include: understanding the organisation's model of dementia care and how it provides care	Not started			
Dementia Right Care	How do you promote dementia as a condition for which targeted interventions (including preventive measures) must		Not started			
Dementia Right Care	Are there clear and recognised processes for referral to		Not started			
Dementia Right Care	How do you ensure that people with dementia within your		Not started			
Dementia Right Care	How do you ensure that people with dementia are encouraged and given the opportunity to discuss advance		Not started			
Dementia Right Care	What range of activities are offered to people with dementia to promote wellbeing within your local system and how do		Not started			
Dementia Right Care	What support, and education and skills training is offered to carers of people with dementia in your local system to help		Not started			
Dementia Right Care	How do you ensure that people with dementia have a		Not started			
Dementia Right Care	Do you regularly review data and use it to identify and drive		Not started			
Dementia Right Care	How do you understand the needs of the current and future health and care needs of your local population with regard to dementia? Have you considered undertaking a Joint		Not started			
Dementia Right Care	Do your resources allow those who may be digitally excluded (due to factors such as a lack of digital skills and		Not started			
	Hospital staff:		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	hospital staff do not always understand the specific needs of people living with dementia, which can have an impact on the quality of their care and treatment, as well as their		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	the busy hospital environment can be distressing for people with dementia, especially if they are waiting a long time to be treated		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	family members and other unpaid carers play an essential role in supporting people with dementia to access services and to receive appropriate care and treatment, but their own		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	it is especially important that care is joined up and discharge is safe when caring for people with dementia		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	positive experiences can help to highlight what is important to people with dementia and their carers.		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	the levels of staff, their ability and behaviours did not always meet the additional and complex needs of people living with dementia, especially when their condition deteriorates		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	stimulation, interaction with others and familiarity with surroundings are important components of good dementia care, but these were sometimes lacking in people's care		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	examples of high-quality, compassionate care for people living with dementia helped to highlight what good care can look like.		Not started			
			Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	People using services do not have regular hygiene needs met. My father sleeps in his clothes and the family do all of his basic needs. Staff have a poor understanding of		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	Dad was left to his own devices in his room alone. No interaction. The staff either sat in the TV room on their phones, or in the dining room out of the way. In 2 and a half		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	In hospital, Mother was under 24-hour observation, but with very little human interaction witnessed from the staff. Last week I visited Mother in the home and she was sitting fully dressed in the lounge quietly singing Christmas carols while		Not started			
	Adult social care providers used the provider information return to tell us about some of the challenges they were facing in supporting people with		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	access to external services, such as GPs, mental health services and dental care, with assessments generally subject to long delays		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	the recruitment and retention of staff with the appropriate skills and experience to provide consistent care for people living with dementia		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	more people being admitted with a higher level of care need, or a more advanced stage of dementia.		Not started			
	Despite these challenges, care providers told us about the approaches they		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	adapting living environments to be more 'dementia friendly', therefore supporting people to lead more independent lives, improve accessibility, and reduce the risk		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	supporting people to eat and drink, as people living with dementia lose their appetite, and may have difficulty swallowing		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	using a variety of inclusion approaches that cater specifically for the care of people living with dementia, including dementia-friendly activities, accessible		Not started			
CQC- The state of health and adult care in England, first phase analysis of NHS Urgent and emergency care and Adult inpatient surveys, key	acknowledging the combined impact of dementia and protected equality characteristics, such as disability, ethnicity and LGBT+ – although this was an area of limited		Not started			
	A					
High Impact Change Model: Improving the timely and effective discharge of people with dementia and delirium into the community	Embedding effective support for unpaid carers		Not started			
		A1.1- Ensure staff working across acute hospitals, crisis response services and intermediate care services have the training to be 'carer aware', and be equipped with care partner engagement strategies that act on the concern	Not started			
		A1.2- Outline the mechanism to facilitate care partners being heard in	Not started			
		A2- Prevention of care partner breakdown through access to timely information and support	Not started			
		A2.1- Provide a repository of information and tools, that can provide universal and equitable access, regardless of location. Health and care professionals (including social prescribers) should be aware of and be	Not started			
		A2.2- Provide accessible respite opportunities to care partners of people with dementia, recognising that these could reduce avoidable hospital	Not started			
	B		Not started			
		B1- Reduced likelihood of admissions and readmissions through	Not started			
		B1.1- Embed processes that proactively encourage people with dementia to develop a plan, and for teams that support the person to review them. The plan should be owned by the person, within input from their care partners, and should be made visible to the teams that support them.	Not started			

High Impact Change Model: Improving the timely and effective discharge of people with dementia and delirium into the community	Being equipped to prevent and respond to crisis	B1.2- Provide a repository of information and tools (e.g. action cards), that can support crisis planning, including the early identification of signs of	Not started			
		B2- Access to comprehensive escalation support when in crisis	Not started			
		B2.1- Outline the community teams that are able to respond effectively to the presenting needs of someone with dementia (and those with superimposed delirium). This should include the UCR team, and any	Not started			
		B2.2- Outline how the community teams responding are able to rapidly access specialist advice (e.g. highly trained clinical specialist, Consultant	Not started			
		B2.3- Outline how the community teams responding can have rapid	Not started			
		B2.4- Outline the teams to contact in hours, out of hours and on the	Not started			
	C		Not started			
High Impact Change Model: Improving the timely and effective discharge of people with dementia and delirium into the community	Managing presentations in the Emergency Department	Optimal management of people with dementia and delirium in an	Not started			
		C1.1- Outline what the front door frailty response/ team in the acute hospital is, and how patients with dementia are managed as part of this	Not started			
	D		Not started			
	Enabling timely identification and assessment in hospital	Identification and assessment of dementia, suspected dementia and	Not started			
		D1.1- Outline who in the Emergency Department (or front door frailty response) will have the skills to best determine the presenting need and	Not started			
		D1.2- Ensure your assessment process is in line with national best practice	Not started			
		D1.3- Take a Home First ethos, when making decisions on whether the person is to be discharged from the hospital or admitted to a ward (and where admission is required, optimising the available dementia attuned	Not started			
	E		Not started			
High Impact Change Model: Improving the timely and effective discharge of people with dementia and delirium into the community	Improving the inpatient experience	Provide dementia attuned hospital care	Not started			
		E1- Minimise the number of ward moves from presentation at the hospital	Not started			
		E1.1- Deliver care in a ward where staff will have the skills to respond to the	Not started			
		E1.2- Deliver meaningful activity for people with dementia, that promotes	Not started			
		E2-	Not started			
		E2.1- Make simple, practical adaptations where people with dementia are	Not started			
	F		Not started			
	Optimising the discharge process	F1- Discharge planning is a standard that starts from admission, engages the person and their care partner, and focusses on getting the person	Not started			
		F1.1- Close working between ward staff and care transfer hub (CTH)	Not started			
		F2- Teams that support discharge have the knowledge to respond to the needs of the person, maximising opportunities for rehabilitation and	Not started			
		F2.1-Emphasise a Home First approach for people with dementia that maximises opportunities for independence and actively manages risk across organisations to reach a reasonable balance between safety (at all	Not started			
	G		Not started			
High Impact Change Model: Improving the timely and effective discharge of people with dementia and delirium into the community	Providing intermediate care that promotes positive outcomes	G1- Intermediate care environments that are suitable and attuned to needs	Not started			
		G1.1- Deliver home-based intermediate care that provides a seamless transition from the acute hospital to home (and reduces the need for	Not started			
		G1.2- Deliver bed-based intermediate care that provides an environment and team that is able to offer the right support to deliver better outcomes.	Not started			
		G1.3- If a (re) admission does occur, where clinically appropriate, the person should be returned back to their usual place of residence as a	Not started			
		G2- Intermediate care providers to have staff with the skills and knowledge	Not started			
		G2.1- An agreed minimum training requirement (basic skills) for any staff involved in the delivery of intermediate care services for people with dementia and delirium, and the ability to draw on more specialised skills	Not started			
	H		Not started			
High Impact Change Model: Improving the timely and effective discharge of people with dementia and delirium into the community	Facilitating ongoing, longer-term care needs	H1-	Not started			
		H1.1- A clear description of the process for individuals on a discharge pathway from hospital to access an appropriate assessment for their long term care needs, either through a Care Act assessment. or for a small number of those with the highest levels of complex, intense or unpredictable needs an assessment for NHS Continuing Healthcare	Not started			
		H2-	Not started			
		H2.1- A clear description of the service offering, ensuring there is equitable access for people with dementia and delirium to high quality,	Not started			
Training across all system partners as specified in Dementia Training Standards Framework 2015 (updated 2018) This Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England in partnership with Skills for Care			Not started			

Summary of Framework subjects and the relevant target audience

Meeting: Bury ID Board			
Meeting Date	21 July 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	☐
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☐
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☐
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐

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

Bury Integrated Delivery Collaborative Update

1. Context

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

2. Key strategic developments

- The Place Based Lead and Deputy Place Based Lead are actively engaged in conversations at GM to consider the first draft plan created in response to the national ICB blueprint document The Borough are in a good place to influence this, as the strength of the partnership working with measurable outcomes delivered is recognised within Greater Manchester.

- In response to the national guidance, the proposal considered by the IDC Board relating to the development of the IDC into a more formal Place Based Partnership was considered by the Locality in June. This will be further refined once decisions regarding the GM ICB become clearer.

- The MOU co-designed between the IDC and VCSE will be formally signed by the Locality Board in July 2025.

- 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. Key priorities have been identified as prescribing, onward referrals and diagnostics and waiting well. Conversations need to be progressed with PCFT to establish the same arrangements for PCFT pathways

- Prevention principles drafted by the Director of Public Health were received by the IDC Board in June. These will be embedded in the next stage development plan for neighbourhood working.

- 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 given recent decisions about the model for UEC and Community Care this will need to be revisited throughout the summer.

