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, 1 September 2025
Place:	Microsoft Teams
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 **AGENDA** *(Pages 3 - 168)*

Agenda

Locality Board – Meeting on Teams

Date: 01st September 2025

Time: 4.00 pm – 6.00 pm

Venue: Microsoft Teams Chair: Dr Fines

Full agenda pack begins on next page.

Date and time of next meeting
Monday, 6th October 2025, 4.00 - 6.00pm in Committee Rooms A and B, Bury Town Hall

If you wish to attend this meeting, please contact the Bury Corporate Team at; gmicb-bu.corporateoffice@nhs.net
If you would like to ask a question of the Bury Locality Board, please submit it by **email to** gmicb-bu.corporateoffice@nhs.net **no later than 27th August 2025 at 12 noon.** Questions received after this time will be taken to the following meeting.

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

This page is intentionally left blank

BURY INTEGRATED CARE PARTNERSHIP

Agenda

Locality Board – Meeting in Public (on Teams)

Date: 1st September 2025

Time: 4.00 pm – 6.00 pm

Venue: Microsoft Teams

Chair: Dr Cathy Fines

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.10	10 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 21st July 2025 and action log	Paper	Approval	Chair
4.0			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.1	4.10 – 4.30	20 mins	Key Issues in Bury	Paper to follow	Discussion	Will Blandamer
5.2			Place Based Partnerships and NHS Reforms	Paper to follow	Discussion	Will Blandamer
Locality Board Priorities						
Integrated Delivery Collaborative Update						
6.0	4.45-4.50	5 mins	Integrated Delivery Board Update	Paper	Discussion	Kath Wynne-Jones
7.0	4.50-4.55	5 mins	Performance Report	Paper	Discussion	Kath Wynne-Jones
8.0	4.55-5.10	15 mins	Cancer update report	Presentation	Discussion	Liane Harris
9.0	5.10-5.20	10 mins	MOU with the Voluntary Sector	Paper	Approval	Kath Wynne-Jones & Helen Tomlinson

BURY INTEGRATED CARE PARTNERSHIP

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

Post Meeting Reflection

		5 mins	Post Meeting Reflection	Chair/All

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	01 September 2025	Action	Consider
Item No.	2	Confidential	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary

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

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

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

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

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

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

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

Recommendations

It is recommended that the Locality Board:-

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

BURY INTEGRATED CARE PARTNERSHIP

- 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	☒

BURY INTEGRATED CARE PARTNERSHIP

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

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

Committees and Sub-Committees

Locality Board

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

Name			Current Position	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments		
					Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To			
Voting Members (Pooled Budget & Aligned & Non-Pooled Budget)														
Cllr	O'Brien	Eamonn	Leader of Bury Council & Joint Chair of the Locality Board	Bury Council - Councillor	X			Direct	Councillor		Present	As per policy - see details above		
				Young Christian Workers - Training & Development	X			Direct	Development Team		Present			
				Labour Party		X		Direct	Member		Present			
				Prestwich Arts College		X		Direct	Governor		Present			
				Bury Corporate Parenting Board		X		Direct	Member		15/01/2025			
				No Barriers Foundation		X		Direct	Trustee		Present			
				CAFOD Salford		X		Direct	Member		Present			
				Caterian Association		X		Direct	Member					
				USDAW		X		Direct	Member					
				Prestwich Methodist Youth		X		Direct	Trustee		Present			
				Unite the Union		X		Direct	Member		Present			
Cllr	Tamoor	Tariq	Executive Member of the Council Adult Care and Health	Bury Council - Councillor	X			Direct	Councillor	May-10	Present	As per policy - see details above		
				Health Watch Oldham	X			Direct	Manager	Aug-20	29-Jul-24			
				Pretty Little Thing				Indirect			Present			
				Action Together CIC	X			Direct	Employed		15-Jan-25			
				The Derby High School			X	Direct	Governor	Apr-18	Present			
				St Lukes Primary School		X		Direct	Member		15-Jan-25			
				Unite the Union		X		Direct	Community Member	May-12	Present			
				Labour Party		X		Direct	Member	Jun-07	Present			
Cllr	Smith	Lucy	Executive Member of the Council for Children and Young People	Bury Council	X			Direct	Councillor		Present	As per policy - see details above		
				Business in the Community	X			Direct		July 2023	Sep-23			
				The Christie NHS Foundation Trust				Indirect	Related to Spouse		Present			
				Labour Party				Direct	Member		Present			
				Community in the Union				Direct	Member		Present			
				Co-operative Party	X			Direct	Member	Jul-24	Present			
				Socialist Health Association				Direct	Member		Present			
				Good Campaigns Company	X			Direct	Employed	Jul-24	Present			
				Catholics for Labour				Direct	Member		Present			
				GMB Union				Direct	Member		Present		#####	Y
Dr	Fines	Cathy	Associate Medical Director and Named GP	GP Federation	X			Direct	Practice is a member	2013	Present	Declaration of interest as per policy as detailed above (Y,Y,Y,Y,Y)		
				Tower Family Health Care	X			Direct	Partner in a member practice in Bury Locality	2017	Present			
				Horizon Clinical Network	X			Direct	Practice is a member	2019	Present			
				Greater Manchester Foundation Trust				Indirect	Husband is employed		Present			
	Jackson	Catherine	Associate Director of Nursing, Quality & Safeguarding	Northern Care Alliance				Indirect	Partner is a Director at the Northern Care Alliance	2019	Present	As per policy - see details above		
	Ridsdale	Lynne	Chief Executive for Bury Council	Bury Council		X		Direct	Chief Executive	Mar-23	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	O'Hare	Simon	Locality Finance Lead	Simkat Shore Holdings LTD	X			Direct	Director	Apr-19	Present	As per policy - see details above. (Y,Y,Y,Y,Y)		
	Kissock	Neil	Director of Finance/Section 151 Officer	None Declared					Nil Interest	Aug-24	Present			
	Heppolette	Warren	Chief Officer for Strategy & Innovation	Greater Sport			X	Direct	Trustee	2018	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
				FC United			X	Direct	Director	2021	Present			
Voting Members (Aligned & Non-Pooled Budget)														
Dr	Howarth	Vicki	Medical Director – Bury Care Organisation, NCA	Unilabs Ltd - Private Histopathology Service	X			Direct	Providing services as Consultant Histopathologist to the	2011	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
				Tameside and Glossop Integrated Care NHS Foundation Trust	X			Direct	Bank Consultant Histopathologist performing Coronial Post-	2015	Present			
	Fawcus	Joanna	Director of Operations, NCA	None Declared					Nil Interest	Nov 23	Present			
	Parekh	Nina	Divisional Managing Director - Bury Community Services Division	None Declared					Nil Interest	Nov 23	Present			
	Allan	Lorna	Chief Digital and Information Officer Digital Services, NCA	Trustee at St Leonard's Hospice in York			X	Direct	Trustee	Dec-23	Present		#####	Y
				Host Non Exec of Aqua (Advancing Quality Alliance)		X		Direct	Host Non Exec	Sep-24	Present			
Dr	Patel	Kiran	Member of the Locality Board	Tower Family Health Care - Primary Care General Practice	X			Direct	GP Partner	Jul-18	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
				Bury GP Federation - Enhanced Primary Care Services	X			Direct	Medical Director	Apr-18	Present			
				Laserase Bolton - Provider of a range of cosmetic laser and injectable	X			Direct	Medical Director	1994	Present			
				Laserase Bolton - Provider of a range of cosmetic laser and injectable				Indirect	Spouse is a Shareholder	2012	Present			
				Tower Family Health Care - Primary Care General Practice				Indirect	Spouse is a Director	Jul-18	Present			
	Preedy	Sarah	Chief Operating Officer, Pennine Care NHS Foundation Trust	None Declared					Nil Interest	Nov 23	Present			
	Hargreaves	Sophie	Chief Officer, Manchester Foundation Trust	Manchester & Trafford LCO				Indirect	Spouse works as Transformation Manager	Sep-18	Present	As per policy - see details above (Y,N,N,N,N)		
	Tomlinson	Helen	Chief Officer, Bury VCFA	Bury VCFA (Voluntary, Community, Faith & Social Enterprise)	X			Direct	Chief Officer in organisation which may seek to do business with health or social care organisations	Nov-21	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	Blandamer	Will	Deputy Place Based Lead & Executive Director Health and Adult Care	Ashton on Mersey Football Club Trafford			X	Direct	Chairman	2024	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
				Manchester Football Association			X	Direct	Non Exec Director (Board Champion for Safeguarding)	2018	Present			
				Francis House Hospice (Manchester)				Indirect	Spouse is a Registered Nurse	2024	Present			
				University Hospital of Wales				Indirect	Daughter is a Foundation Year 1 Doctor	2024	Present			
				Stockport NHS Trust				Indirect	Daughter is a Foundation Year 1 Doctor	Jul-25	Present			
	Richards	Jeanette	Executive Director of Children and Young People, Bury Council	None Declared					Nil Interest	Nov 23	Present			
	Hobday	Jon	Director of Public Health	None Declared					Nil Interest		Present	As per policy - see details above		
	Bulman	Richard	Director of Nursing, Bury Care Organisation	None Declared					Nil Interest	2025	Present			
	Crook	Adrian	Director of Adult Social Care and Community Services	Bolton Hospice			X	Direct	Trustee	Jul-05	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Non-Voting Members														
	Wynne-Jones	Kath	Chief Officer, Bury Integrated Delivery Collabrative	KWJ Coaching and Consulting	X			Direct	Owner	July 21	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
				Roots and Branches CIC	X			Direct	Director	Nov-23	Present			
				The University of Manchester - Elizabeth Garrett Anderson programme	X			Direct	Tutor	Oct-22	Present			
	Richardson	Stuart	Chief Executive, Bury Hospice	None Declared					Nil Interest	Mar-25	Present			
	Beesley	Mark	Chief Officer	Bury GP Practices Limited	X			Direct	Chief Officer & Director	Jul-21	Present			
				Greater Manchester GP Federation	X			Direct	Director	Oct-21	Present			
Invited Members														
Cllr	Rydeheard	Jack	Attendee of the Locality Board as Conservative Councillor	Conservative Councillors Association		X		Direct	Member		Present			
				Conservative & Unionist Party		X		Direct	Member		Present			
				Conservatives for Liberty		X		Direct	Member		Present			
Cllr	Smith	Mike	Attendee of the Locality Board as Leader of Radcliffe First	Angles and Arches	X			Direct	Director	16/1/2009	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
				St Philips Community Centre Radcliffe		X		Direct	Member of Sub Committee	Jul-24	Present			
				Anodising Colour		X		Indirect	Spouse is a lab technician	2017	Present			
				Radcliffe First		X		Direct	Leader	2019	Present			
				Radcliffe Market Hall Community Benefit Society		X		Direct	Member	Jul-24	Present			
				Radcliffe Litter Pickers		X		Direct	Member	2019	Present			
				Growing Older Together		X		Direct	Member	2019	Present			

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	01 September 2025	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Previous Meeting held on 21st July 2025 and action log		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary
The minutes of the Locality Board meeting held on 21st July 2025 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed
Recommendations
It is recommended that the Locality Board:- • 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.	☒

BURY INTEGRATED CARE PARTNERSHIP

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

Draft Minutes

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

Time: 4.00pm – 6.00pm

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

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

Document History:

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

BURY INTEGRATED CARE PARTNERSHIP

Locality Board

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

ATTENDANCE

Voting Members
Dr Cathy Fines, Senior Clinical Leader in the Borough (Chair) Cllr Eamonn O'Brien, Leader of Bury Council Cllr Lucy Smith, Executive Member of the Council for Children and Young People Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health 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 Winsom Robotham, Pennine Care Foundation Trust Dr Nina Parekh (PhD), Divisional Managing Director Bury Community Services Division Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise) 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
Non-Voting Members
Ms Kath Wynne-Jones, Chief Officer, Bury IDC Mr Andrew Holland, Bury Healthwatch Mr Stuart Richardson, Chief Executive, Bury Hospice Mr Mark Beesley, Chief Officer, Bury GP Federation
Invited Members and Observers
Cllr Mike Smith, Leader, Radcliffe First Ms Ceri Kay, Legal Services, Bury Council Ms Deb Yates, Strategic Lead, Integrated Commissioning, Older People, Ageing Well and Dementia Bury Council Ms Maggie Tiller, Bury Involvement Group Mr Ian Trafford, Head of Programmes, Bury Integrated Delivery Collaborative Mr Dan Nolan, Bury Live Well Service Ms Jannine Robinson, Commissioning Manager - Mental Health, Bury Council Mrs Emma Kennett, Head of Locality Admin & Governance, NHS Greater Manchester (Bury) Ms Chloe Ashworth, Democratic Services, Bury Council

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

2	Declarations Of Interest
2.1	NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).
2.2	NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.
2.3	The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.
2.4	Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.
2.5	In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.
2.6	The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.
2.7	There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.
2.8	**Declarations of interest from today's meeting 21st July 2025 and previous meeting 2nd June 2025.**

BURY INTEGRATED CARE PARTNERSHIP

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

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

ID	Type	The Locality Board	Owner
D/07/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting and noted the updates in respect of the actions from the last meeting.	

4	Public Questions
4.1	There were no public questions received.

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

BURY INTEGRATED CARE PARTNERSHIP

- The project was being jointly led by Ms Helen Tomlinson from Bury VCFA and Mr Will Blandamer, and work has thus far focused on harnessing community and resident insight and ambition.
- On 1st July 2025, the DFE and NHSE led a 'stocktake' meeting reviewing the progress of the Bury SEND partnership and SEND Improvement and Assurance Board in delivering the Performance Improvement Plan priorities. The slide deck that informed the stocktake has been circulated to key operational partners and will be circulated to Locality Board members shortly. The formal feedback from the visit has not yet been received but some key themes from the visit were as follows:
  - There were many examples of effective action being taken to improve services for children and families.
  - There was evidence of the voice of children at the heart of the improvement plan.
  - Further work was required to demonstrate the impact and outcome of those improvements on the lived experience of children and families.
  - The partnership needed to have more confidence in the presentation of performance and outcomes data.
  - For the NHS, there was evidence of transformation and improvement activity but for some services the waiting times remain too long.
  - In addition, NHS services needed to more systematically describe the steps take to support those while waiting.
- The formal report of the visit would be circulated when available to Locality Board members and the SIAB would be working to review the actions required in the run up the formal re-inspection due in the autumn.

5.2 Mr Blandamer welcomed any comments/observations from partner organisations on the proposed NHS Structural Reforms, 10 year plan and place based working.

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

- There were extremely good working relationships in place within the locality however there was a lot of change happening within different organisations at present which could pose a risk to continued momentum of these arrangements.
- The locality had been successful with its partnership arrangements for quite some time and partners were good at representing one another at meetings.
- There was a need to consider how the Bury locality should be collectively positioning itself in terms of showcasing its achievements and making sure its voice is heard in the wider Greater Manchester context.
- Having a robust partnership agreement, revised Locality Plan and good governance in place would be key elements of locality working going forward.

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

BURY INTEGRATED CARE PARTNERSHIP

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

10.	Performance Report		
10.1	Members received copies of the latest Performance report		
10.2	There were no comments/observations made in relation to the report.		
ID	**Type**	**The Locality Board**	**Owner**
D/07/13	Decision	Noted the Performance report.	

11	Clinical Led Model (CLM) Model from the NCA		
11.1	Ms Allan submitted a set of slides in relation to the Clinical Led Model (CLM) from the NCA. It was reported that: - • There were a number of drivers for change in respect to this work. • The proposals would not erode the need for continued 'place' based working. • The Design Stage was almost complete with 25 design templates created including all corporate and clinical services • Specific consideration had been given to how to develop leaders and teams to work across and with our communities • On the 2nd July 2025, 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 the NCA would move to the new Clinical Groups was outlined including the Mobilisation and Transition Timeline • This was the first Locality Board that the NCA had brought a CLM update to and would be important to have further discussions in other localities in due course. • CLM would allow the NCA to: - - 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		
11.2	The following comments/observations were made by Locality Board members: - • This update was welcomed by the Locality Board. • There was some anxiety about the proposals but reassuring that 'place' would still continue albeit maybe slightly differently. • There was a need to ensure that place wasn't seen as a project within this programme of work. • There would be a need for the Locality Board to receive regular updates on the Clinical Led Model going forward to provide assurance on the role of place over the coming months.		
ID	**Type**	**The Locality Board**	**Owner**
D/07/14	Decision	Noted the update.	