- The Health and Wellbeing Board received positive updates relating to the Food Strategy, Infection Control, Sexual Health and Live Well. There is a great opportunity for IDC Partners to contribute to the Bury Health Podcast

- The GP membership engagement focused on the development of delivery plans for the local LCS contract relating to shared care, frailty and elective referral peer review.

- We are working with Safe Steps as part of a revised application for the NIHR i4i Product Development Award – NICE Guidelines Round(November 2025). The proposed 3-year project will embed and evaluate the Safe Steps digital falls prevention platform across Bury**,** St Helens, and potentially Liverpool**,** in line with the new NICE NG249 falls prevention guidance**.** Key points of the

proposal include:

- 3-year stepped-wedge cluster trial to test clinical impact and real-world implementation
- Targeted use across PCNs, community teams, and hospital discharge pathways
- NIHR funding will cover delivery support and potential backfill for local teams
- Evaluation led by Prof Adam Gordon (Queen Mary University London)
- Strategic alignment with NICE, NHS England's proactive care framework, and Bury's population health goals

- 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. Initial feedback is demonstrating the development of positive relationships, though we are still to source mental health support for Nazareth House.

- Advice and Guidance is now being promoted across the NCA for the majority of specialties

- Project group to implement electronic communication for patients on end of life pathways has now commenced

- Initial workshop for the review of front end of A&E was held on the 23rd June with principles and behaviours agreed.

- Submitted our work on falls and frailty in the HSJ category for transforming care for older people (see attached)

- Health and Care contributed to the Team Bury discussion on the Live Well proposal for Whitefield, with a focused discussion held on how the Live Well exemplar can be developed to reduce demand on Health and Care . Key ideas included:

  - Information in GP Practices and Pharmacies about local groups and local offers
  - Closer connections into the Integrated Neighbourhood Teams
  - Promoting healthy activities such as walking groups, Parkrun and good nutrition
  - Training for staff regarding cultural sensitivity
  - Reducing stigma of seeking help for mental health support - targeted community interventions

- The Government's new 10-Year Health Plan for the NHS was released on Thursday 3 July. It aims to modernise healthcare delivery and ensure the NHS evolves to meet the changing needs of our population.Neighbourhood Health Services to be rolled out across the country, bringing diagnostics, mental health, post-op, rehab, and nursing to people's doorsteps. There are 8 key themes outlined, which include:

1. From hospital to community: the neighbourhood health service, designed around you.
2. From analogue to digital: power in your hands
3. From sickness to prevention: power to make the healthy choices
4. A devolved and diverse NHS: a new operating model
5. A new transparency and quality of care
6. An NHS workforce, fit for the future
7. Powering transformation: innovation to drive healthcare reform

8. Productivity and a new financial foundation

The next stage development of the Locality Partnership arrnagements will obviously be undertaken within the context of this planning guidance.

3. IDC Programme Highlights:

Mental Health:

- Official Opening of Saxon House (mental health supported housing scheme).
- CMHT reorganisation implemented with social workers moving back under line management through Bury Council but continuing to work as part of integrated teams with PCFT clinical staff.
- Bury Human Factors event held to promote partnership working between PCFT and the local VCSE sector – focus on trauma informed practice.
- Bury Suicide Prevention Conference held on 18th June.

Neighbourhoods:

- Commencement of Active Case Management review with meetings held with Bolton, Manchester and HMR localities to compare approaches.
- Planning work in each Neighbourhood to inform practices and partners and support the delivery of the new Locally Commissioned Services Framework priorities for Neighbourhoods.
- There have been delays in agreeing the additional neighbourhood activity and targets for the Locally Commissioned Services Framework. There has been further engagement with GP Leads and proposals are under review.
- Innovative multi-agency work in Whitefield through the Public Service Leadership Team to tackling cuckooing. Initial work has focussed on awareness raising, sharing intelligence and developing an action plan to reduce the risk to vulnerable residents.

Palliative and EoLC:

- The integration of the Community Specialist Palliative services – Hospice and NCA Community SPC service is moving ahead with discussion on co-location.
- EPaCCS implementation task and finish group established – first meeting 18th June.
- The PEoLC Programme Board is currently reviewing the PEoLC Strategy 2024/28 and Delivery Plan inline with GMs 3 main priorities
- Launch of the GM EPaCCS toolkit.
- Bury EPaCCS Implementation task and finish group established with agreement on initial implementation across Bury Hospice, Bury Community Specialist Palliative Care Team and the FGH Palliative and Transfer of Care Teams.
- New rapid discharge checklist finalised to support the safe and supported discharge of palliative patients from NCA wards.

LD & Autism

- Learning Disability & Autism Market Position Statement published – provides clear messages to Providers about our commissioning intentions and areas we want to develop in the care market.
- Draft Learning Disability Strategy 2025-2028 finished – uses feedback from local people to inform priorities
- Approval to procure Provider to host 2 autism peer networks, enabling the voices of autistic adults and their families/those who know them well to be heard and act to codesign services and solutions moving forward
- Piloted use of new GM Framework for Learning Disabilities & Autism – really strong interest from Care Provider organisations keen to work with Bury – this means we have options when we support people to become more independent.

Primary Care

- The majority of Bury practices are concerned that their current on online consultation platform would be unsafe to have operational during core practice hours and support from IT colleagues was therefore requested to expediate the need for demonstrations of alternative platforms aiding a swift procurement process several months ago. The lack of support received to date means they are unlikely to implement the required change ahead of the October deadline.

- BeCCoR – Phase 3 is looking to further standardise requirements across GM. A decision needs to be made as soon as possible around the financial split between GM schemes and Local Schemes as several localities fund items of service through their LCS contracts which may no longer be affordable, for example Phlebotomy, ECGs, Dementia Diagnosis. Wider patient/system impacts will need to be considered

Urgent Care

New NHS guidance was released on 6.6.25: NHS England » Urgent and emergency care plan 2025/26
Key headlines include:

- 12 hour waits no more than 10% of attendances
- Reduce ambulance wait times for Category 2 patients – such as those with a stroke, heart attack, sepsis or major trauma – by over 14% (from 35 to 30 minutes)
- Eradicate last winter's lengthy ambulance handover delays by meeting the maximum 45-minute ambulance handover time standard
- Ensure a minimum of 78% of patients who attend A&E (up from the current 75%) are admitted, transferred or discharged within 4 hours
- Reduce the number of patients who remain in an emergency department for over 24 hours while awaiting a mental health admission
- Tackle the delays in patients waiting to be discharged – starting with the nearly 30,000 patients a year staying 21 days over their discharge-ready-date
- Increase the number of children seen within 4 hours, resulting in thousands of children every month receiving more timely care than in 2024/25

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.

Elective Care

- Published Apr 25 data shows a decrease of 430 Bury Patients across all specialties (waiting times going from 29,393 in Mar 25 to 28,963 in April 25.)
- The Peadiatric ENT pilot has been agreed for the Manchester Locality working within the ACCENDA IT Platform and the Manchester Referral Management Service
- GM has developed a Surgical Hub model for ENT Long Waiters (challenged speciality), Bury locality is scoping their position.
- Bury's RBMS team presented at the GM Care Navigation Centre Workshop – part of the scoping exercise to understand current models of referral management.

Community

- Community Contract delegated finance from GM to the localities has been put on hold due to NHS reforms.
- NCA FLP Community Subgroup has been established to gain an overview, manage risk and source opportunities and across the NCA footprint
- NCA has carried out 6 reviews on community services (Adults Speech and Language Therapy , Children's Speech and Language Therapy , Diabetes, Dietetics, District Nursing, Intermediate Care , Next – MSK June.) These services were identified by the FLP Steering Group (DPBL leads) last year based on a range of factors including variability, service fragility and perceived opportunities to do things differently.

Cancer

- RCRD data has increased from 57% May 24 – 58.3% Dec 24
- Cancer Group established first meeting in April and next meeting next week
- Early diagnosis to be included in Primary Care Quality visits

CVD/Diabetes

- 17k Hybrid Closed Loop funding was secured to support the implementation of HCL across the NCA footprint. Initial delivery group has been held in 20/5 and the next is scheduled for 1/7
- Review has been completed to understand providers capacity to deliver HCL rollout – results to be presented at the Major Conditions Board
- Nigget delivered an education session on the high-risk reviews which from part of the BeCCoR contract in a Primary Care Member Engagement Session

4. Performance - June 2025

- Access to Children and Young People MH Services - there were 3500 accesses to Children and Young Peoples Mental Health Services for Bury registered patients in April 25, lower than April 24 (36450). Bury currently has 77.1 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 April 25 is 76.2%. Bury currently has a higher diagnosis rate than GM

which has a rate of 74.3% and Bury has the 3rd 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) – The number of inappropriate adult acute mental health OAP bed days for Bury is 3080 for April 2025, this is a reduction from March 2025 when there were 3600.

  Comparing April 25 to April 24 there is a decrease in the figures with 920 less bed days in April 2025. In april 2025 Bury has the highest rate of the GM localities with 14.48. Bury has been mostly zero and occasionally one in the last 8 months and this is managed on a daily basis.

- No Reason/no criteria to reside (NCTR) - percentage for Mental Health patients with NCTR as of May 25 is 10.6%, which is an increase from May 24 which was 9.3%. Bury currently has a lower percentage than GM which is 13.7%. 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 May 25 is 9 matching the reported figures from April 25 which was also 9. Bury currently has 0.042 mental health patients with NCTR per1000 population and has the 3rd lowest rate in locality within GM.

- Access to community MH services - there were 1945 people who received two or more contacts from mental health services for adults with severe mental illness for Bury registered patients in April 25, higher than April 24 (1545). Bury currently has 11.7 contacts per 1000 population and has the 6th lowest rate per 1000 for localities within GM.

- Talking Therapies Access Rate – there were 345 accesses to Talking Therapies for Bury registered patients in April 25, lower than April 24 (305). Bury currently has 1.6 accesses per 1000 population - the 2nd lowest rate per 1000 for localities within GM.

- Women Accessing Specialist Community Perinatal MH Services – There were 220 women accessing to Perinatal MH Services for Bury registered patients for the rolling 12 months to April 25, higher than April 24 (160) Bury currently has 5.3 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 April 25 was 55.6%, which is lower than April 24 which was 71.4%. Bury currently has the 7th lowest proportion with a long LOS than GM at 54.6%. Bury and GM are above the national target of 0%.

- GP appointments – percentage of regalr appointments within 14 days - Bury currently has 78.4% of GP appointments made within 14 days in April 2025. This is lower than April 2024 when there were 82%

  Bury is currently ranked the 2nd lowest in GM localities with 78.4%. Bury has a lower rate compared to GM who has 82.6%.

  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 days 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 April 25 which is marginally lower than April 24 (151) 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 March 25 for the Bury populations was 73.1% which is lower than march 24 which was 88.9%. Bury currently has the lowest percentage of the GM localities.

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

- A&E 4-Hour Performance - in May 25 was 69.2%, a decrease on the previous month's performance of 72.3%, which is higher than May 24 which was 65.2%.

- A&E Attendances – there were 7377 A&E attendances from Bury registered patients in May 25, higher than May 24 (7409) and higher than April 25 which was 7090. Bury currently had 34.7 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 May 25 was 16.8%, an incarease on April 25 which was 15.5%, and lower than May 24 which was 17.6%. Bury is currently higher than GM percentage which is 14.3% and Bury has the 7th lowest percentage of GM localities.

- Total number if specific acute non-elective spells – There were 2104 specific acute non-elective spells from Bury registerd patients in May 25, lower than May 24 (2010) and lower than April 25 which was 2000. Bury has the 8th lowest percentageof GM localities.

- Diagnostics Waiting 6 weeks + - April 25 performance of 13.2% of patients waiting more than six weeks, this is a decrease on the April 24 figures (16.5%). Bury's performance is lower than GM's performance of 13.7% in April 25. Bury has the 8th lowest percentage of the GM Loclities. Bury and GM are both above the less than 1% target.

- RTT Incomplete 65+ weeks – published April 25 data shows a decrease in 65+ week waits from with 4 pathways down from 5 pathways in March 25. There was a significant decrease in pathways from April 25 with 4 pathways, compared to April 24 when there were 166 pathways (-162 pathways).

  In April 25, Ophthalmology service shows the largest decrease in pathways 65+ with 0 pathways compared to 2 in March 25.

  Bury locality currently has the 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 April for the Bury population was 78.6% - a decrease on March 25 which was 80.7%. Bury locality currently has the 5th lowest

performance out of all the GM localities. GM performance is currently 78.7%. Bury is below the target of 80% or greater

- Females 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 May 2025 cervical screening is 61.9% for 24-29 years and 74.0% 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 April 25 was 96.7% - a decrease on March 25 which was 97.3%. Bury currently has the 2nd highest percentage in the GM localities and above the national target of 70%. Local Authority reporting shows that 99% of Bury residents in April 25 received a 2-hour response with 1 patient missing target.

5. Recommendations

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

Kath Wynne-Jones
Chief Officer – Bury Integrated Delivery Collaborative
kath.wynnejones@nca.nhs.uk
July 2025

Meeting: Bury Locality Board			
Meeting Date	21 July 2025	**Action**	Receive
Item No.	11	**Confidential**	No
Title	Clinical Leadership Model (CLM)		
Presented By	Lorna Allan, Chief Digital and Information Officer Digital Services, Northern Care Alliance NHS Foundation Trust		
Author			
Clinical Lead			

Executive Summary
Attached is presentation in relation to the NCA's Clinical Leadership Model (CLM). The presentation describes the drivers for change and progress to date.
Recommendations
It is recommended that the Locality Board:- • Note the contents of the presentation.

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** ☐		

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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.	☒

Links to Locality Plan priorities	

Implications						
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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:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☐

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

Clinical Leadership Model

Update July 2025

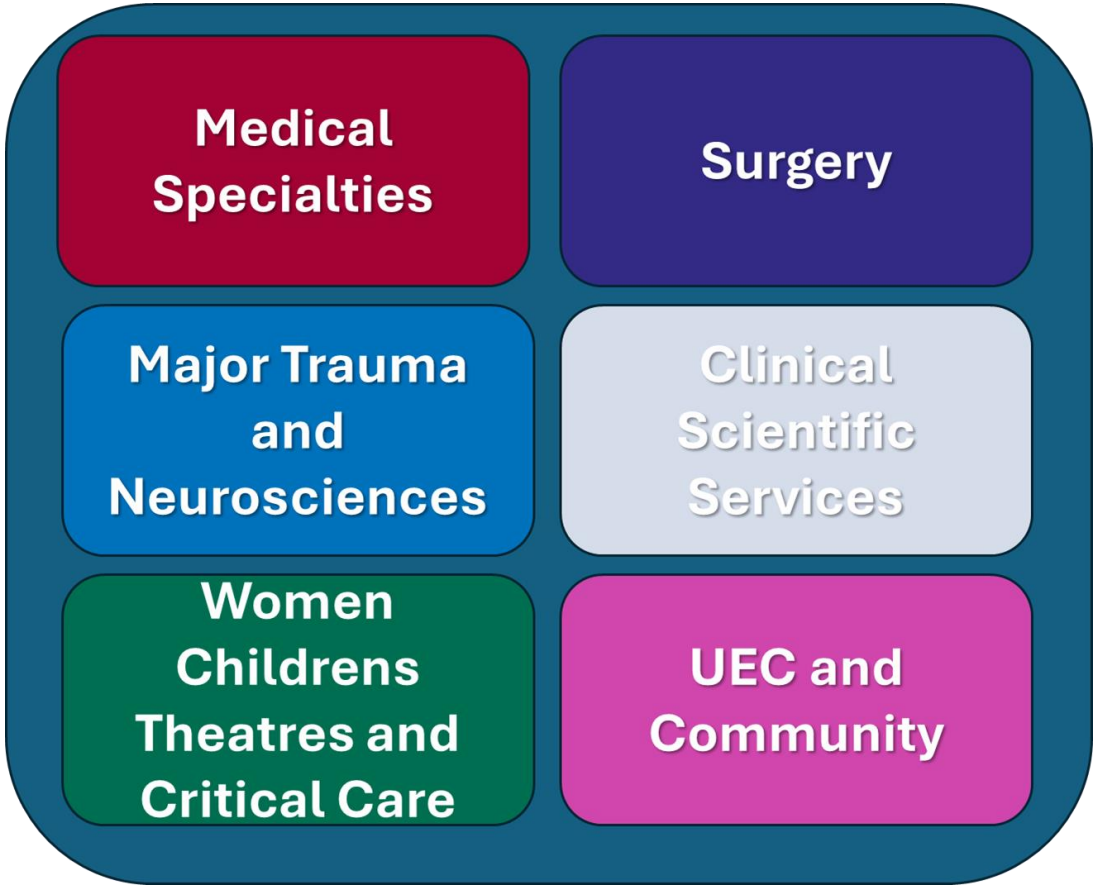
A reminder of our drivers for change

Northern Care Alliance NHS Foundation Trust

- Challenges relating to the transaction
  - Our processes and ways of working are variable
- Breen Report
  - Criticisms of clinical governance and culture
- CQC inspection 2022
  - Identified barriers to shared learning and practice
- Financial challenges
  - Unwarranted variation = poor experience and is unaffordable
- Darzi and 10 year plan
  - Left shift and prevention will require new ways of working with our Places
  - Technology first – the above challenges impact on our EPR readiness

Where are we up to?

Northern Care Alliance
NHS Foundation Trust



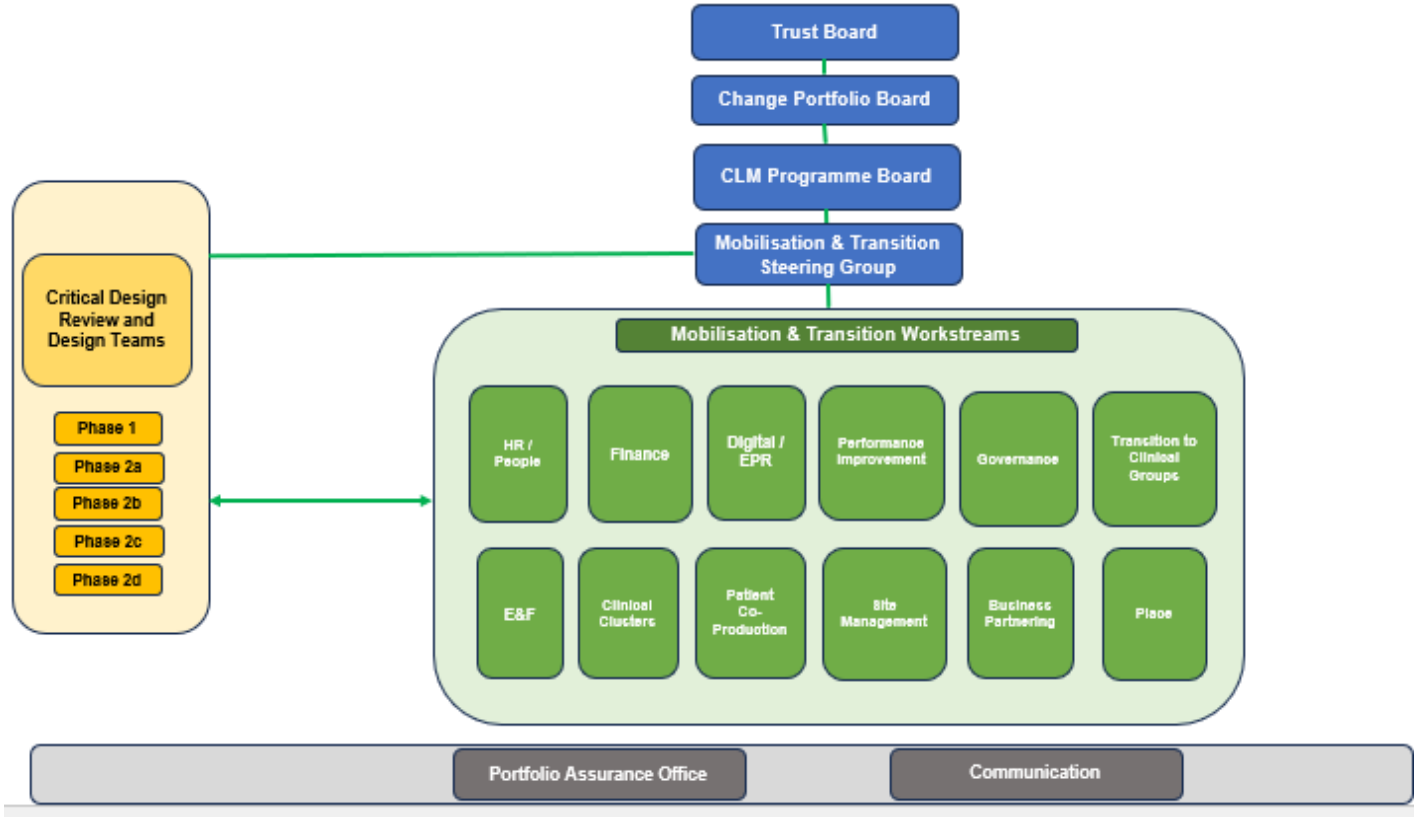
- The Design Stage is almost complete with 25 design templates created including all corporate and clinical services
- Specific consideration has been given to how we develop our leaders and teams to work across and with our communities
- On 2nd July the NCA Board agreed the blueprint to move to a Clinical Group structure
- 6 Groups have been confirmed, providing services across all our sites and localities