BURY INTEGRATED CARE PARTNERSHIP

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

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

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

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

ID	Type	The Locality Board	Owner
D/07/19	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 28th May 2025.

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

Locality Board Action Log – July 2025

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	01 September 2025	Action	Receive
Item No.	6	Confidential	No
Title	Chief Officer's Report		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

BURY INTEGRATED CARE PARTNERSHIP

Bury Integrated Delivery Collaborative Update

1. Context

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

2. Key strategic developments

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

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

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

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

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

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

3. IDC Programme Highlights:

Mental Health:

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

Elective Care/Community

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

Cancer/CVD/Diabetes

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

BURY INTEGRATED CARE PARTNERSHIP

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

Palliative and EoLC

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

Adult Social Care

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

LD & Autism

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

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

Primary Care:

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

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

Neighbourhoods:

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

Complex Care:

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

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

BURY INTEGRATED CARE PARTNERSHIP

and patient numbers.

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

Urgent and Elective Care:

FGH report 4-hour performance.

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

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

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

Workforce:

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

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

4. Performance - August 2025

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

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

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

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

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

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

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

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

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

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

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

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

5. Recommendations

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

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

Department of Health & Social Care

NHS

Application to take part in the National Neighbourhood Health Implementation Programme

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

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

Place details

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

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

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

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

number/configuration of any integrated neighbourhood teams):

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

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

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

3. Neighbourhoods within the Place

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

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

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

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

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

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

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

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

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

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

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

(full name, title and contact details)

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

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

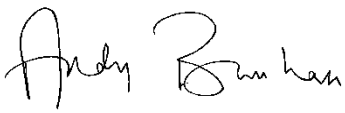
Lynne Ridsdale, Chief Executive
Bury Council and Bury's Placed Base Lead for Health and Care in GM Bury
L.ridsdale@bury.gov.uk

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

5. Mayoral combined authorities

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

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

Signed: 

6. Neighbourhood Health implementation coach and project lead:

(full name, current role and contact details)

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

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

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

Place background information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Your application in local context

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Strong primary care supporting the left shift agenda

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

Digital

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

Workforce

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

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

Estates

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

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

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

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

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

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

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

Declaration

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

We collectively agree to:

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

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

1.

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

2.

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

3.

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

4.

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

5.

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

6.

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

7.

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

8.

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

9.

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

10.

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

11.

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

12.

Constituent organisation	Whitefield PCN
Name and role	Dr Ben Shafar, Whitefield PCN Clinical Director
Signature	ual Leave until 4th Augus
Date	04.08.25

13.

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

14.

Constituent organisation Name and role	Andy Burnham, Mayor of Greater Manchester
Signature	
Date	07.08.2025

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

Locality Performance Report August 2025

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Bury - Oversight Metrics

Show Definitions

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Annual	Dec 21	53.7%	51.7%	↗	75.0%	514	957	Inter
Mental Health & Learning Disabilities	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Jun 25	14.1%	8.0%	↗	75.%	168	1,191	Inter
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Jun 25	3,470	3,475	↘	5,695	N/A	N/A	Lower
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Jun 25	76.4%	76.5%	↘	66.7%	1,876	2,455	Upper
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 3 month total)	Monthly	Jun 25	2,870	3,090	↘	0	N/A	N/A	Lower
	N/A	Number of MH patients with no criteria to reside - number of beds occupied by mental health patients who are ready to be discharged	Monthly	Jul 25	8	8	→	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Jul 25	8.5%	8.3%	↗	N/A	8	94	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Jun 25	2,070	1,995	↗	4,115	N/A	N/A	Lower
	S081a	Talking Therapies: Access Rate	Monthly	Jun 25	275	335	↘	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Jun 25	215	215	→	N/A	N/A	N/A	Lower
	S125a	Long length of stay for adults (60+ days)	Monthly	Jun 25	50.0%	66.7%	↘	0.%	15	30	Inter
	N/A	Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18	Monthly	May 25	78.0%	78.0%	↘	N/A	78	N/A	Inter
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar 24	69.6%	66.6%	↗	77.%	21,821	31,355	Inter
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Mar 25	64.2%	63.2%	↗	63.4%	6,900	10,740	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Jun 25	79.8%	80.2%	↘	81.6%	64,458	80,731	Inter
Quality	S042a	E. coli blood stream infections	Monthly	Jun 25	136	139	↘	N/A	N/A	N/A	Upper
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	May 25	69.8%	71.3%	↘	87.1%	N/A	N/A	Upper
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	May 25	5.6%	5.6%	↘	10.%	5,358	96,168	Upper
	S037A	% of patients describing their overall experience of making a GP appointment as good	Annual	Mar 23	71.4%		→	73.9%	N/A	N/A	N/A

Bury

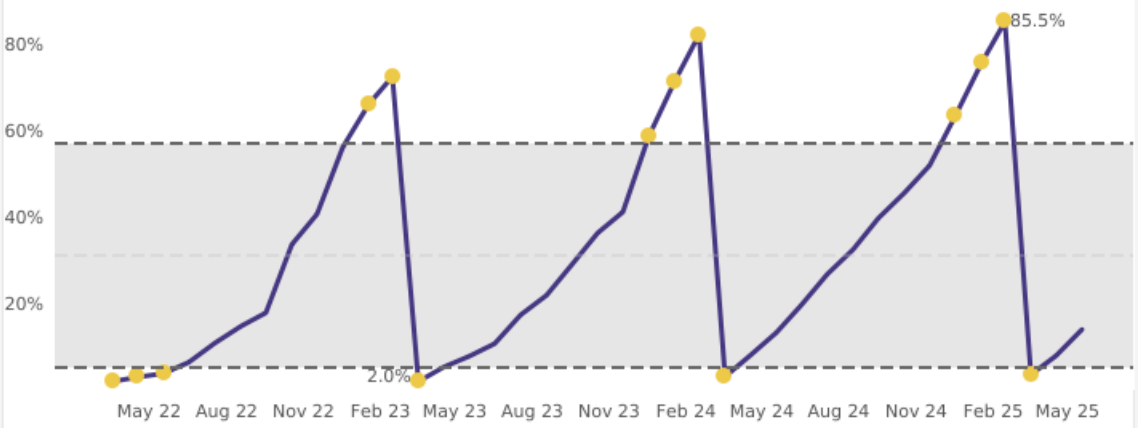
% of patients aged 14+ with a completed LD health check

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

Source: Learning Disabilities Health Check Scheme (Monthly)

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

Outliers more than 1 standard deviation from the mean

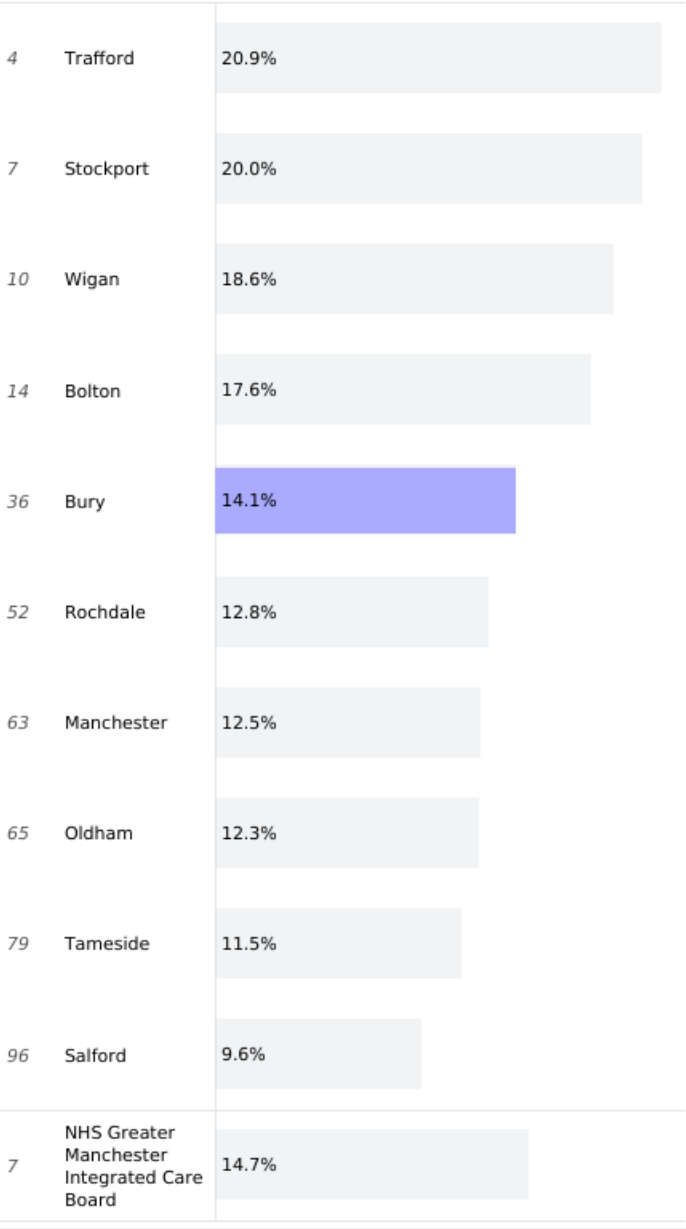


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	2.0%	3.1%	3.9%	6.5%	10.9%	14.8%	18.0%	33.8%	40.8%	56.4%	66.4%	72.7%
2023-24	2.0%	5.4%	7.9%	10.8%	17.5%	22.0%	29.1%	36.5%	41.3%	58.9%	71.7%	82.5%
2024-25	3.2%	8.1%	13.3%	19.8%	26.9%	32.7%	39.9%	45.8%	52.1%	63.7%	75.9%	85.5%
2025-26	3.6%	8.0%	14.1%									

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

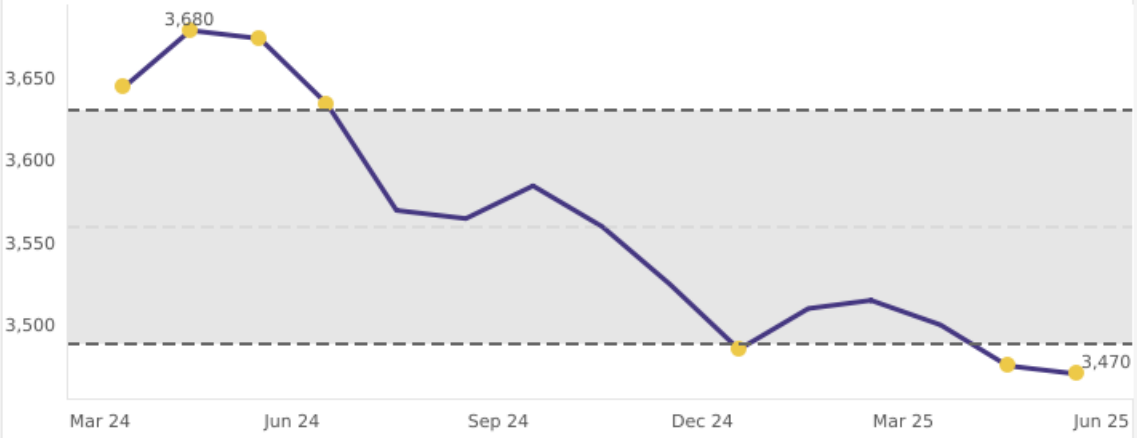
Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

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

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

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

Narrative

- In June 2025, there were 3,470 recorded accesses to Children and Young People's Mental Health Services by patients registered in Bury. This represents a decrease compared to 3,475 accesses recorded in May 2025 and 3,675 recorded in the same period last year.

- Bury currently reports 76.5 accesses per 1,000 population, ranking 5th highest among the Greater Manchester localities in terms of access rate per 1,000 population.

Bury

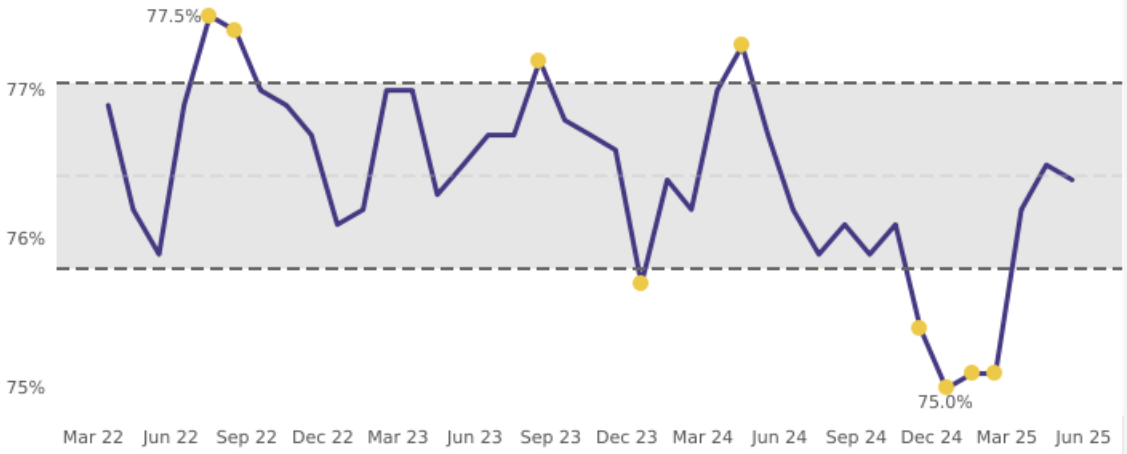
Dementia: Diagnosis Rate (Aged 65+)

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

Source: Primary Care Dementia Data (Monthly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

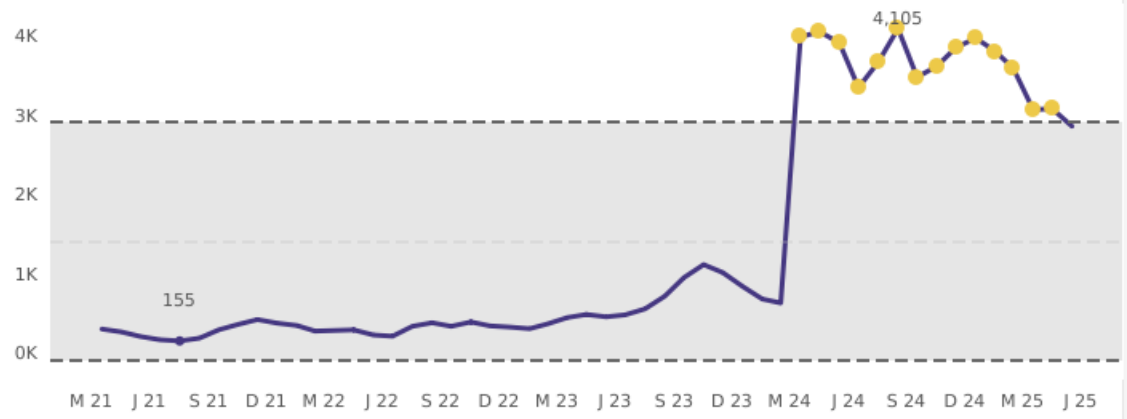
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days

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

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

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)

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

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

Narrative

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

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

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

Bury

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

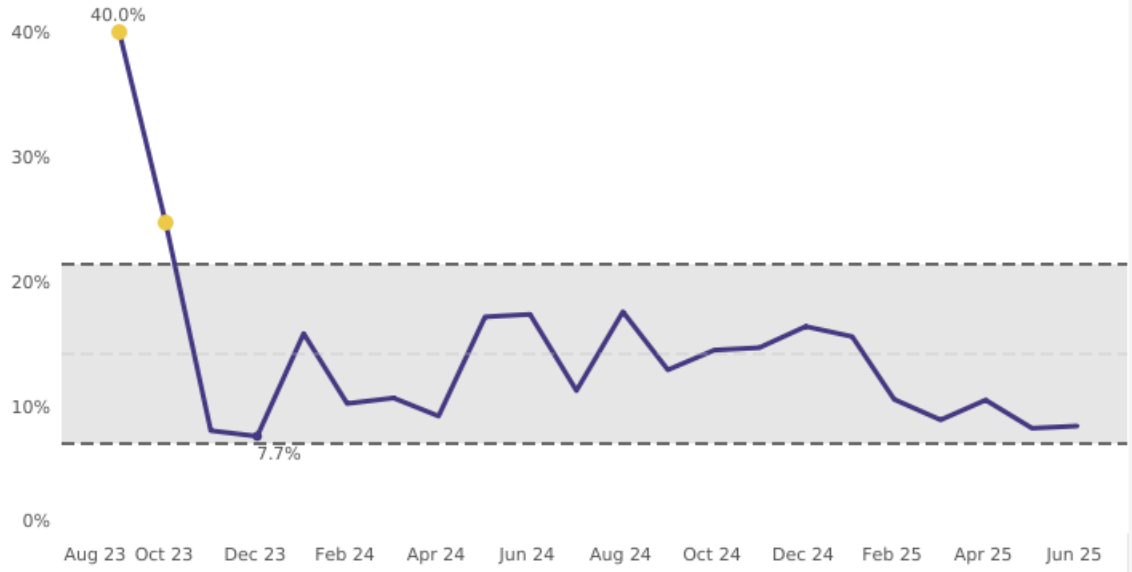
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

8.5%
July 2025

8.3%
June 2025

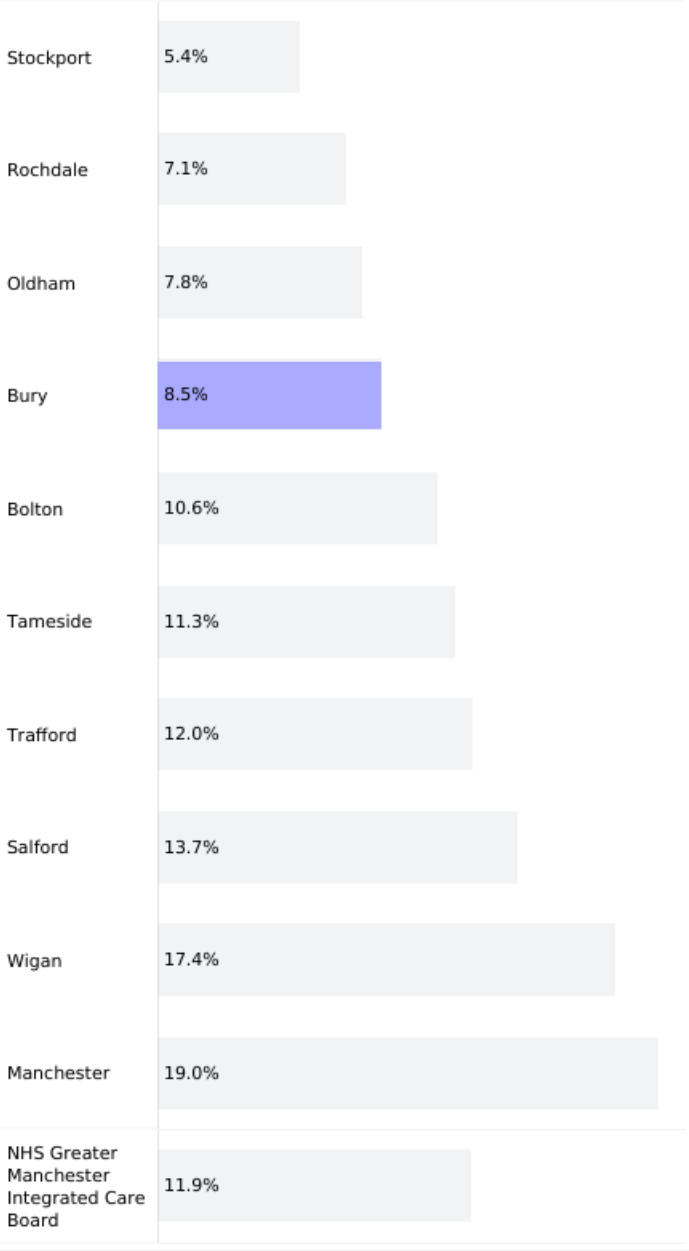
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking



Narrative

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

Bury

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

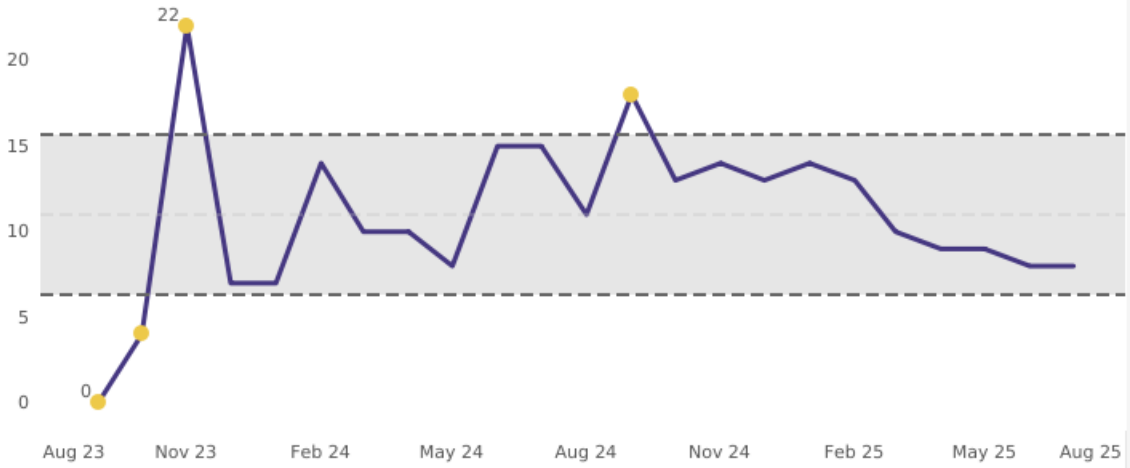
Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

8
July 2025

8
June 2025

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count

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

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

Narrative

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

Bury

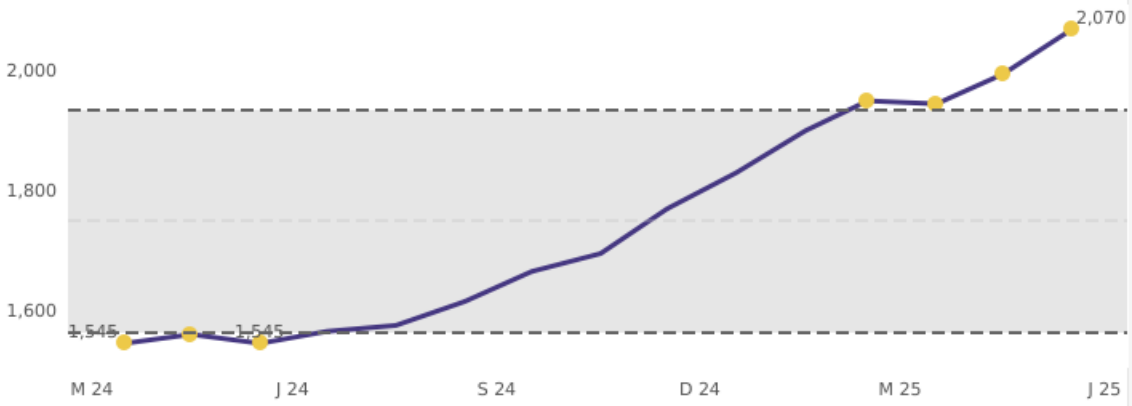
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses

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

Source: Published MHSDS (Monthly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

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

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

Narrative

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

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

Bury

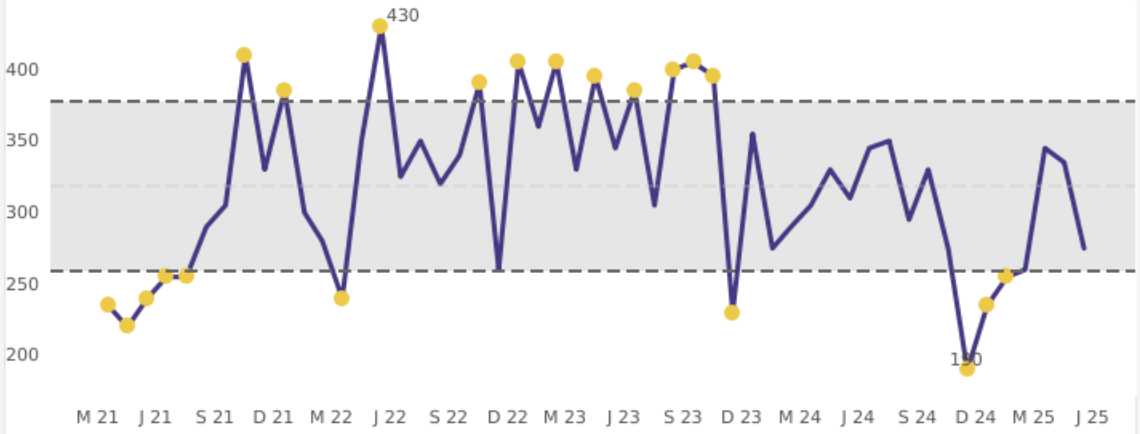
Talking Therapies: Access Rate

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

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

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)

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

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

Narrative

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

Bury

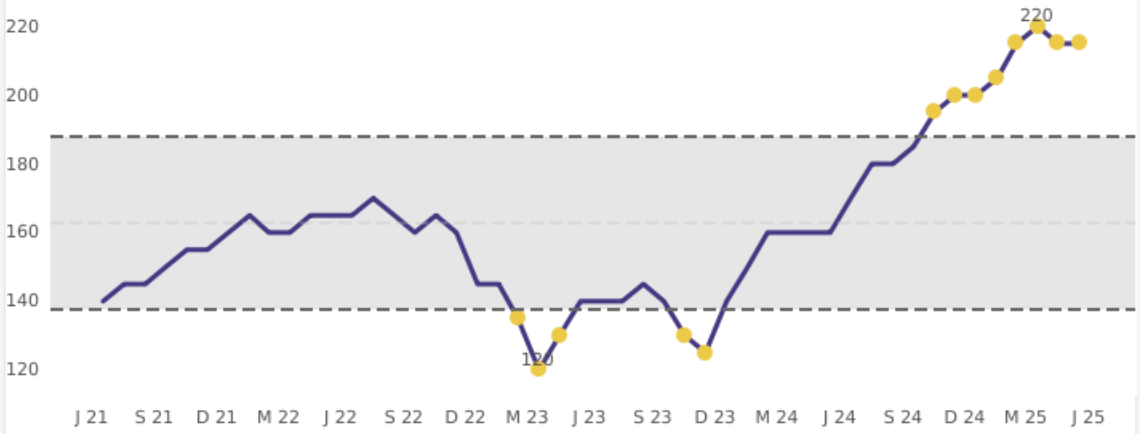
Women Accessing Specialist Community Perinatal Mental Health Services

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

Source: Published MHSDS (Quarterly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

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

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

Narrative

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

Bury

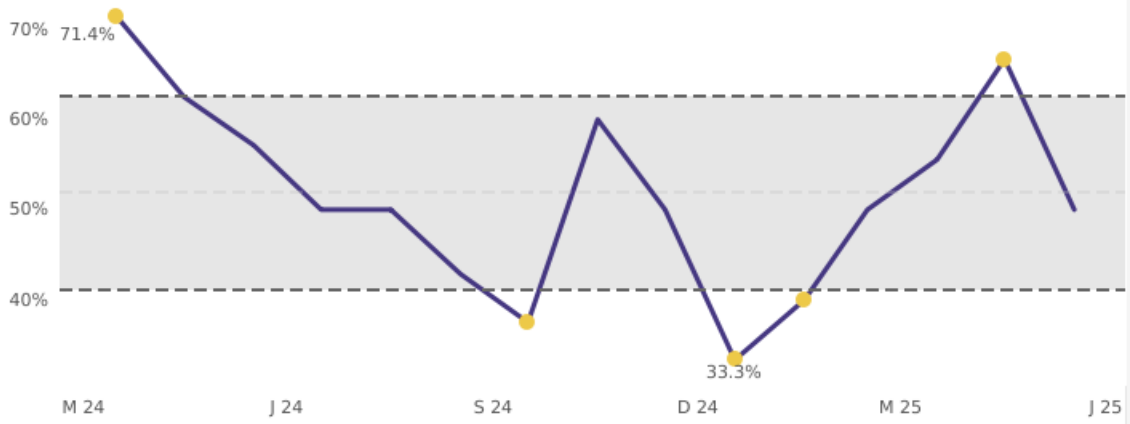
Long length of stay for adults (60+ days) - Mental Health Patients

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

Source: Published MHSDS (Monthly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

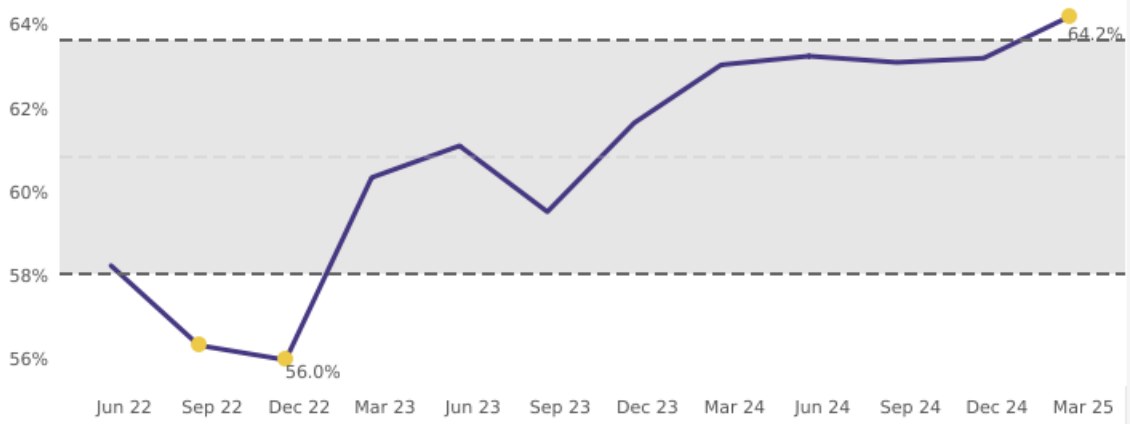
% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

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

Source: CVD Prevent (Quarterly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

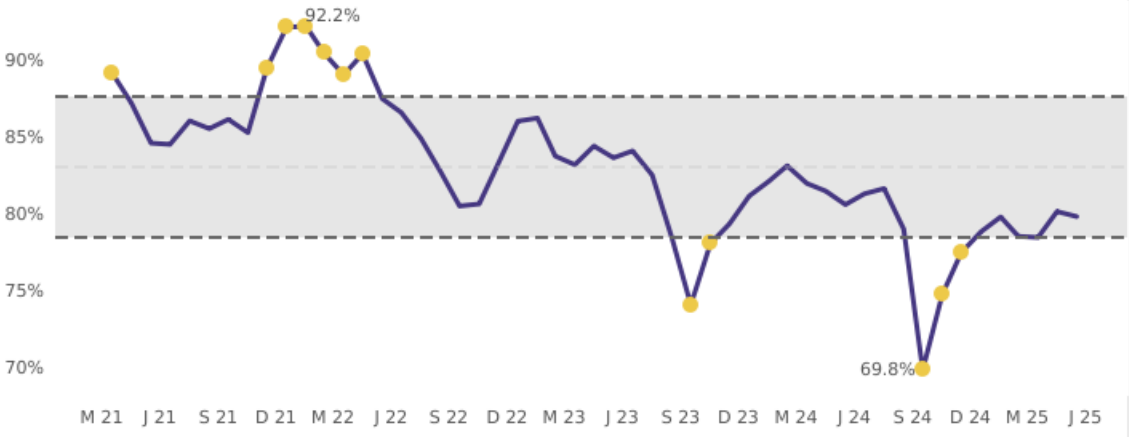
GP appointments - percentage of regular appointments within 14 days

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

Source: Appointments in General Practice (Monthly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

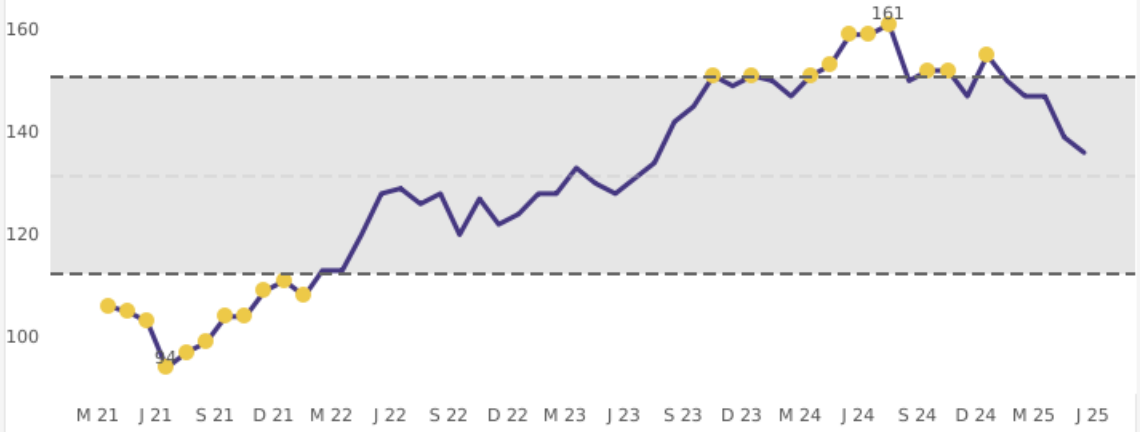
E. coli blood stream infections

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

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

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

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

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

Narrative

- In the 12-month period ending June 2025, 136 cases of E. Coli bloodstream infections were recorded among Bury-registered patients. This represents a decrease from 139 cases in May 2025 and 159 cases in June 2024.