How we will move to our new Clinical Groups

Northern Care Alliance
NHS Foundation Trust

Examples of the work the Mobilisation and Transition Workstreams will do

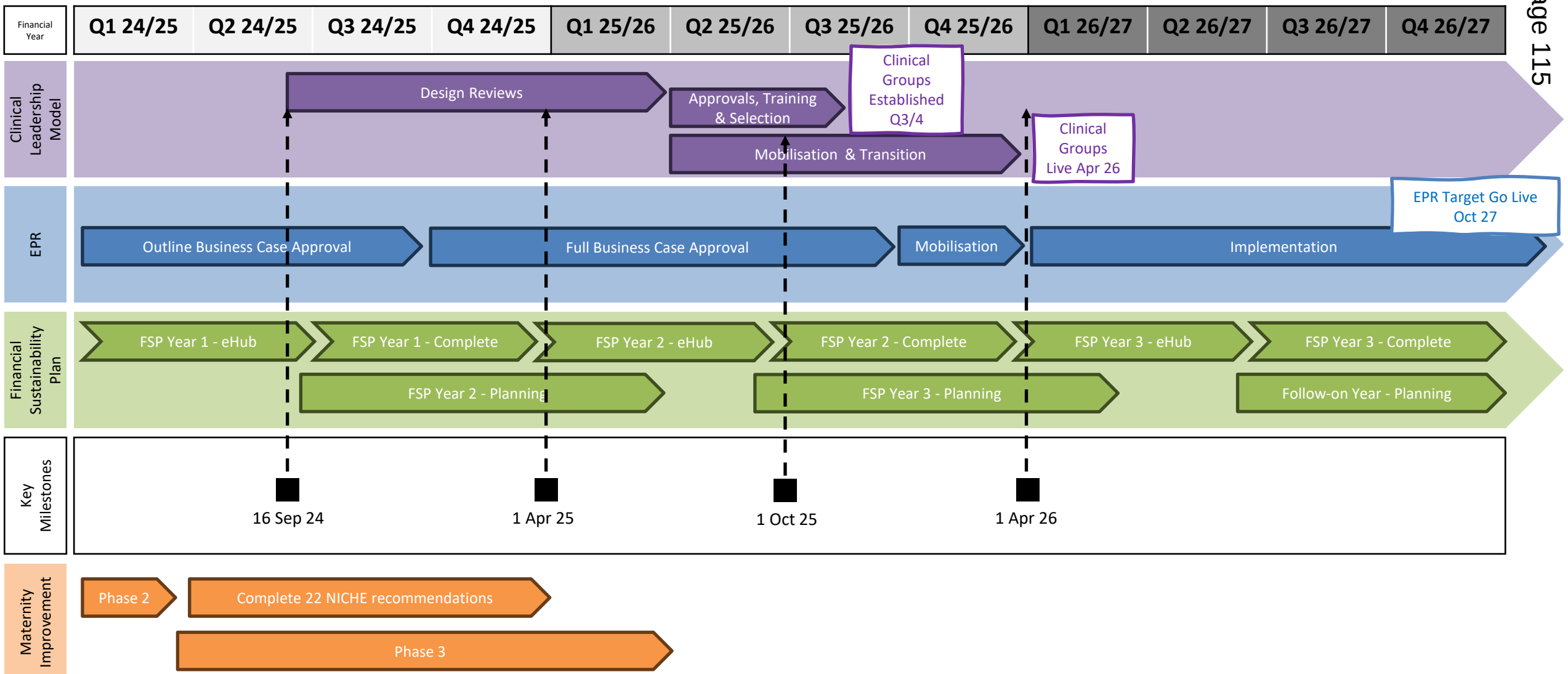
- Prepare teams to operate in the new CLM environment safely and effectively
- Confirm essential tasks pre and go live
- Highlight key risks and mitigations



CLM Mobilisation and Transition Timeline

Portfolio Coherence: Plan on a Page

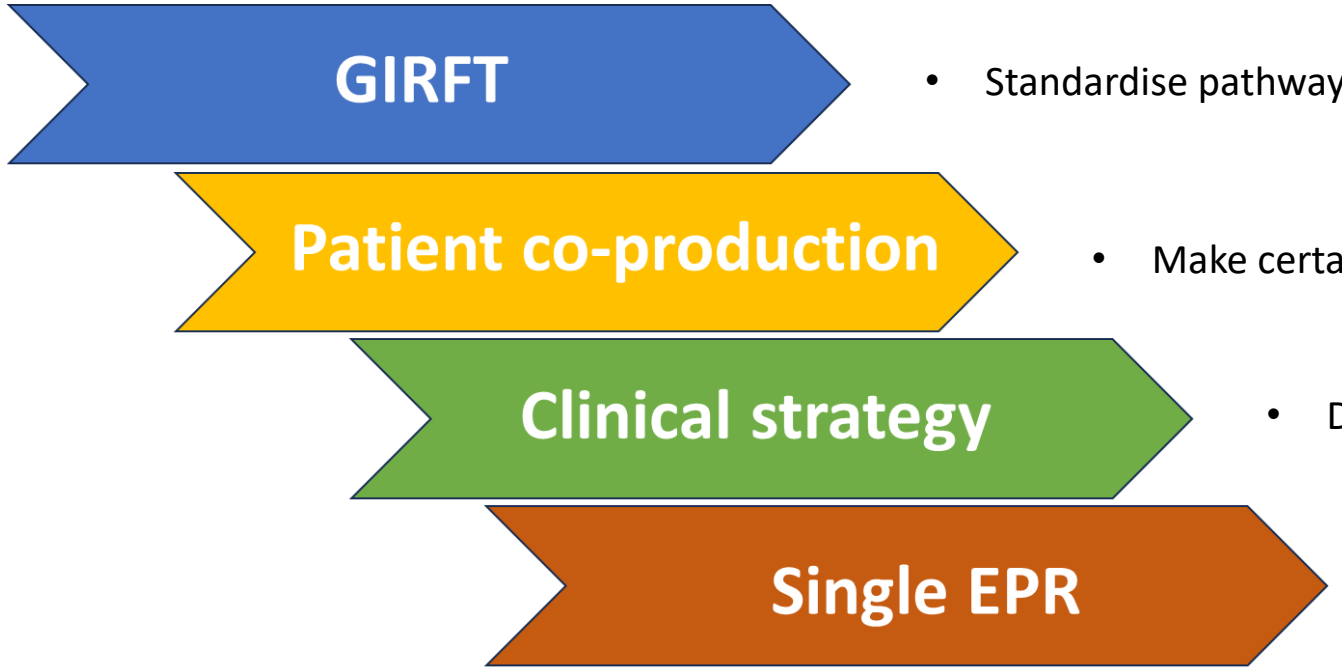
Northern Care Alliance NHS Foundation Trust



CARE APPRECIATE INSPIRE

What will CLM allow us to do?

Northern Care Alliance NHS Foundation Trust



- Standardise pathways to improve patient experience and value for money
- Make certain community voices are heard in all our services
- Deliver the ambitions of Darzi
- Ensure cultural readiness and simplified processes

Meeting: Bury Locality Board			
Meeting Date	21 July 2025	**Action**	Approve
Item No.	12	**Confidential**	No
Title	System Finance Group Update – July 2025		
Presented By	Simon O'Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities)		
Author	Simon O'Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities)		
Clinical Lead			

Executive Summary

The purpose of this report is to update the locality board on the financial position of all partners, with specific focus upon the budgets delegated to the locality board by NHS Greater Manchester (GM) both in year in 2025/26, to sign off the locality opening budgets for 2025/26 and to give delegated authority to the Council Chief Executive / Place Based Lead to agree the 2025/26 section 75 pool budget agreement.

Due to the timing of the meeting only month 1 data is available from NHS GM. At month 1 NHS GM position is a £21.4m deficit versus a planned deficit of £19.5m, giving a £1.8m adverse variance. This position is driven by pressures in NHS providers, driven mainly by pay pressures and under delivery of savings. There is also evidence of pressures in non provider budgets but these are currently being offset by underspends in other areas. Within this position the Bury locality budgets, for which this board is responsible for are breaking even, which is the expected position, any deviation from this will lead to the locality being placed back in to escalation meetings.