- Bury currently reports an infection rate of 0.64 per 1,000 population, ranking as the 6th lowest rate among the Greater Manchester (GM) localities.

Bury

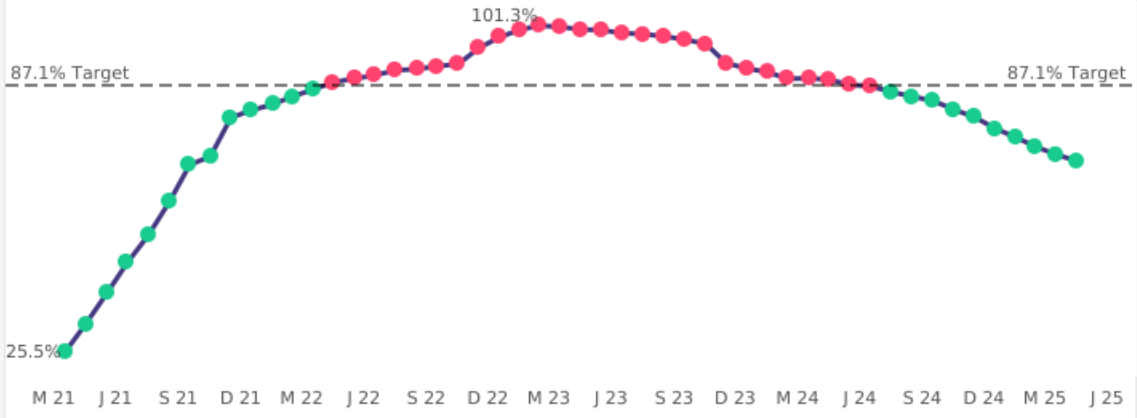
Antimicrobial resistance: total prescribing of antibiotics in primary care

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

Source: EPACT Prescribing Data (Monthly)

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

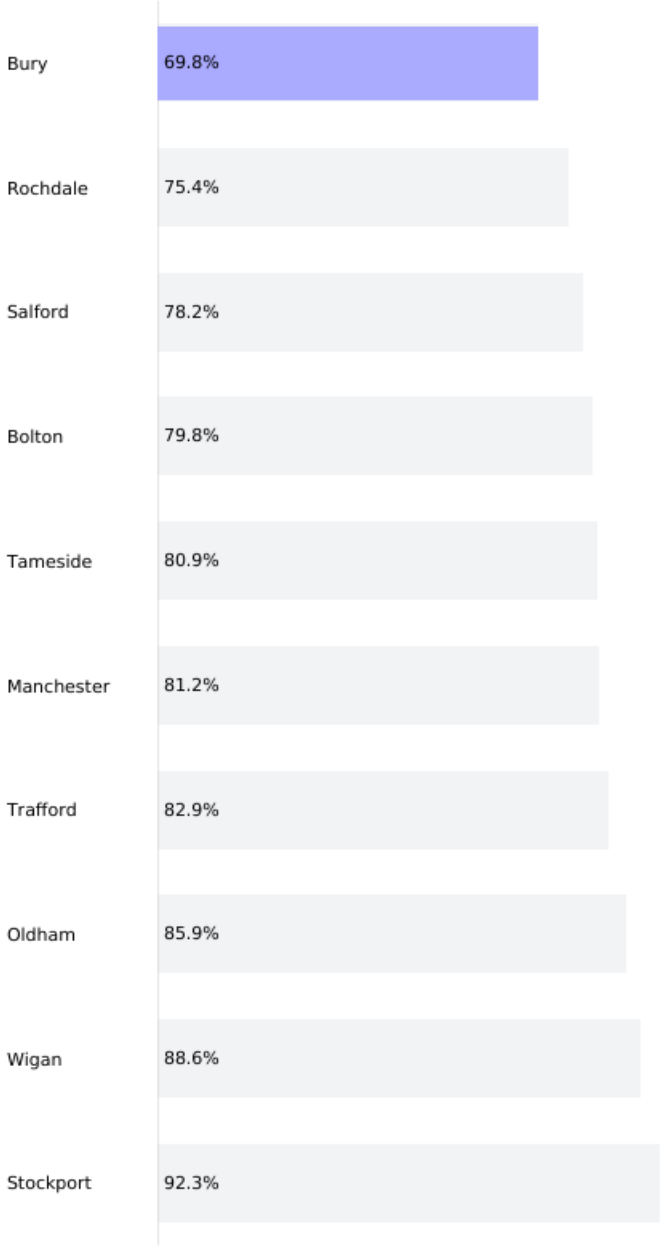
Performance Against National Target of 87.1%



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

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

Latest Value GM Benchmarking



Narrative

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

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

Bury

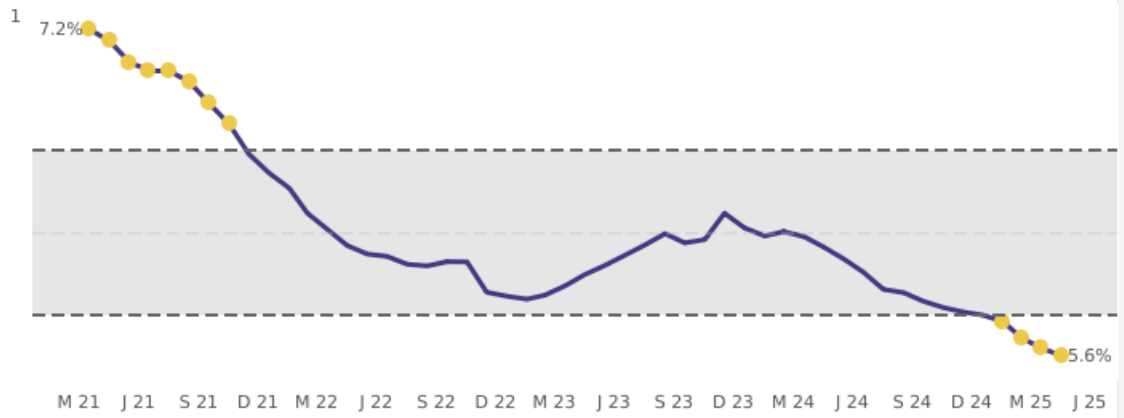
Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care

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

Source: EPACT Prescribing Data (Monthly)

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

Outliers more than 1 standard deviation from the mean

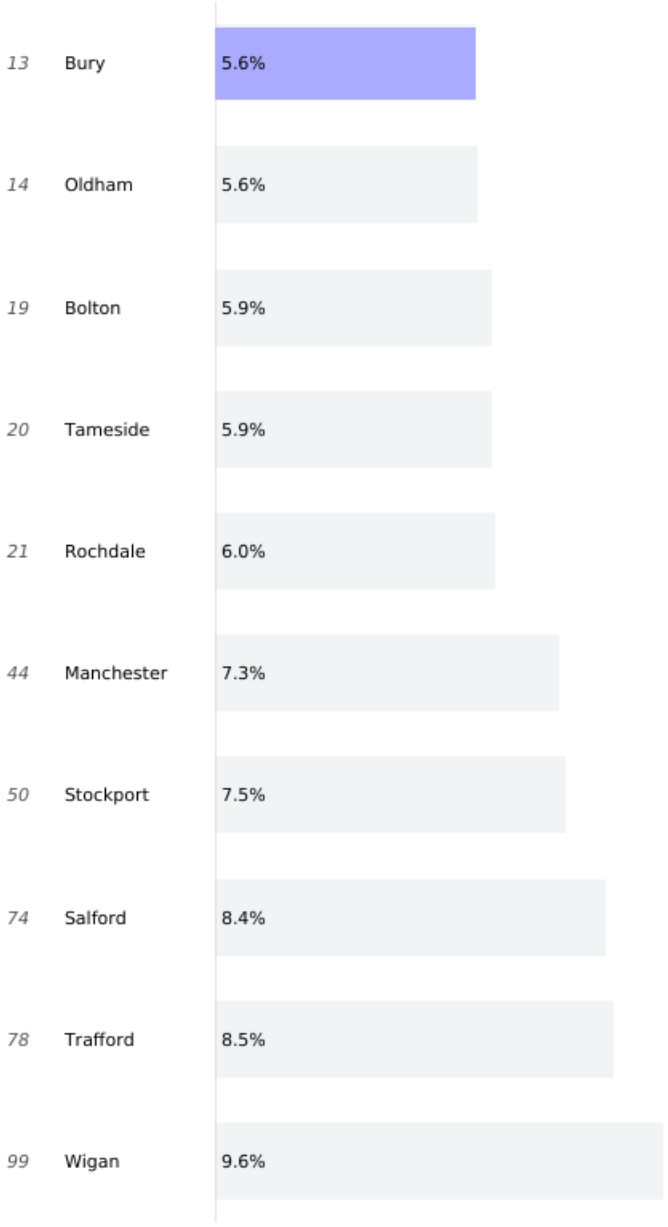


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	7.2%	7.1%	7.0%	7.0%	7.0%	6.9%	6.8%	6.7%	6.6%	6.5%	6.4%	6.3%
2022-23	6.2%	6.1%	6.1%	6.1%	6.0%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%
2023-24	5.9%	6.0%	6.0%	6.1%	6.1%	6.2%	6.1%	6.2%	6.3%	6.2%	6.2%	6.2%
2024-25	6.2%	6.1%	6.1%	6.0%	5.9%	5.9%	5.8%	5.8%	5.8%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

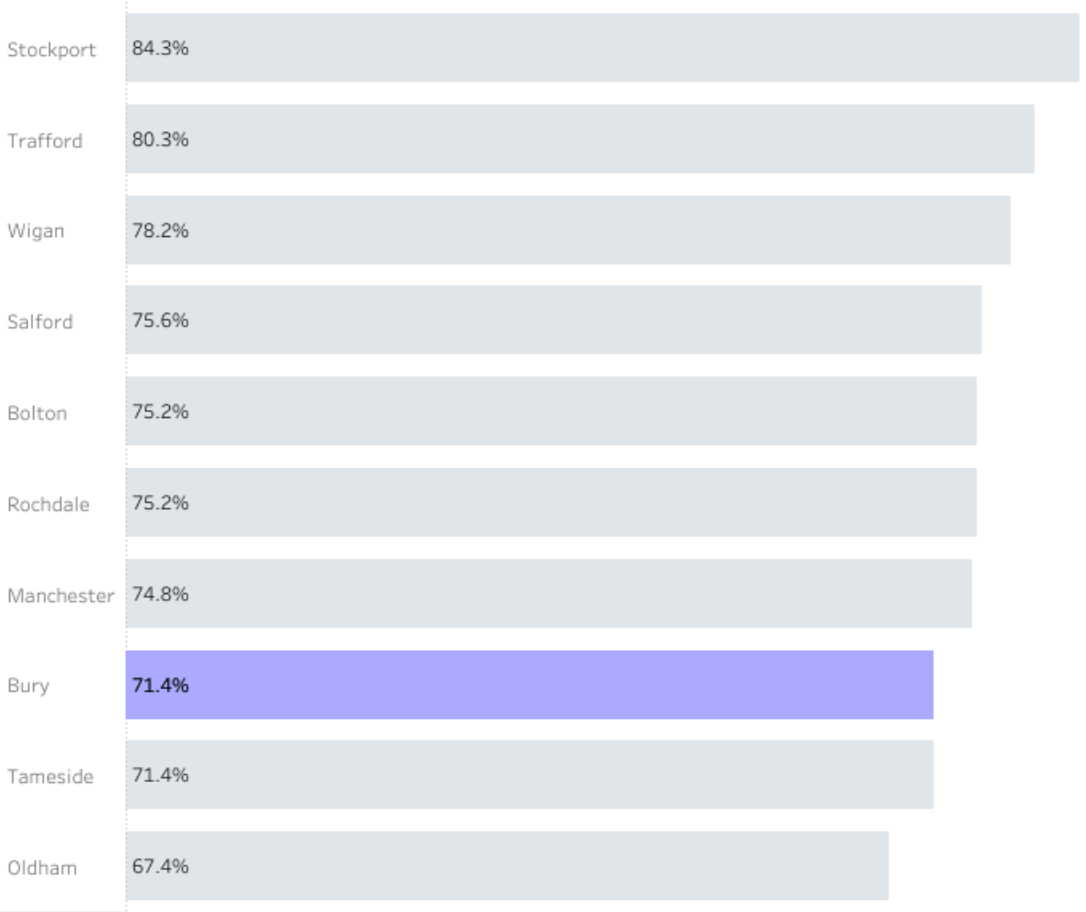
Bury

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

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

Source: GP Patient Survey (Annual)

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



Narrative

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

Bury - Sight Metrics

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Urgent Care	N/A	A&E 4 hour performance	Monthly	Jul 25	75.0%	69.7%	↗	78.0%	5,468	7,294	N/A
	N/A	A&E Attendances	Monthly	Jul 25	7,294.0	7,036.0	↗	N/A	7,294	N/A	N/A
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Jul 25	17.0%	16.1%	↗	N/A	1,703	9,995	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Jul 25	1,870.0	1,915.0	↘	N/A	1,870	N/A	Upper
Elective Care	EB28	Diagnostic 6ww: All	Monthly	Jun 25	10.6%	9.7%	↗	1.%	454	4,279	Upper
	EB20	RTT incomplete: 65+ week waits	Monthly	Jun 25	4.000	7.0	↘	0.	4	N/A	Upper
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Monthly	Jun 25	79.6%	77.8%	↗	80.%	770	967	Inter
Maternity	S104a	Number of neonatal deaths per 1,000 total live births	Annual	Dec 23	1.5	0.0	↗	1.4	3	2,049	Inter
	S022a	Number of stillbirths per 1,000 total births	Annual	Dec 23	5.4	4.0	↗	3.1	11	2,049	Lower
Screening and Immunisations	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	Annual	Dec 24	73.3%	69.2%	↗	N/A	16,305	22,244	Inter
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	Quarterly	Mar 25	84.8%	86.7%	↘	95.%	492	580	Inter
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Quarterly	Jun 24	70.3%	70.6%	↘	80.%	37,935	53,940	Inter
	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	Monthly	Feb 24	77.5%	77.3%	↗	85.%	29,492	38,042	Inter
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Monthly	Jun 25	97.2%	96.5%	↗	N/A	281	289	N/A

Bury - Sight Metrics

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

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

Bury

A&E 4 hour performance

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

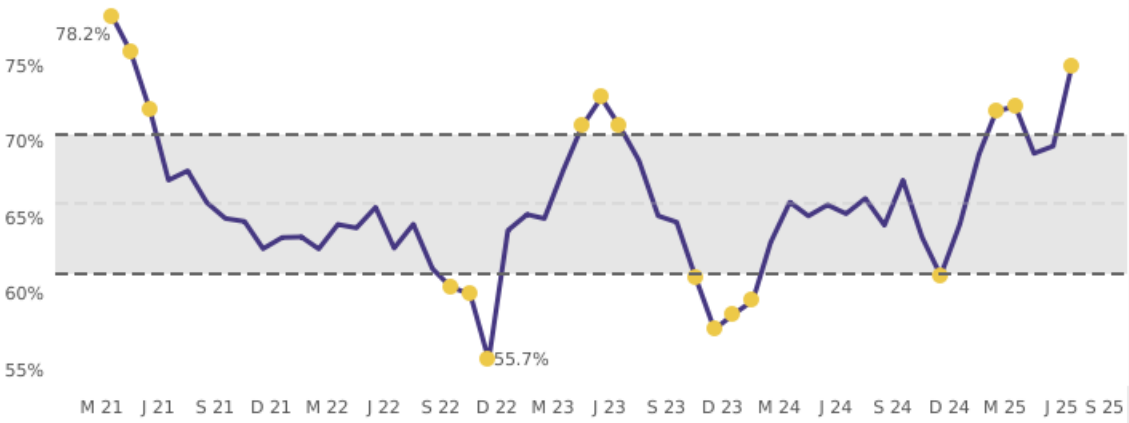
Source: Emergency Care Dataset (ECDS) (Monthly)

75.0%
July 2025

69.7%
June 2025

78.0%
National Target

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Narrative

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

Bury

A&E Attendances

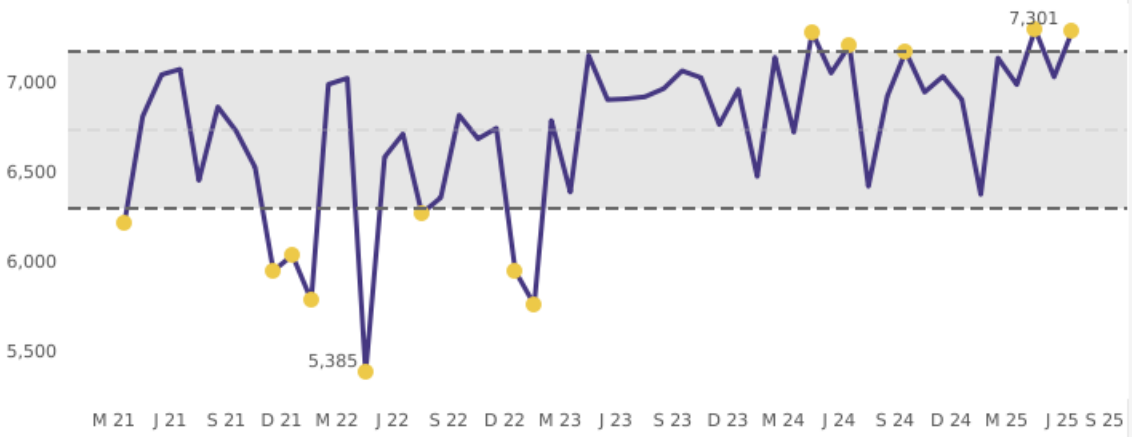
Number of attendances at A&E departments

Source: Emergency Care Dataset (ECDS) (Monthly)

7,294
July 2025

7,036
June 2025

Outliers more than 1 standard deviation from the mean

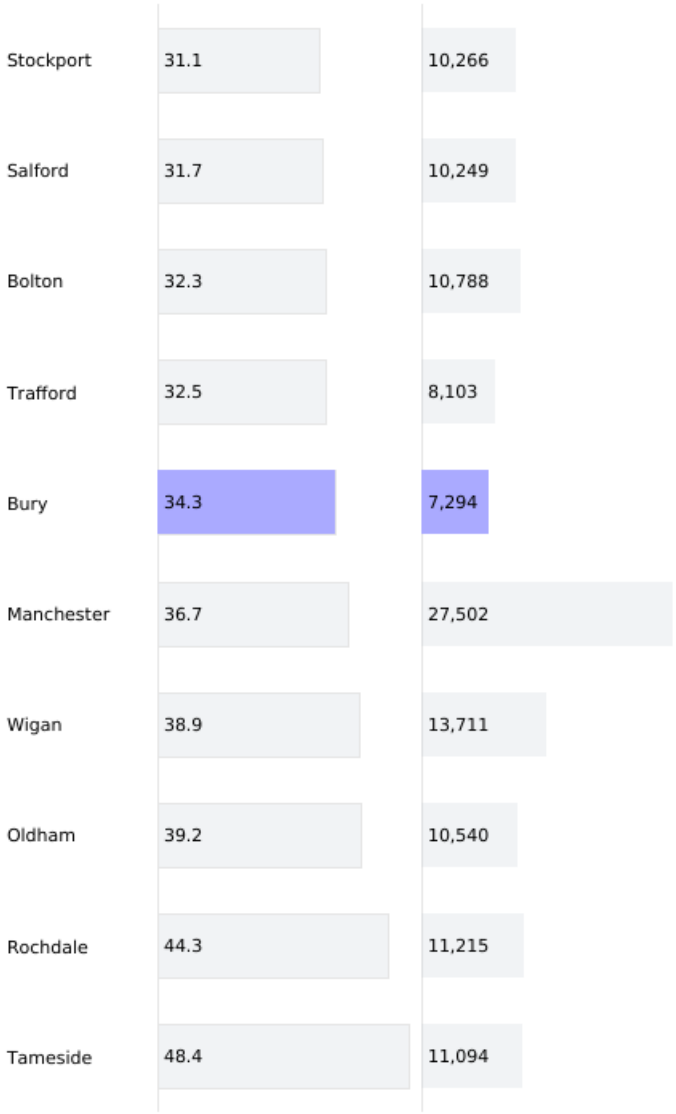


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	6,220	6,816	7,049	7,079	6,459	6,869	6,734	6,532	5,954	6,042	5,791	6,995
2022-23	7,029	5,385	6,589	6,718	6,275	6,363	6,823	6,691	6,750	5,953	5,766	6,793
2023-24	6,394	7,156	6,909	6,914	6,925	6,971	7,070	7,032	6,770	6,966	6,481	7,145
2024-25	6,728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

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

Latest Value GM Benchmarking

Attendances Rate per 1000 population & Count



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

Narrative

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

Bury

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

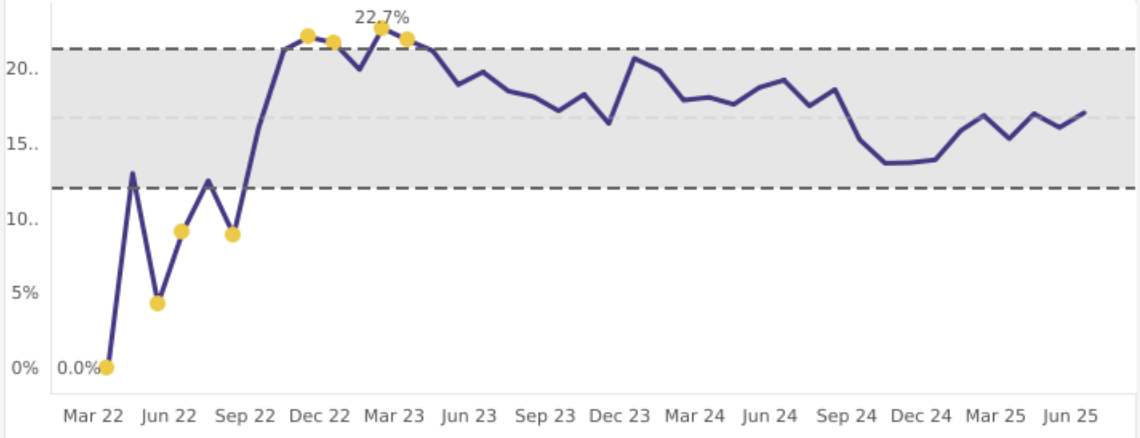
Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

Source: GM Admissions - Local (Monthly)

17.0%
July 2025

16.1%
June 2025

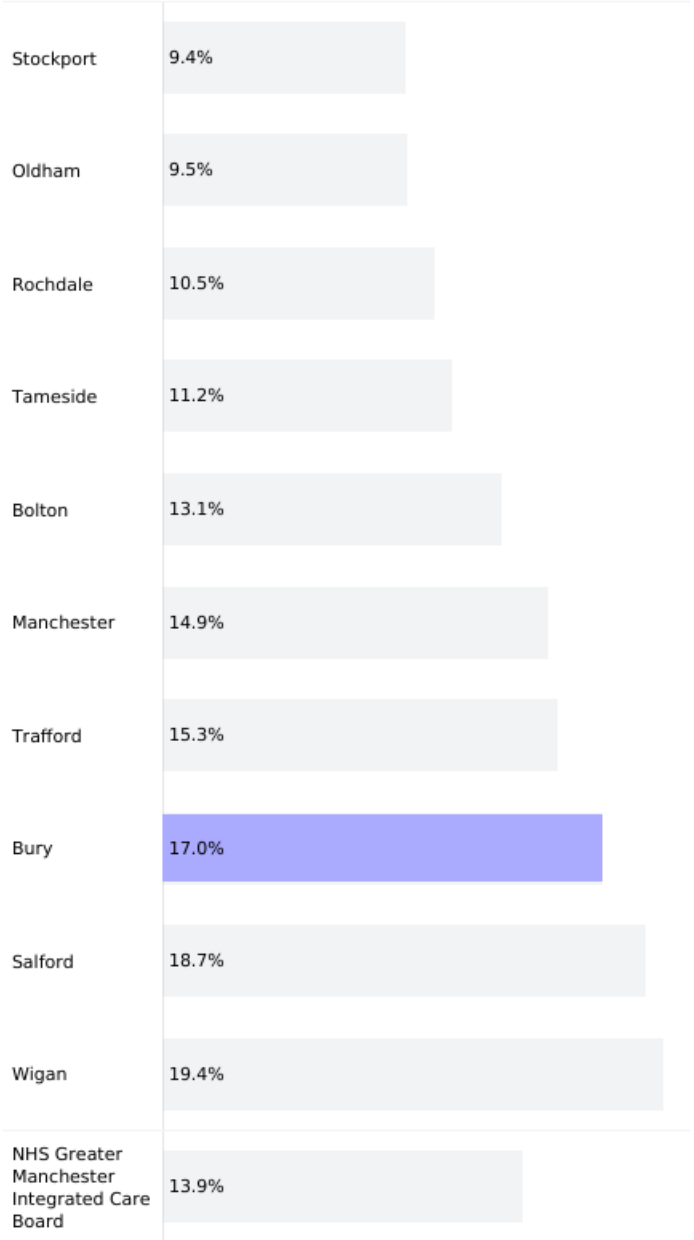
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking



Narrative

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

Bury

Total number of specific acute non-elective spells

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

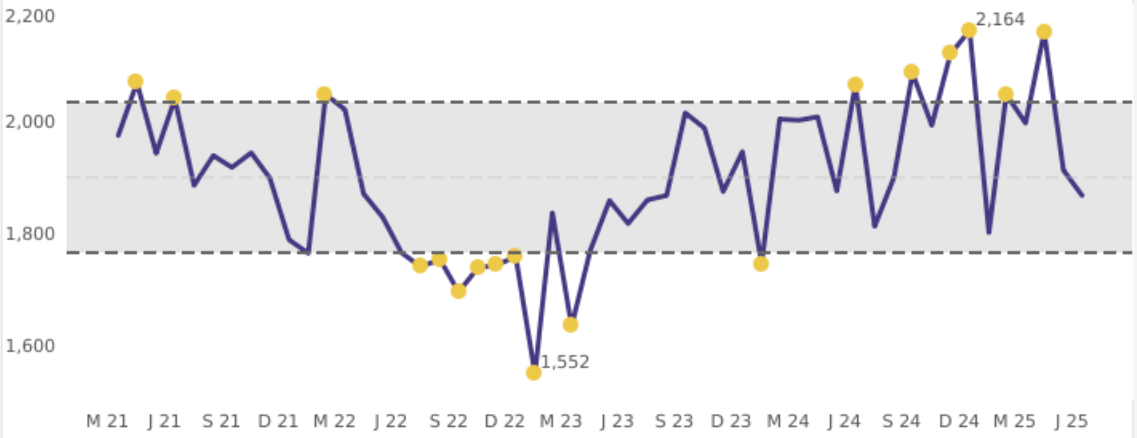
Source: National Flows APC (Monthly)

1,870
July 2025

1,915
June 2025

2/10
GM Rank

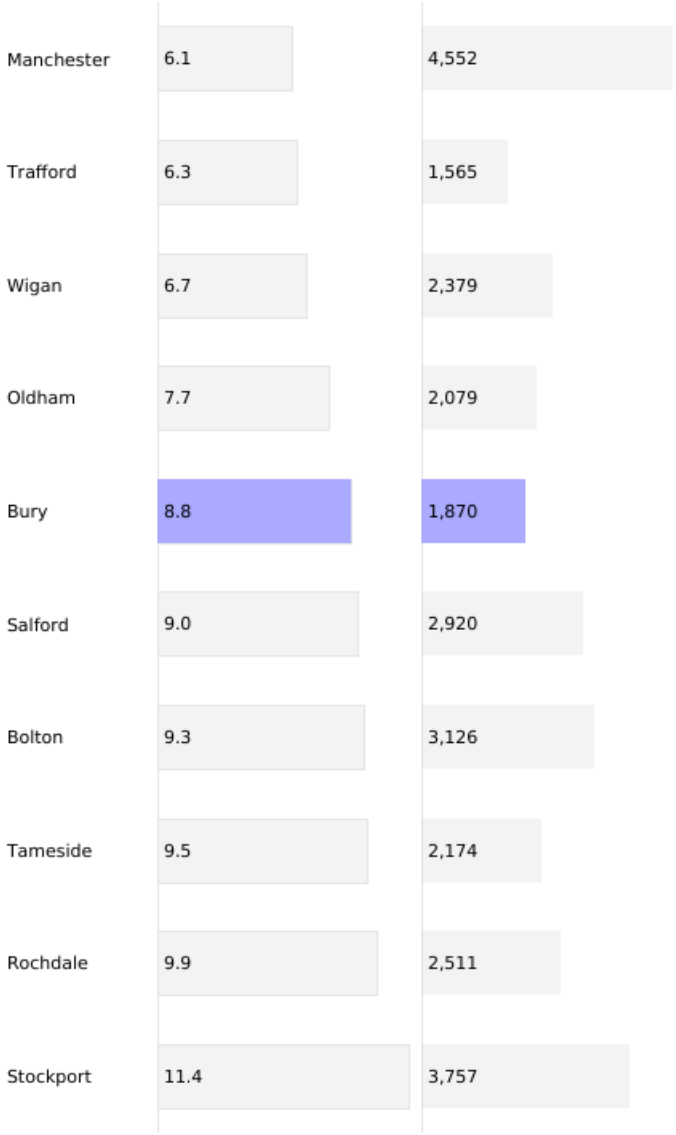
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking
Count & Rate Per 1000 Population