The Northern Care Alliance (NCA) have a £3.45m deficit at month 1 versus a deficit plan of £3.3m and have forecast to achieve their agreed deficit of £110m. Pennine Care NHS Foundation Trust (PCFT) are reporting a £1m deficit at month 1 versus a £1.5m deficit plan, and have forecast to achieve their agreed deficit of £17.5m.

The overall efficiency target for NHS GM for 2025/26 is £656.0m, split £175m non providers and £481m GM providers. As at Month 1 providers are £3m behind the YTD plan with non providers reporting delivery in line with the plan of £36.4m. The CIP delivery plan for the locality delegated budgets is £2.79m, which is full identified and there has been delivery of £0.4m at month 1.

In the April SFG paper to this meeting it was suggested that the final values for the Bury locality healthcare budgets for 2025/26 would be £71.98m. There have been a small number of changes to the budget, with responsibility passing to other finance teams, therefore the opening budget value for healthcare budgets is £70.65m, this is after the removed of a 4% savings target of £2.8m. This budget will be challenging to achieve but given the financial pressure upon NHS GM and the whole of the NHS, the award of this budget is not significanly more challenging than any other locality. Further work and conversations are required with NHS GM before the staffing budgets can be approved.

Each year, going back to 2018/19 and the CCG, the local NHS commissioning oganisation and the local authority have operated a pooled budget arrangement, governed by a section 75 agreement. The pooled budget will continue in the same manner as previous years, with the maximum amount of budgets that can be pooled by both organisations being pooled and as in previous years there is no risk share arrangements, with the resolution of any underspends being the responsibility of the relevant organisation. The Better Care Fund (BCF) remains included within the pooled fund even though elements of this do not sit at locality level as they are intra NHS GM, as the inclusion of all BCF budgets is mandatory.

The specific documentation around the section 75 has been standardised across the whole of NHS GM and therefore is different to that agreed in previous years. This documentation has been shared and approved by all parties.

In 2025/26 the opening NHS GM contribution to the pooled budget is £223.83m, made up on £70m of budgets formally delegated to the locality and £6.85mm of intra NHS GM BCF budgets held centrally in NHS GM budgets with the council opening contribution pooled budgets is £146.94m

Recommendations

Locality Board members are asked to:

- Note the updates on financial positions for 2025/26
- Approve the opening health care budget delegated from NHS GM to this board for 2025/26
- Give delegated authority to the Chief Executive of the council to sign the documentation wth respect to council budgets and a member of the NHS GM Executive Team to sign the documentation with respect to the NHS locality budgets.

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.	☒

Links to Locality Plan priorities	

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

System Finance Group Update – July 2025

1. Introduction

1.1. The purpose of this report is to update members of the locality board on the financial position of the 4 statutory bodies who primarily serve the population of Bury, along with that of NHS Greater Manchester Integrated Care (NHS GM).

2. Background

2.1 The position of all partners remains very challenged in 2025/26 with NHS GM in undertakings with NHS England which brings additional scrutiny and rigour around finance, performance and quality.

3.1 Bury Council

3.1.1 The council have not yet reported a 2025/26 position through organisational governance and therefore there is no formal update to this meeting in July. That said the council are experiencing the same issues as all public sector organisations, with a significant savings programme required in 2025/26 to achieve a balanced budgets.

3.2 NHS Greater Manchester

3.2.1 Due to the timing of the meeting only month 1 data is available from NHS GM. At month 1 NHS GM position is a £21.4m deficit versus a planned deficit of £19.5m, giving a £1.8m adverse variance. This position is driven by pressures in NHS providers, driven mainly by pay pressures and under delivery of savings. There is also evidence of pressures in non provider budgets but these are currently being offset by underspends in other areas.

Table 1

2025/26 (£m)	M1 Plan	M1 Actual	M1 Variance
GM NHS Providers	-18.9	-20.7	-1.8
NHS GM	-0.6	-0.6	0.0
ICS Total	-19.5	-21.4	-1.8

3.2.2 The overall efficiency target for NHS GM for 2025/26 is £656.0m, split £175m non providers and £481m GM providers. As at Month 1 providers are £3m behind the YTD plan with non providers reporting delivery in line with the plan of £36.4m.

3.3 NHS GM – Bury Locality

3.3.1 Further detail is given on the make up of budgets to support budget sign off in section 4 of this paper. At month 1 the Bury locality budgets, for which this board is responsible for are breaking even, which is the expected position. There are examples of pressures both in year and cross year on ADHD / ASD assessments and complex care both they have been mitigated at month 1.

3.3.2 The annual CIP plan for the locality is £2.79m and this has been fully identified and delivery at month 1 is £0.4m.

3.4 Northern Care Alliance and Pennine Care

3.4.1 The Northern Care Alliance (NCA) have a £3.45m deficit at month 1 versus a deficit plan of £3.3m and have forecast to achieve their agreed deficit of £110m. Pennine Care NHS Foundation Trust (PCFT) are reporting a £1m deficit at month 1 versus a £1.5m deficit plan, and have forecast to achieve their agreed deficit of £17.5m.

4 2025/26 NHS GM delegated budget sign off

4.1 A number of submissions and iterations of the locality budgets that this board is responsible for have taken place and a final budget for NHS GM for 2025/26 has been agreed by NHS England. This budget encompasses both healthcare budgets and staffing budgets, noting that the latter are subject to change in line with the NHS reforms to NHS England and Integrated Care Boards. These budgets, as is the case for the whole of the NHS, are a very challenging settlement for NHS GM and therefore for the budgets that are delegated to this board.

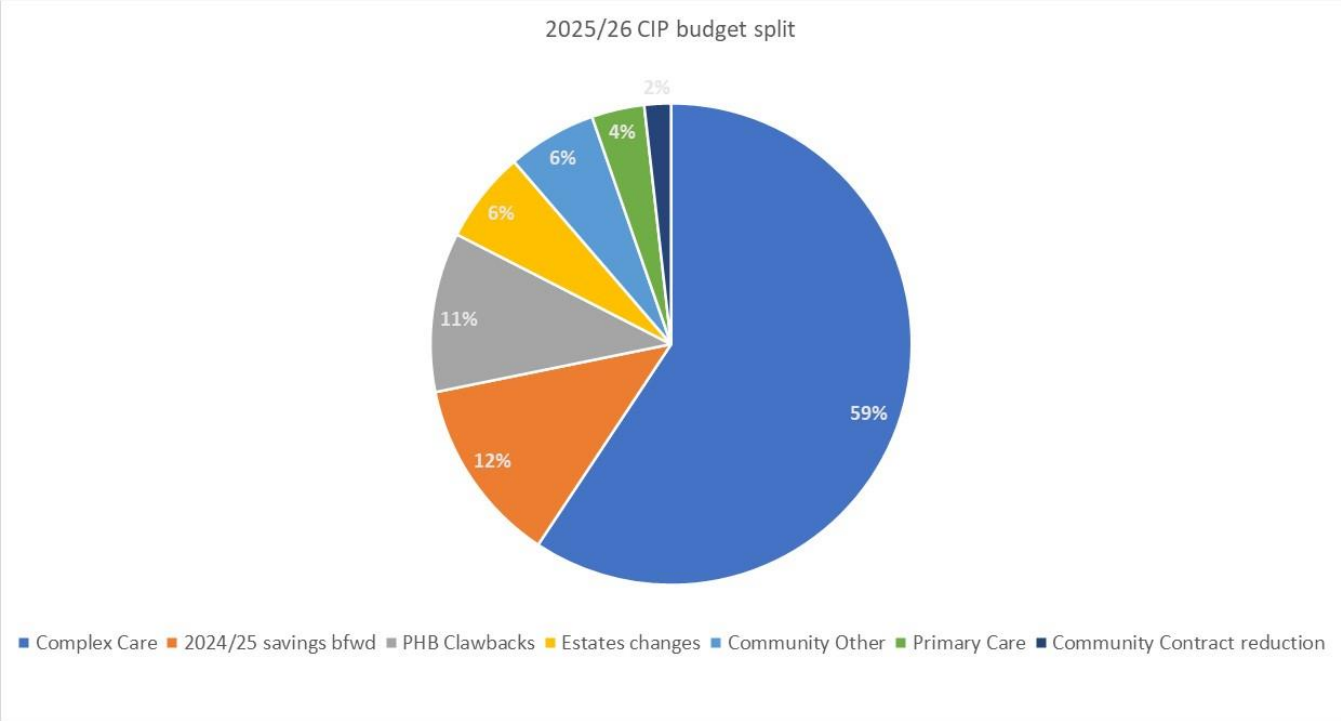
4.2 The final values for the Bury locality healthcare budgets for 2025/26 are of £70.645m. This is shown below in table 2 at directorate level.

Table 2 – 2025/26 delegated budgets

Directorate	Annual Budget
Acute	£2,225,323
Complex Care - non MH	£21,366,753
Community	£18,867,222
Mental Health	£20,200,067
Other	£1,538,439
Primary Care	£6,448,104
Grand Total	£70,645,909

4.3 CIP plans have been worked up with the locality to achieve the required £2.8m target and the allocation of these can be seen overleaf in table 3. Due to the make up of these delegated budgets, Complex Care has the largest proportion of savings as certain other budget areas, BCF for example, are block contracts.

Table 3



4.4 The value of staffing budget for the locality is still in discussion with NHS GM central colleagues and it is hoped that a solution can be found that will allow these budgets to be brought to the September meeting for approval

5.0 Section 75 agreement

5.1 As in previous years, going back to 2018/19 the local NHS commissioning organisation and the council will continue to enter into a pooled budget arrangement governed by a section 75 agreement. This pooled budget will encompass the same budget as 2024/25 with no material changes..

NHS GM – Bury Locality

5.2 There are certain budgets that are not able to be pooled due to national legal and technical clauses and for the NHS budgets in Bury this means that of the £70.65m of delegated budgets there are £0.6m of budgets that are not poolable, leaving a total for pooling of £70.05m. In addition to those budgets held locally there are also £6.85m of intra NHS GM BCF budgets to be pooled.

5.3 Therefore the total opening budget to be pooled with this arrangement by NHS GM is £76.89m and this is shown in table 4 overleaf

Table 4 – NHS GM opening contribution to 2025/26 pooled budget in the Bury Locality

Directorate	Annual Budget £000
Acute	£2,225
Complex Care - non MH	£21,367
Community	£18,264
Mental Health	£20,200
Other	£1,538
Primary Care	£6,448
Intra NHS GM Better Care Fund	£6,852
Grand Total	£76,895

Bury Council

5.4 As with the NHS, the council has pooled all budgets that are statutorily permitted and therefore the total opening budget to be pooled with this arrangement by Bury Council is £146.94m and this is shown in table 5 below

Table 5 – Bury Council opening contribution to 2025/26 pooled budget in the Bury Locality

Budget Service name	Commissioning Lead	2025/26 Pooled Budget £000
Care in the Community Adults	Bury Council	£15,193
Care in the Community (Adult Mental Health & learning Disabilities)	Bury Council	£47,453
Other Adult Social Care Services	Bury Council	£19,046
Other Mental Health & Learning Disabilities Services	Bury Council	£2,044
Public Health	Bury Council	£10,712
Childrens Social Care	Bury Council	£10,791
Other Childrens Services	Bury Council	£13,243
Operational Services	Bury Council	£1,191
Other Council Services	Bury Council	£27,263
Sub Total		**£146,936**

Section 75 total opening budget value

5.5 The total opening budget for the section 75 pooled budget between Bury Council and NHS GM in the Bury locaility is £223.83m and is shown in table 6 below

Table 6 – Total opening pooled budget 2025/26

Service Area	Commissioner	2025/26 Budget £000
Acute	NHS	£2,225
Complex Care - non MH	NHS	£21,367
Community	NHS	£18,264
Mental Health	NHS	£20,200
Other	NHS	£1,538
Primary Care	NHS	£6,448
Intra NHS GM Better Care Fund	LA	£6,852
Care in the Community Adults	LA	£15,193
Care in the Community (Adult Mental Health & learning Disabilities)	LA	£47,453
Other Adult Social Care Services	LA	£19,046
Other Mental Health & Learning Disabilities Services	LA	£2,044
Public Health	LA	£10,712
Childrens Social Care	LA	£10,791
Other Childrens Services	LA	£13,243
Operational Services	LA	£1,191
Other Council Services	LA	£27,263
	Total	**£223,831**

5.6 The 2025/26 section 75 agreement documentation is unchanged from 2024/25 and has previously been agreed by all partners.

6.0 Conclusion

6.1 Locality board members are asked to:

- Note the updates on financial positions for 2024/25.
- Approve the opening health care budget delegated from NHS GM to this board for 2025/26
- Give delegated authority to the Chief Executive of the council to sign the documentation wth respect to council budgets and a member of the NHS GM Executive Team to sign the documentation with respect to the NHS locality budgets.

Simon O'Hare
Locality Finance Lead – NHS GM (Bury and HMR Localities)
s.ohare@nhs.net
July 2025

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	21 July 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 June 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 – June 2025

1. Introduction

This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place on 25 June 2025.

2. Headlines from the Clinical and Professional Senate

2a. Clinical Leadership Update – Sanjay Kotegaonkar

- Sanjay provided an update on the elective care pathways, including the paediatric ENT work, cardiology improvement plan, and orthopaedic service review. He also discussed the NCA Pathology IT system upgrade and the importance of minimising disruptions to primary care.

2b. Partner Update

- NCA

  - Overview of NCA Community Specifications update - Kath Wynne-Jones on behalf of Karen Richardson discussed the rollout of A&G across medical specialties, with a focus on ensuring robust systems and response times. Dr Cathy Fines will discuss further with John Patterson to understand the GM-wide rollout and to monitor the effectiveness of A&G. Anton Sinniah agreed to check the response rates for different clinical groups to ensure consistency.
  - Kath Wynne-Jones and Nina Parekh provided an update on the Community Services Programme, highlighting the importance of standardisation and stability across service specifications. They discussed the need to align community services with neighbourhood working and the challenges of managing risks and performance. Nina discussed the use of risk registers to drive priorities and manage risks across the four localities. This approach aims to ensure that decisions are based on a scientific methodology rather than anecdotal evidence. Nina highlighted the importance of sharing best practices across localities. For example, Bury's success with paediatric SLT and Oldham's efficiency in dietetics can be shared to improve services in other areas.

  - Anton Sinniah, in the absence of Dr Vicki Howarth, provided an update in relation to the NCA, this included:
    - Helen Smethurst (Diabetes) is retiring, Helen's replacement will not commence in post until November.
    - The Clinical Leadership Model (CLM) is continuing, it is anticipated that the board will sign this off in in July. Dr Cathy Fines added that that conversations are still ongoing about how the CLM model will work effectively in place and advised there should have more information by the next senate.
    - A further critical care model is being developed with Salford this will provide 7-day cover of between 10 to 12 hours of intensivist cover on site from Salford. Out of hours will be covered by anaesthetists with access to critical care advice, from Salford and possibly Oldham.

- Pennine Care

  - No PCFT representatives were in attendance at this meeting.

- GP Update – Dr Cathy Fines

  - Cathy Fines provided updates on the general practice strategy, highlighting the success of the locally commissioned services and the focus on the left shift agenda, weight management, and Tirzepatide.

- Adult Principal Social Worker Update – Emma Massey

  - Emma Massey shared updates on the transformation of safeguarding and mental health services, the ongoing work in learning disabilities, and the upcoming CQC inspection.
  - Dr Fines noted that the next member engagement event in September has a theme of mental health and specifically the Live Well model. Dr Fines advised that the date for this will be circulated to staff.

2c. ICB Blueprint Document

- Kath Wynne-Jones presented this paper in the absence of Will. Kath advised that this paper has been to the Locality Board and sets out where we are, as a locality, in the context of our locality plan. Kath explained that we are in a very difficult time, especially with the NHS reforms which are ongoing, and additionally with the changes in the NCA with the clinical leadership model.
- Kath discussed that to help support staff Will has put in place weekly meetings with all members of staff from the from the ICB. Will and Lynne are both working with GM to try and influence the model and the future of place-based working. Kath clarified that there is a timeline of July/August for the model to be defined at GM, this will then outline what is to be done at GM level and what is to be done in locality.

2d. MMR Catch Up Evaluation – Steven Senior

- Steven Senior presented the evaluation of the MMR catch-up campaign, highlighting the success in reaching hard-to-reach populations and the challenges of sustaining such efforts without adequate funding.

2e. Medicines Optimisation Update – Salina Callighan

- Salina Callighan provided updates on various medicines optimisation topics, including the commissioning guidance for secondary care, the proposed commissioning statement for metformin for non-diabetic hypoglycaemia, and the consultations on hydrocortisone cream and vitamin B12.
- GLP-1 Agonists for Weight Management: Salina presented the proposal to align the eligibility criteria for all GLP-1 agonists for weight management, aiming to reduce variation, streamline implementation, and manage demand for Tier 3 services.
- Senate members were all happy for the alignments.

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

- This item was deferred until the next meeting in July.

2g. System Assurance Board Feedback – Dr Cathy Fines

- This item was deferred until the next meeting in July.

2h. Commissioning Oversight Group Feedback – Will Blandamer

- This item was deferred until the next meeting in July.

2i. AOB

- None.

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

BURY
INTEGRATED CARE
PARTNERSHIP

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

Meeting: Locality Board			
Meeting Date	21 July 2025	**Action**	Receive
Item No.	16	**Confidential**	No
Title	SEND Improvement and Assurance Board Minutes – 28th May 2025		
Presented By	Will Blandamer, Deputy Place Based Lead		
Author			
Clinical Lead	N/A		

Executive Summary
The minutes from the SEND Improvement and Assurance Board held on the 28th May 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
28th May 2025

1	**INTRODUCTIONS & ATTENDANCE**
	The Chair welcomed everyone to the SEND Improvement and Assurance Board meeting and acknowledged the presence of attendees joining online and apologies given; acknowledging that as it was the half term holidays, there were more absences than usual. The Chair welcomed the two Changemakers who were joining for the first part of the meeting. Everyone introduced themselves.
2	**Contributions from, and engagement with, Children and Young People**
	Presentation Highlights from the presentation were given. The Changemakers talked through what the group had been working on lately: namely school staff training, a school survival guide, and questions for CAMHS. *[The presentation has been provided alongside these minutes]* **Discussion** Questions for CAHMS The Changemakers were thanked for bringing the questions for CAMHS, and there was agreement that the waiting times are too long. Some questions had been answered in the "You Said, We Are Doing" document, and the Health representatives would review the new questions. The higher demand on CAHMS was one of the reasons why waiting times had increased and that waiting times could be reduced by both making the service bigger, and by thinking how to meet the needs of the children & young people in a different way so they do not need to use CAMHS if it is not suitable for the support they require.

The Chair mentioned that it is important to make sure the Changemakers feel confident that they have enough opportunity to contribute across all the work, at early stages as well as later ones.

The Chair raised that when the Changemakers met with one of the Comms Leads in a previous session, they had discussed how they could develop social media and to make greater contact with a wider group of young people. Bridget Aherne shared that an agreement had been made for her to return to the Changemakers session at a later date.
The Chair suggested to add a piece in the next newsletter to demonstrate the progress of this work.

School staff training
A Changemaker went through the slides on what they wanted to include in the school staff training for teaching children with SEND, including their own personal experience. The group had identified five themes they wanted to include in the training, which should be rolled out in September 2025 having been finalised next week.