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

Narrative

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

Bury

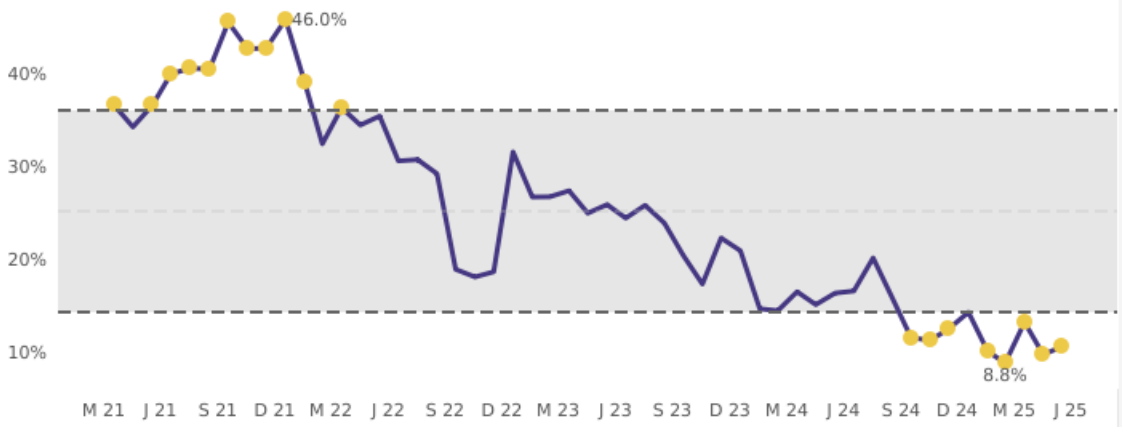
Diagnostic 6ww: All

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

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

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

Outliers more than 1 standard deviation from the mean

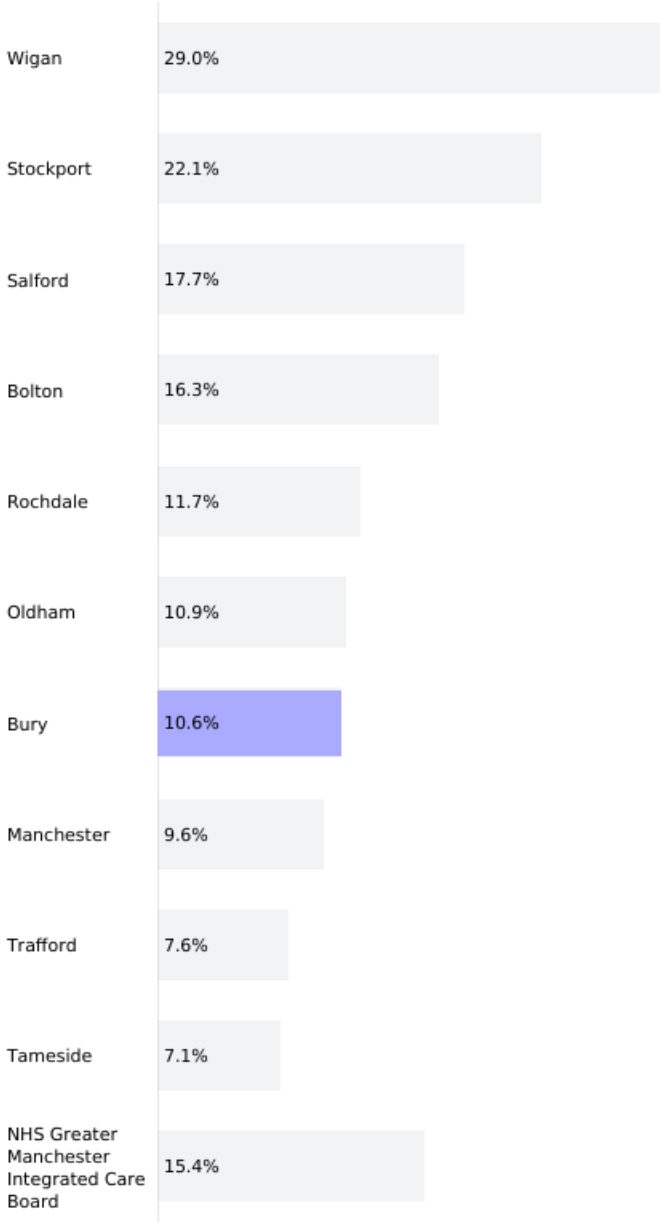


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	25.0%	26.0%	24.5%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

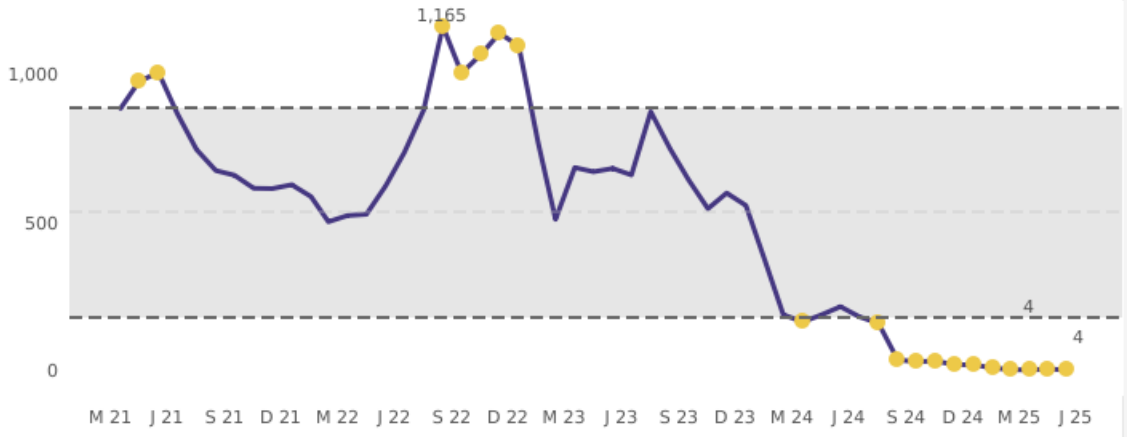
RTT incomplete: 65+ week waits

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

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

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

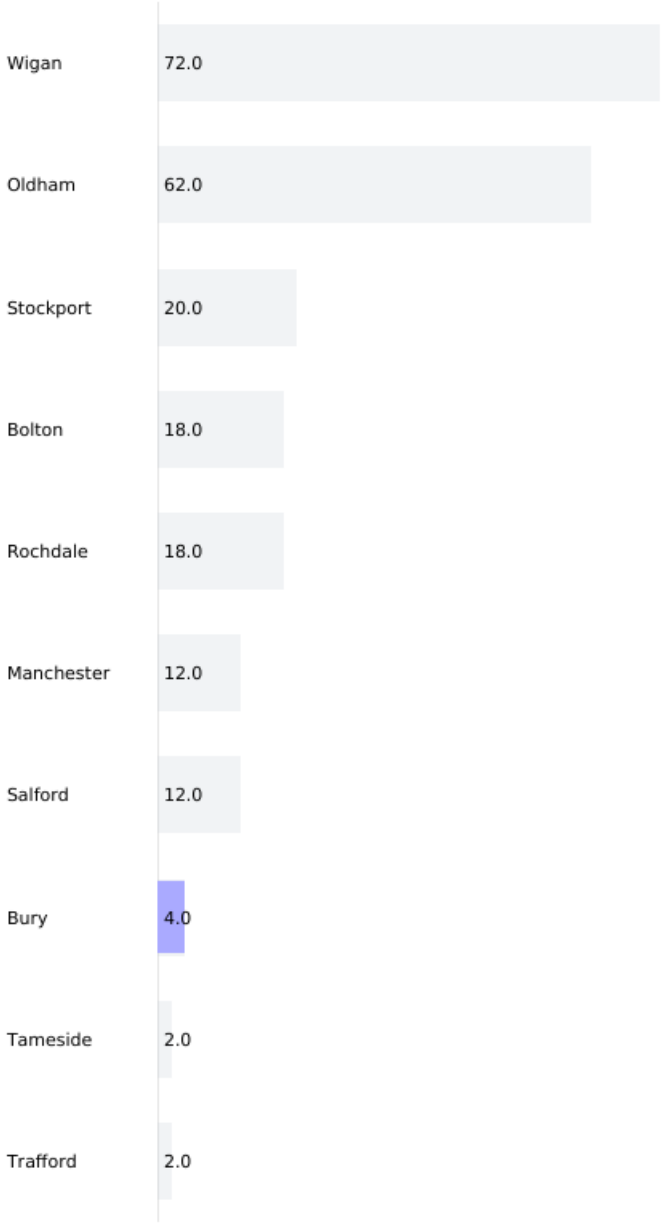
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

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

Bury

28 Day Wait from Referral to Faster Diagnosis: All Patients

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

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

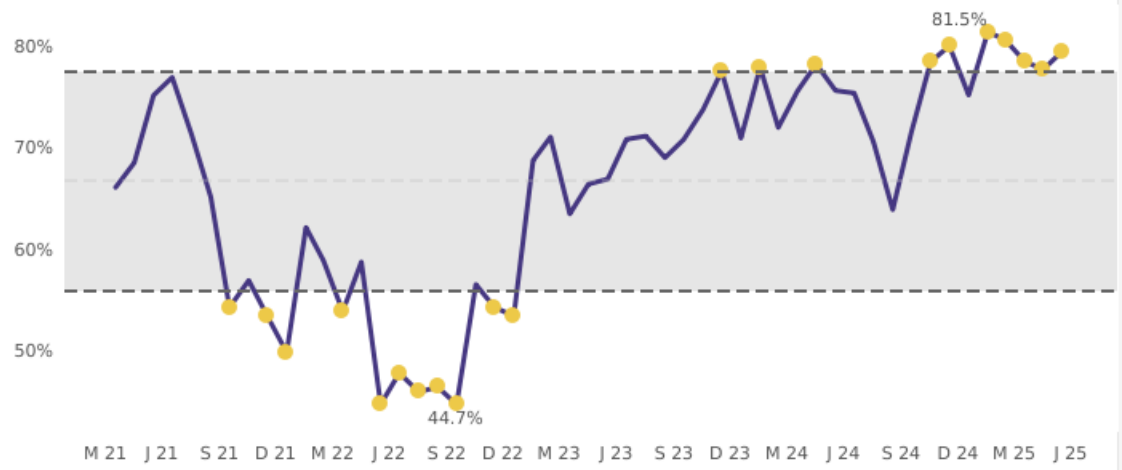
79.6%
June 2025

77.8%
May 2025

27/106
National Rank
Inter Quartile

80.%
National Target

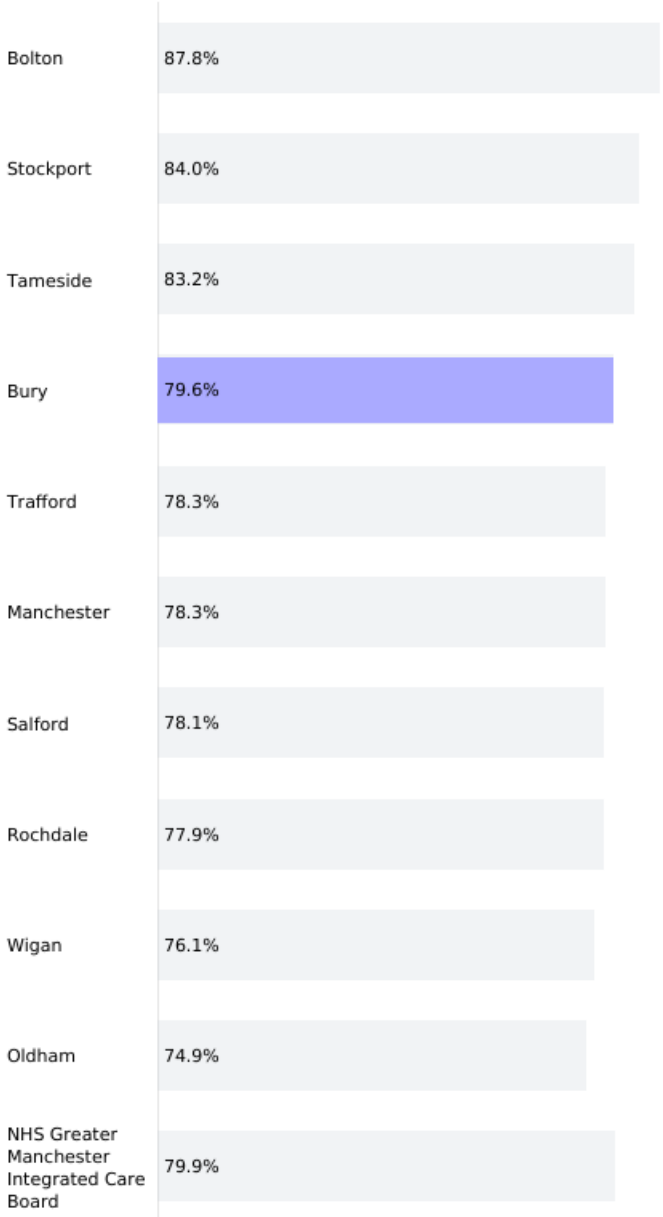
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

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

Bury

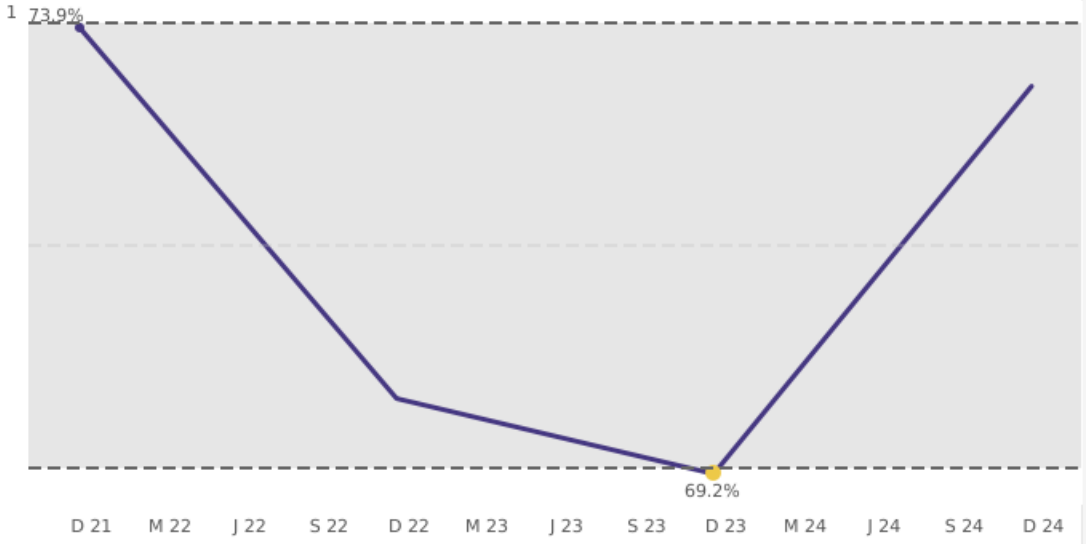
Breast screening coverage, females aged 53-70, screened in last 36 months

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

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

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

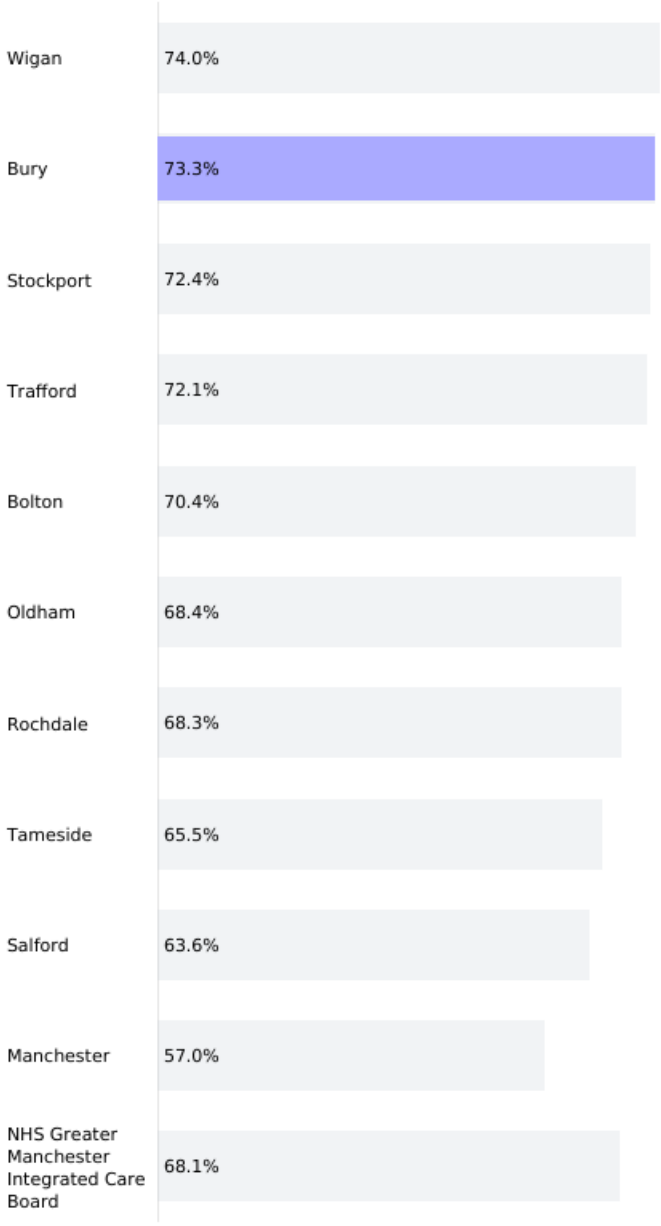
Outliers more than 1 standard deviation from the mean