The Chair thanked the Changemakers for sharing their experiences and said that their sharing means that the system can improve once people are aware and the training will be very helpful in impacting on this. The Workforce Strategy had been written and was the start of ensuring that everyone working within SEND has that training and emphasised that the Changemakers' involvement in contributing into the delivery of this work will be very influential on the impact of the training.

School Survival Guide
There was a discussion about the 'School Survival Guide' that the Changemakers are writing, as a guide for those starting new schools or those struggling within schools. Once it is finished, it will be uploaded on to the Local Offer.

The Chair asked whether dealing with bullying would be included in the guide, it was confirmed that it would be.

It was suggested that the anti-bullying coordinator for Bury, would be a good connection to ask about this work and there are meetings with Primary and Secondary Headteachers and the agenda had previously included bullying. The Changemakers can bring their lived experience into the meetings, so they can describe the impact. There is an opportunity to bring this into the wider Graduated Approach.

Tokenism and Co-production
There was slide on co-production and tokenism, emphasising that their contributions needed to be gathered early on in decision-making processes rather than later down the line once some decisions had already been made.

The Changemakers asked the Board "How are you supporting families waiting for assessment?", as a question for all to take away, and to provide the answers in three weeks.

	The Chair requested that if the Changemakers feel their contributions are tokenistic in future, to let the Youth Ambassador know what exactly made them feel that way, so learning and action can be taken to rectify the situation. Wider Engagement There are a number of other engagement sessions with a variety of SEND groups. There has not been a response from the Jewish Community Groups, to which members suggested she could progress this by contacting the link officer. It is understood that there is an engagement session planned later in the year for the Jewish Community Group. It was confirmed there was a session happening in Salford, which was joint with Bury and there is an opportunity to get the Changemakers involved. Training will be delivered to the SIAB in July, as well as any other Boards as requested. The Chair suggested all Priority Impact leads should be invited to that training session. The Board heard about future engagement plans as well as feedback quotes from Changemakers and parents. **Actions** 1. The work of the the Changemakers will be included in the newsletter plan – update on 24th June. 2. CAMHS members to reply to Changemakers' questions by 24th June 3. Input to the anti-bullying sections of the School Survival Guide to be co-ordinated by 24th June. 4. The potential for the Changemakers to attend BASH meetings with Headteachers to share their experiences of bullying will be explored by 24th June. 5. The School Survival Guide work in the next SEND handbook Task & Finish group, to make sure it is incorporated in where necessary by 24th June. 6. Health Board to email their answers to "How are you supporting families waiting for assessment?" by 18th June. 7. A follow up with Jewish Community contacts to be made by 24th June. 8. The development of a video with the Changemakers, to play at the beginning of the Stocktake to be mad by 15th June. 9. Checks to be made about the September Jewish Community Group meeting and find out how to get the Changemakers involved by 24th June. 10. Board members to think which other leads should be invited to the July co-production session, and report back to the board by 24th June.
3	**MINUTES FROM THE PREVIOUS MEETING**
	April's minutes April's minutes were reviewed page-by-page, with corrections being: • Page 7: correction from "be" to "bee". • Confirmed that the name will be spelt Changemakers from now on (one word).
4	**ACTION LOG**
	The actions due by this meeting or before were highlighted. The Action Log was updated accordingly with the following updates:

- Action 65 (talk to children and young people around EHCP plans, and why they are more common than other types of plans). It was confirmed there was no update on this, but will be able to action it as part of the Graduated Approach work and "support while waiting" work; the deadline was rescheduled to 24th June
- Action 74 (the ICB not being able to provide advice on private assessors and right-to-choose). The guidance has been reviewed and there is to be a further meeting. It was stated that the issues will not be solved in the next few months due to being fairly complicated. The action was marked as completed.
- Action 96 (feedback around how Academies are accessing the Educational Psychology (EP) offer): The data had been collated recently around the engagement of outreach and EP engagement. The team is still analysing it, but early findings show that the highest level of engagement is with Primary Academies. The data analysis is being taken forward as part of the wider Graduated Approach work. SEND services are meeting on 3rd June to look at it all, to make sure the offer is aligned with the demands of schools and strategic objectives, and they will report back after this. The action was decided to stay open for assurance.
- Action 94 (attendance around Graduated Approach) – meetings were arranged on 21st and took place as well as follow-up meetings and task groups set up, therefore action kept open for the development and roll-out of work.
- Action 105 (sharing ADHD consultation briefing) – this has been shared in the Comms channels. Action marked as closed.
- Action 115 (SENCO training aligning to other work) – Continuous Professional Development offer has been received for SENCOs, but further work is to be done to align the work. Therefore, the action will be kept open.

New actions

11. An update on the ADHD consultation briefing to the June SIAB meeting due 24th June.

5 **RISK LOG**

The Risk Log was reviewed in relation to open actions relevant to Theme 2. The Risk Log was updated accordingly:

- Risk 7 (qualified EPS capacity and availability): a further round of recruitment is complete, and 3 main grade EP posts have been offered. Further round of recruitment for Assistant Psychology posts have also been completed with 3 offers made. There has been notice given by a senior EP, so that post is now open. Risk is now mitigated and downgraded.
- Risk 24 (ECHP data systems and challenges of the improvement processes): Steps have been undertaken to understand the functionality of the system. It has been a substantial task which has taken months to ensure the data held is in the system. It is hoped that there will be data by June. It is still difficult to ascertain where they are in terms of compliance for Annual Reviews. There is also more work to do in making sure that information is being captured in relation to mediations and

	tribunals. The biggest challenge moving forward is that keeping the system. The risk will be maintained as red. • Risk 25 (capacity in the SEND team): It was an ongoing challenge, not just for the numbers of staff in relation to the demand, but also in the continuous challenge in retaining staff seen in the SEN team. The current structure is being built on but it has been difficult to recruit to those posts due to it being a challenging space across Greater Manchester, so have mainly been looking to acquire staff from within. Additional resources will be needed still to deliver on the improvement plan, and to become more statutorily compliant. An options appraisal paper is being worked on which will outline the challenges faced and the risks associated. This options appraisal is due to be completed by 6th July. Current risk status maintained and due date extended. **Actions** 12. Assurances to be provided to the Board on what capacity is needed to assure the maintenance of the data system (Risk 24). Update to be brought to the next board – 24th June
5	**TERMS OF REFERENCE**
	The Chair stated that the ToR is normally due to be reviewed every 6 months however, there has been a longer time in between on this occasion due to the development work being undertaken with Board members. It is important to think about how the Board moves from a reactive approach to a more proactive one. Changes are as follows: • 1.3: Removal of reference to previous policy that was under the previous Government and is no longer relevant • 1.4: Question on whether other boards are linked into the SIAB board sufficiently. Raised that many SIAB members are linked into other Boards, so it is likely that SIAB is linked in sufficiently. GM-wide ICB colleagues are clear and updated on the progress of Bury's SIAB. • 1.5: updated to read 'parents, carers and families'. • 1.6: updated to include 'as part of support'. • 1.9: add in the Board starting to provide a sustainability plan. • 2.2: added that support will be provided by PPL. • 3.2: add in Primary and Secondary representation groups. • 3.2: add in Changemakers and Youth Cabinet. • 3.2: add in the GM SEND board. • 3.2 and 3.7: add in 'and their families'. • 4.1 Updated to show papers will be circulated 1 week after Board and published 2 weeks after approval at the following Board. **Discussion** The Chair elaborated on point 1.6 in relation to the quality assurance. The next stage of development and improvement recommended to the Board by the Chair was that it needs to develop to be a partnership approach. A Partnership meeting will be held about Data and Performance in the next few months, to include developing a data-sharing protocol. There will be a lead on the partnership Quality Assurance framework, and work taken forward improvement work regarding a multi-agency audits of Education, Health and Care plans. Over the Autumn there will be reflective case studies based on Alternative Provision and EOTAS, Transitions, Early Years and Preparing for Adulthood.

The Chair shared that Sustainability Planning meetings had been added in from the Summer, so that when the Improvement Programme and Board moves to business as usual (therefore without an Independent Chair or Improvement Notice) it can be decided what is needed to continue to improve delivery and impact of services for children, young people and their families. The progress and partnership working held by this Board (or its successor) will need to be considered in light of future changes within NHS Greater Manchester.

The Chair stated that the ToR would be discussed again in 6 months' time (November).

Actions

13. The SIAB progress papers will be relayed to the ICB board meeting. Update due at next meeting – 24th June
14. PPL to add colour-coding SIAB reports to cross-reference between SIAB and PSV.
15. PPL to review and update Appendix A and B on the ToR document; including correction of representation that has now changed.
16. A review the Board's membership and report back to the board for recommendations on 24th June.
17. All SIAB members to review the Principles of Board membership section in ToR – due 24th June (to review in next meeting).
18. PPL to create a Membership log that marks who are the deputies for each member, which will be held in the PMO toolkit – due 24th June

7 **THEME 2 UPDATE**

A summary of Theme 2 was provided about how children and young people are supported at the start of their journey, and so includes the Graduated Approach; the Local Offer; timely and effective assessments; and supporting families while they are on the waiting list.
It was reported that progress has now definitely moved from action into impact, with a substantial amount of evidence in the report to support this.

The executive summary

The key themes from the report:

- Graduate Approach & Local Offer
  - Updating and relaunching Bury's Graduated Approach, which will take an integrated approach across Education, Health and Care.
  - Developed a Local Offer compliance checklist to ensure that the work being progressed is reflected in the Local Offer. The audit findings evidences there is 88.9% compliance, with 11% of areas requiring further development to ensure that the Local Offer is fully compliant.
- Waiting times
  - Good progress was reported, especially in relation to Speech and Language therapy. Good waiting times were also reported for Community Occupational Therapy.
  - Community Paediatric waiting times continue to be a challenge; transformation around efficiency work is being undertaken to improve this with addition capacity, but progress currently is not

rapid enough. This has been escalated with Northern Care Alliance, as there is a duty on the provider to think about levelling up their capability capacity. Significant waiting times are also still being reported for Neurodevelopment pathways.
    - A business case has been developed and shared with ICB for an investment in a waiting list initiative, with initial positive feedback.
    - For CAMHS, the mitigating actions to shorten waiting times are wait list initiatives, weekend clinics, additional capacity, CBT and medical capacity.
    - The GM-wide Neurodevelopmental pathway is being redesigned, with each locality invited to construct a proposition against a clear specification. This is making progress and should be in place by October 2025. There was a recognition that the process has moved very quickly and there is a need to do more on co-production locally, which is an ongoing conversation between ICB partners and B2G. This is in the hope that the team emerge from that process with an opportunity to describe a comprehensive shared understanding of a joined up and integrated model, that will make a fundamental contribution to reducing the waiting times.
    - It is hoped that it will be possible to confirm in the June SIAB meeting that there is a commissioning service in place for adult ADHD.
    - Further work needs to be undertaken in terms of compliance of advice given, especially for children on waiting lists/ children not known to services.
- Portal
    - The portal is continuing to be utilised to ensure advice is being requested. However, it has been identified since the last time it was reported that the parent portal has not been purchased.
    - Correspondence from Bury2Gether colleagues and parents report that the portal would be a useful mechanism and may improve communication. A demonstration has been arranged to understand the functionality more.
- Quality Assurance
    - As mentioned earlier by the Chair, a Quality Assurance protocol has already been developed and that work is now underway. Further work must be done in terms of the multi-agency audit. The team has just received the first data sets. There will be detailed updates when next reporting to SIAB.
    - Good initial feedback has been received from the National Change Programme about what quality is looking like in Education, Health and Care plans from schools, colleges and parents.
    - This survey will be rolled out further to the Annual Review recovery stages to transfers this year.

Feedback from schools

Feed back from Schools:

- One Headteacher said that it's hard to quantify the impact of the strategic changes implemented by the LA teams post-SIAB. The Secondary sector is experiencing a more collaborative approach to the challenges. On 2nd July, the Bury Secondary Heads LA meeting (BASH) is taking place, where the SIAB Chair will attend to explain the role of the SIAB in overseeing the improvement of the Bury SEND partnership. A survey for Head

Teachers is being introduced so that they can consult and endeavour to collate measured, informative feedback on impact so far.

- Another Headteacher had asked regarding the report for Priority Theme 2 2.2a (Educational Psychologist recruitment), if more information could be provided on the offer of non-statutory support to schools and when this will be available, along with the community EP service offer. It was also raised that the drop in Local Offer website visitors was concerning, however it is believed that there will be an increase following the CPD with schools. What systems are in place to check that all schools are accessing it, and if the SIAB was proactively targeting those which do not engage in the offer? What is the data currently showing in terms of EHC needs assessments? Are there certain schools which are making requests which are not being accepted in case in need for transport? There support for the aims and objectives of the Workforce Strategy - what is the update is in terms of recruitment and retention in the workforce, and are the roles at capacity?

It was noted that it is key for change to happen in schools and with parents for the Graduated Approach to become a reality and so all schools are critical parts of the partnership. The Chair added that many schools have in the past been directed to take children the school does not believe able to manage, leading to the children being temporarily or permanently excluded. Schools therefore might not take the time to empower themselves and ask "what can we do in this space?". This is a conversation that needs to be facilitated with all schools.

There was further discussion about needing to achieve a shared understanding across the partnership of individual and organisational responsibility towards children and young people. There is a sense that there are missed opportunities within settings, leading to too many children being excluded and suspended. The Chair raised that it would be good to collect data on children who have been permanently excluded, to include whether they were directed to schools that did not assess that the children's needs could be met. This raises the question around responsibility and accountability. The Chair also added that the Education and inclusion Strategy is an opportunity to work more closely with schools.

The EP service is currently under development in respect of having assigned named EP or EP assistance to mainstream schools, but the offer for the specialist sector is not yet established. The Inclusion and Outreach offer is targeted with a universal and specialist offer to all schools. Data is held as part of the SEND support service in terms of who is accessing those, as well as suspensions and inclusions data, and requests for EHCPs which have been declined.

The Workforce Strategy is depending on individual organisations to have their own workforce development capacity and capability but the partnership will be working with them to turn the strategy into action.

The work being done in relation to the Education and Inclusion Strategy is to have much more transparency about children's lived experience across Bury's education system on a school-by-school basis, and understand any patterns and concerns or examples. It is known that some schools are more likely to exclude children, and so there is a need to focus additional support.

Education and Inclusion Strategy
The draft Strategy will be presented at the Policy Advisory Group next week. The core of the Strategy is the lived experience of children and young people through the education system, and how their experience is being measured. A question was raised about how the partnership can collaborate to improve the experience and the outcomes and the attainment of Bury children.

Questions from the Changemakers
It was highlighted that hearing from the Changemakers in the meeting raised a reflection about whether the key questions they were asking had been answered effectively. The key is figuring out how to communicate successfully, potentially focusing more on what solutions and mitigations have been referenced.

Report changes and adjustments
The Chair recommended that further clarity be added to the report about impact with wording that is clearer ie what difference is being made, including evidence that demonstrates there is progress in achieving the desired outcome. This can show how the children, young people and their families are starting to experience some things differently.

There would be a time lag between taking action and being able to see impacts, and an even longer lag of being able to collect the information to provide the evidence. However, more could be done on bringing some of the evidence out into the Executive Summary.
The Chair stated that the Executive Summary should be worded in a way that the young people themselves can make sense of it, therefore needed to be in clear language with no acronyms. The glossary will also be moved higher up the report so it can be referred to more easily.

Data
The delivery on data improvement will take time, and it is important to both prioritise but also think about the outcomes that need to come out of the work.

Managing the ~2,900 ECHPs, and the additional ones undergoing assessment, it is extremely difficult with this quantity to ensure a more statutory compliant position and implement robust performance management measures. It is therefore critical that the data improvement is delivered.
The Chair raised that any delays to data could be escalated to the Chief Executive if there is not a solution identified.

There are different elements to the data issues, because there are different solutions to different areas which have different problems. Therefore, the options appraisal paper is relevant for keeping the system progressing once it is in a steady state. The maintenance of the information will be a significant element going forward which will be the responsibility of the SEND team. A solutions-focused paper outlining the data situation is being written to present at the meeting the Chief Executive and the key Executive Director. This will be brought to the next Board.

In addition, there was a recommendation that for the data training, an attendance list be taken for who attended; as well as a log showing that

attendees read, understood, had access to the process notes, and maintain the data.

ADHD assessment times
B2G raised that they do not recognise the figures for ADHD waiting times that are in the report, as they are very different to what is in the Local Offer. There was a request to present the data in clearer graphs so that trends could be more easily identified. It was reported that there is a GM level data dashboard that could be used, acknowledging that there is a significant data lag.

SEND Strategy
The final version of the Strategy had been circulated widely inviting comments and reflection for how to best do the next stage of implementation. This will be continued to be iterated over time.

A comment was made on section 5 of the Strategy on the core principles, where it says commitment to 'inclusive practice to remove the educational health or care barriers to learning'; wanting it to include not just barriers to learning, but community engagement/ community life/ enjoyment.

It was raised that in slide 4 of the Strategy, it references Ofsted but it should also include CQC.

Actions

19. An update on the adult ADHD commissioning service at next meeting - 24th June.
20. PPL to update the SIAB reports to move the glossary higher up the report by 24th June.
21. A response to the questions raised by schools on increasing capacity to be collated by 24th June.
22. A report back to the SIAB with what can be achieved in relation to the parent portal to be provided by 24th June.
23. Attendance for the 2nd July Bury Secondary Heads LA meeting (BASH) to be agreed by 24th June.
24. The Chair to have a conversation at the July 2nd BASH meeting about the work the partnership is doing and their role in delivering on the outcomes of the programme for children and young people.
25. The questions the Changemakers raised about wait times – i.e. a slide that says what is being done to try to reduce wait times, and another slide about what help is available while waiting to be addressed by 24th June.
26. A paper outlining the data situation to be written to present at the meeting the Chief Executive and the key Executive Director. To bring to the next board on 24th June.
27. Board to ask the Designated Clinical Office audits for the impacts of wait times on children, and how these wait times are managed – by 24th June
28. The data for the ADHD assessment wait times to be reveiwed, including presenting the data in 2-month blocks so it can be compared more easily over time. Also to explore the more timely presentation of the GM SEND data dashboard – by 24th June
29. An update at the next SIAB meeting on waiting times for medication after diagnosis to be provide by 24th June

	30. An update on the Workforce Strategy to change section 5 'barrier to learning and enjoyment' to inclusive practices, and to include children and young people's ability to engage in their communities and enjoy life as a key outcome. 31. SEND Strategy to remove any further reference to the word 'puzzle' and also reference CQC alongside Ofsted by 24th June.
8	**SUMMARY OF KEY MESSAGES FROM TODAY'S MEETING**
	There was not time to identify key messages in the meeting but Bridget Aherne will do so and share with the Chair for confirmation.
9	**ANY OTHER BUSINESS**
	Board evaluation The Chair said that there will be a second SIAB evaluation, with the suggestion to hold it after the July SIAB board, with a return on 6th August. The Chair asked members to put space in their calendars now so they will be able to complete it. **SEND survey** The SEND survey has been co-produced about the Priority Improvement Plan to feed into the upcoming July Stocktake – this will gain the views of parents and carers. The survey is now live on the Local Offer and needs to be completed by 4th June.
10	**UPCOMING MEETINGS**
	• June SIAB meeting: 24th June 10-1pm • Stocktake meeting: 1st July 10-1pm • July SIAB meeting: 22nd July 10-1pm • No SIAB meeting in August. • September SIAB meeting: 23rd September 10-1pm • October SIAB meeting: 28th October 10-1pm (please note the change of the date to enable the Changemakers to attend.