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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

COVER immunisation: MMR2 Uptake at 5 years old

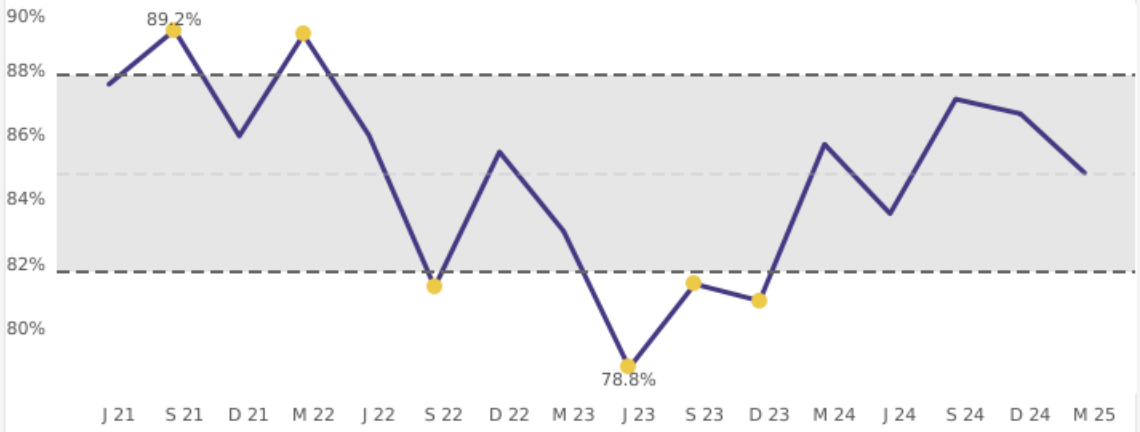
Population vaccination coverage – MMR for two doses (5 years old)

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

84.8%
March 2025

95.%
National Target

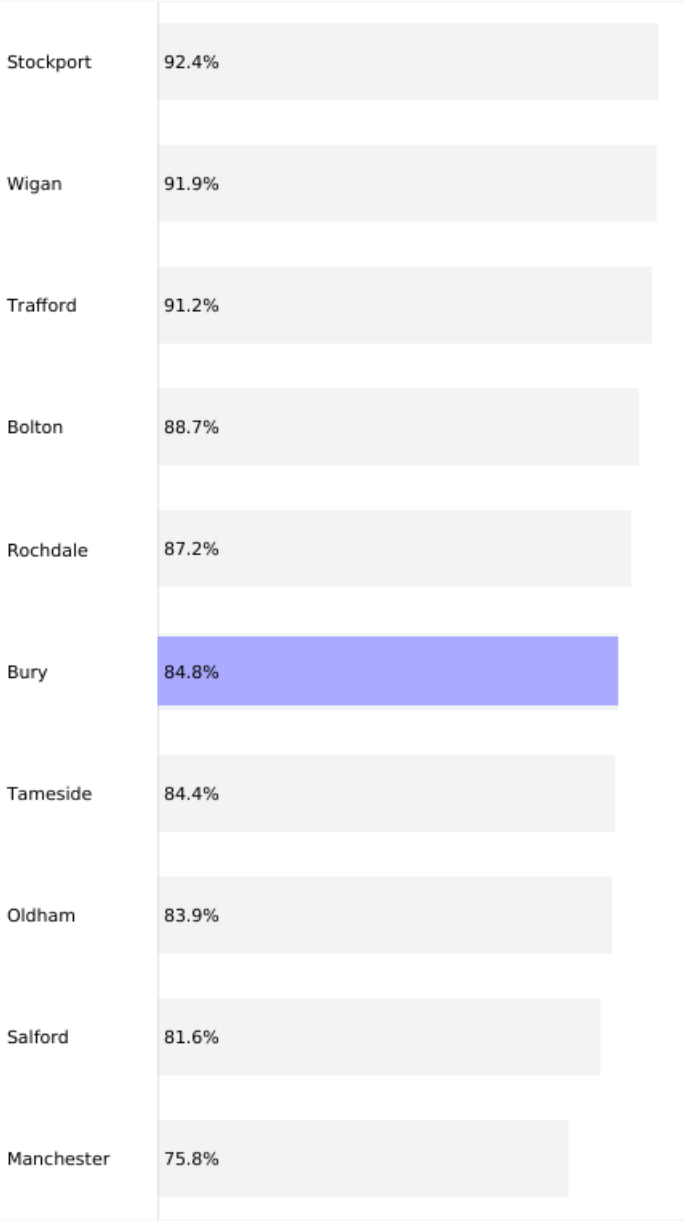
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

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

Bury

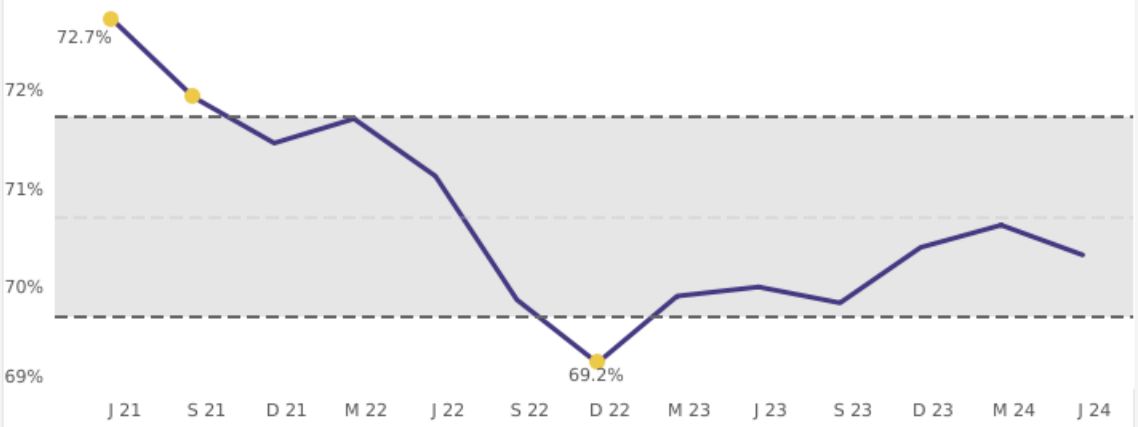
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

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

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

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

Outliers more than 1 standard deviation from the mean

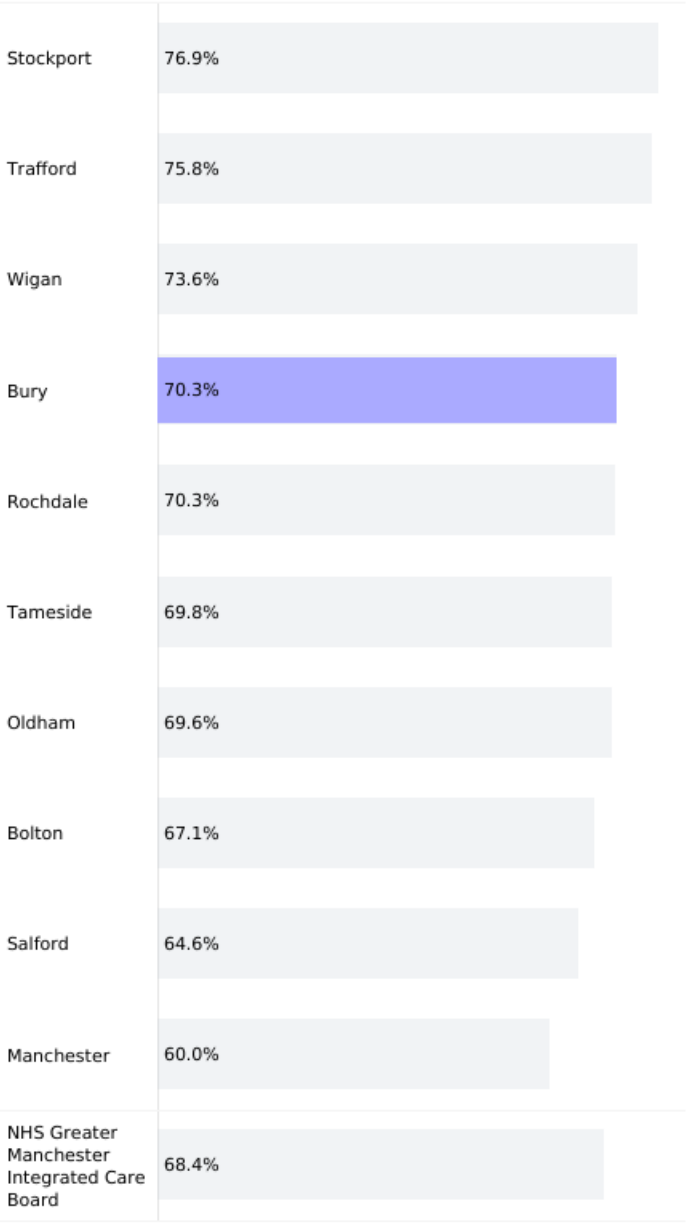


	Jun	Sep	Dec	Mar
2021-22	72.7%	71.9%	71.5%	71.7%
2022-23	71.1%	69.9%	69.2%	69.9%
2023-24	70.0%	69.8%	70.4%	70.6%
2024-25	70.3%			

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

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

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

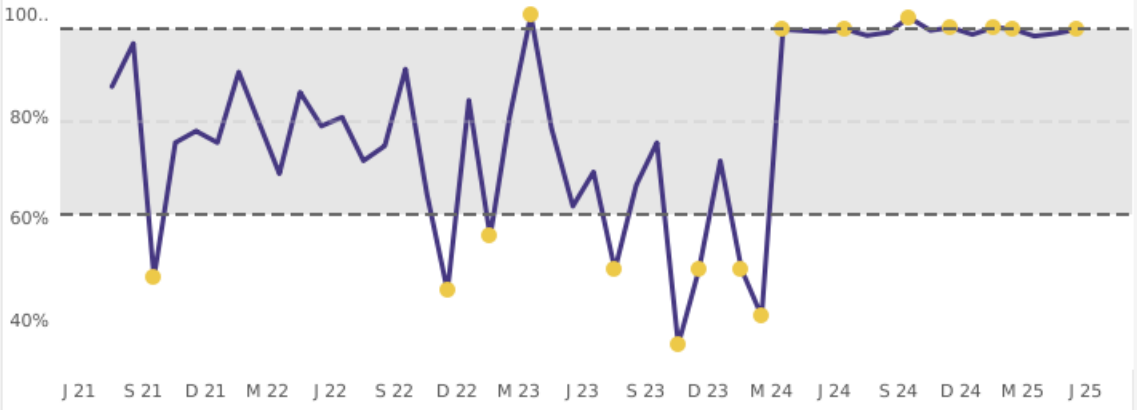
Source: Community Services Data Set (CSDS) (Monthly)

97.2%
June 2025

96.5%
May 2025

70%
National Target

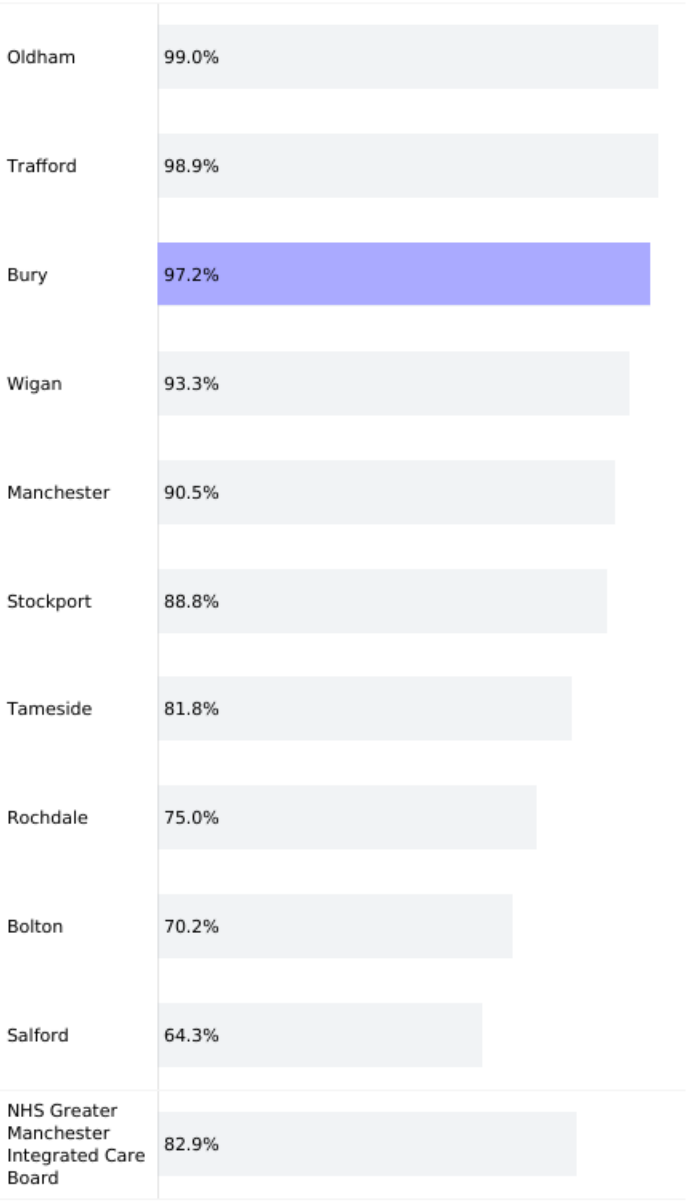
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking



Narrative

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

Bury - Oversight Metrics

Show Definitions

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

Bury

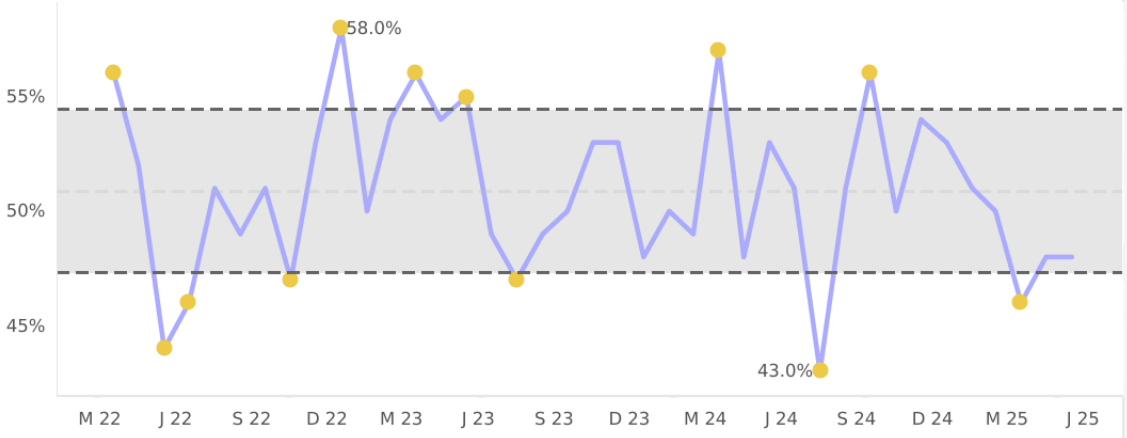
Talking Therapies: Recovery Rate

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

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

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

Outliers more than 1 standard deviation from the mean

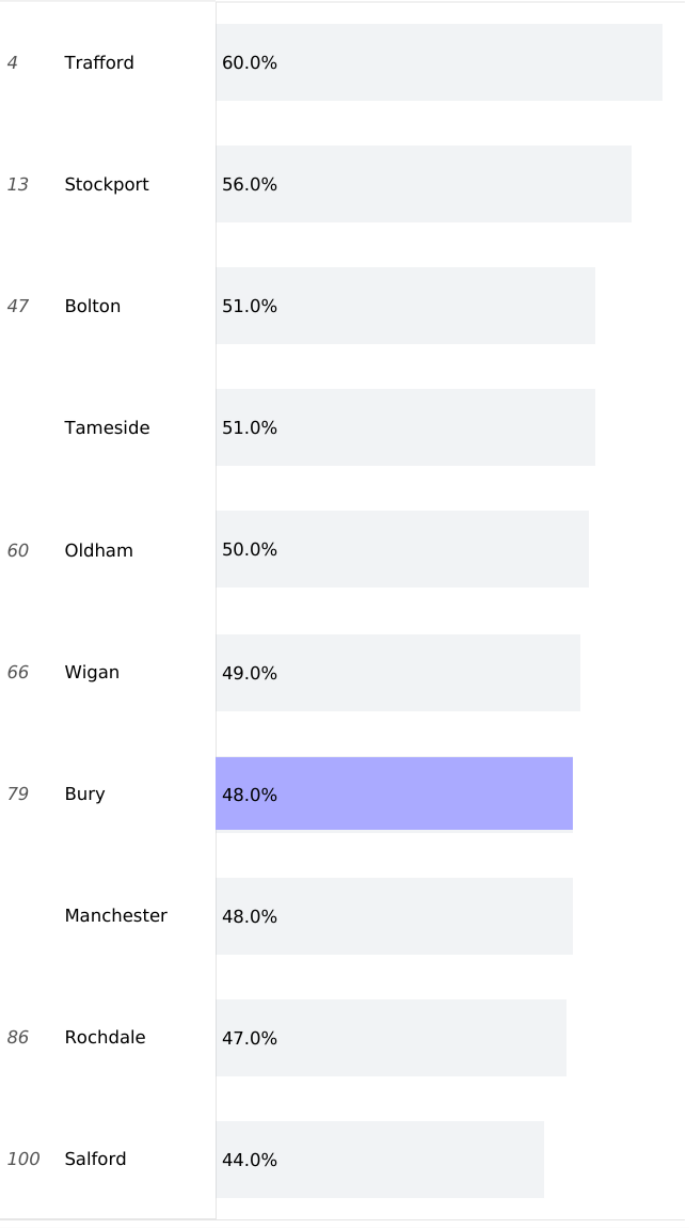


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	56.0%	52.0%	44.0%	46.0%	51.0%	49.0%	51.0%	47.0%	53.0%	58.0%	50.0%	54.0%
2023-24	56.0%	54.0%	55.0%	49.0%	47.0%	49.0%	50.0%	53.0%	53.0%	48.0%	50.0%	49.0%
2024-25	57.0%	48.0%	53.0%	51.0%	43.0%	51.0%	56.0%	50.0%	54.0%	53.0%	51.0%	50.0%
2025-26	46.0%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

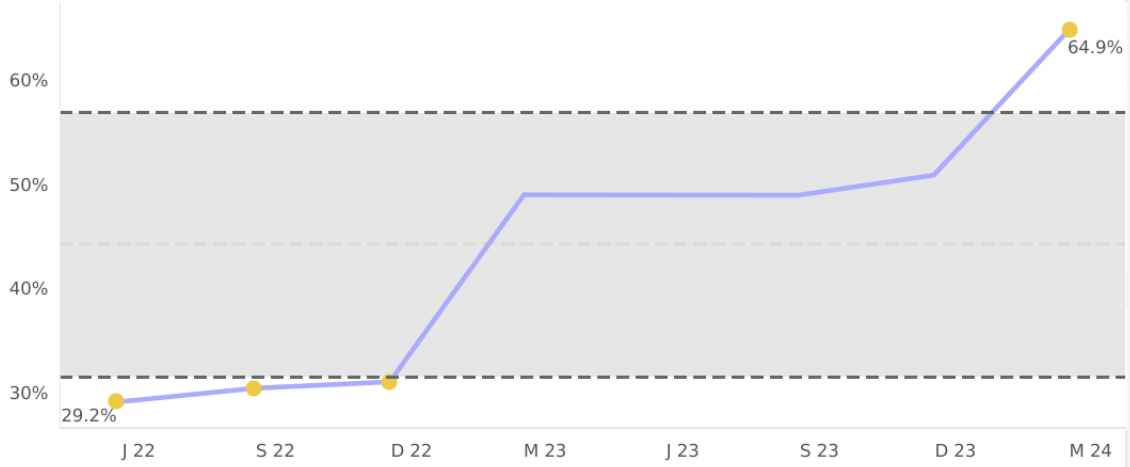
% of people with SMI to receive all six physical health checks in the preceding 12 months. - Mental Health Patients

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

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

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

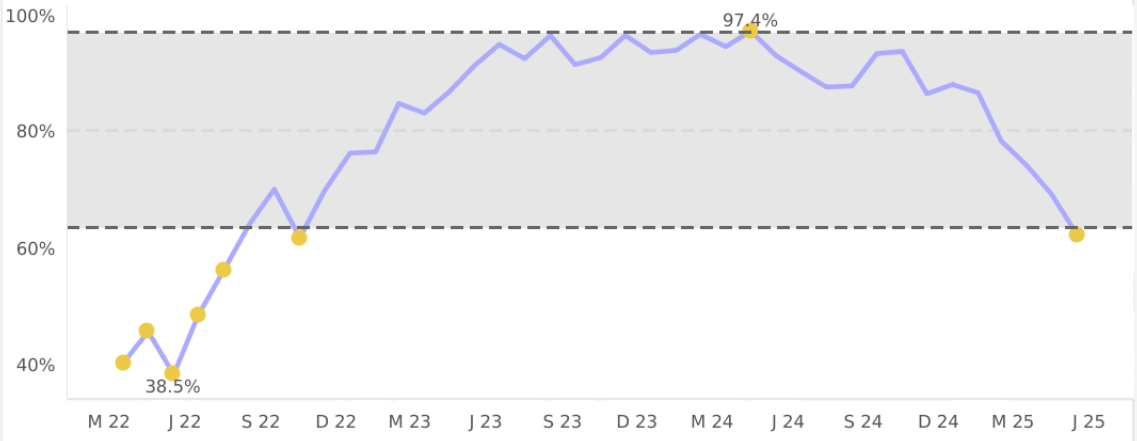
Talking Therapies: 6 Week Waits

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

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

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

Outliers more than 1 standard deviation from the mean

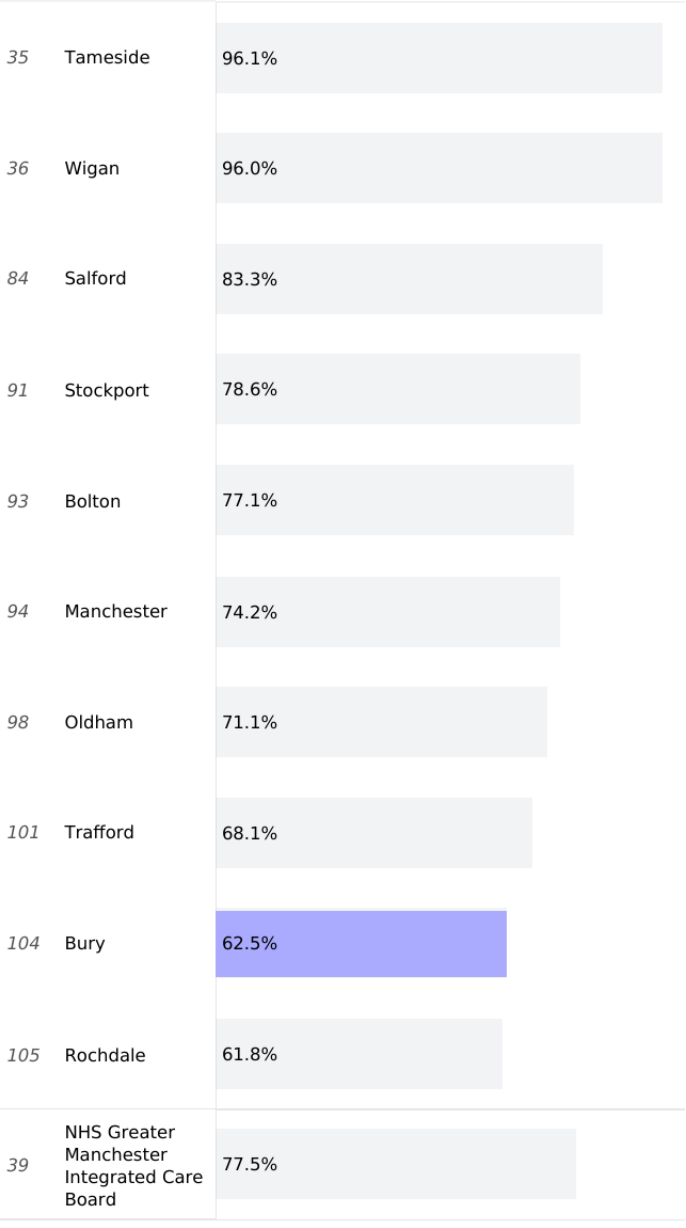


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	40.5%	45.8%	38.5%	48.7%	56.4%	64.3%	70.3%	61.9%	70.0%	76.5%	76.7%	85.0%
2023-24	83.3%	87.0%	91.5%	95.1%	92.7%	96.7%	91.7%	92.9%	96.7%	93.8%	94.1%	96.9%
2024-25	94.7%	97.4%	93.2%	90.5%	87.8%	88.0%	93.5%	93.9%	86.7%	88.2%	86.8%	78.6%
2025-26	74.4%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

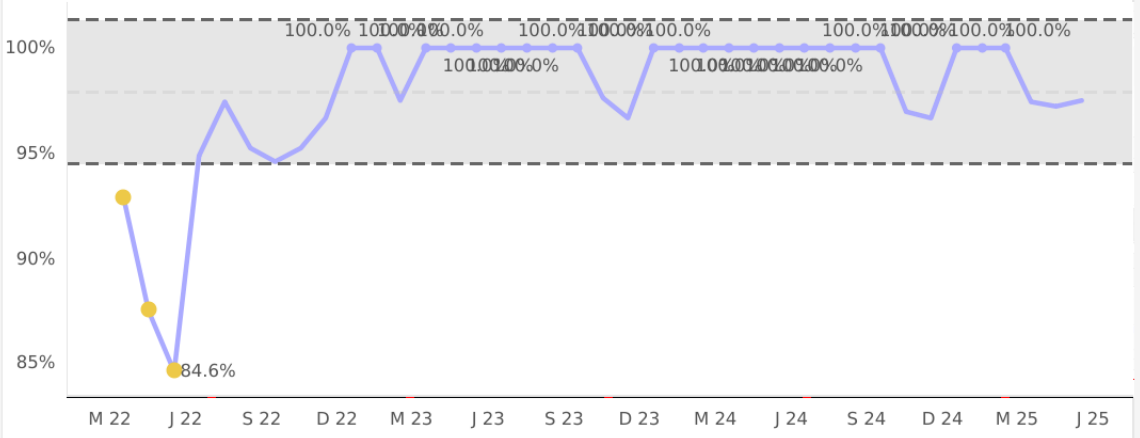
Talking Therapies: 18 Week Waits

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

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

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

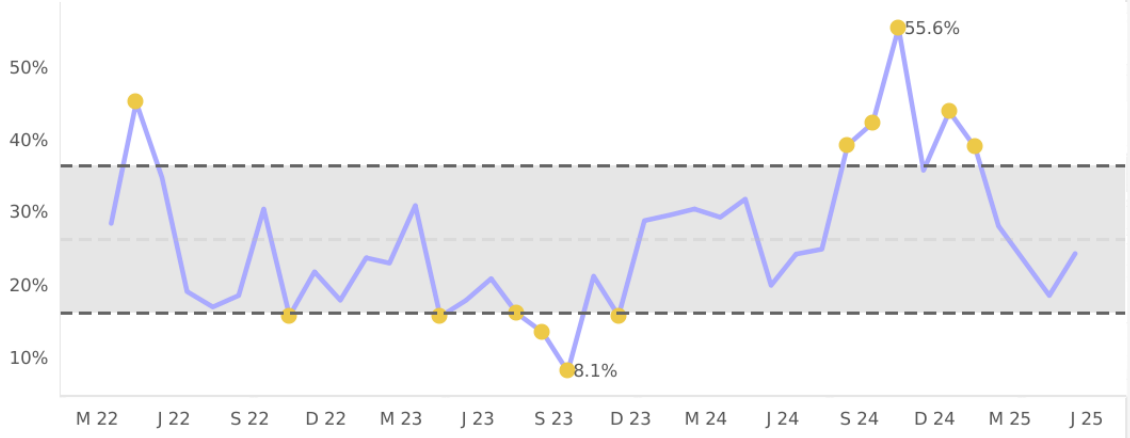
Talking Therapies: Second Treatment Waits

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

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

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

Outliers more than 1 standard deviation from the mean

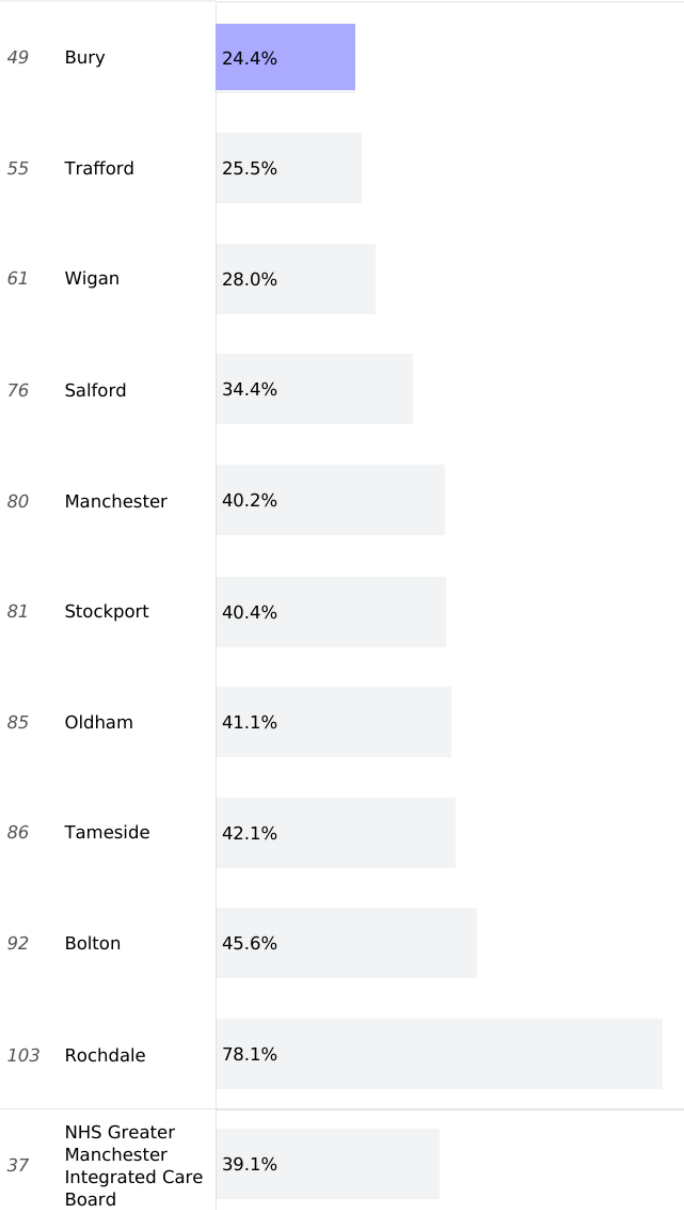


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	28.6%	45.3%	34.9%	19.1%	17.0%	18.6%	30.6%	15.8%	21.9%	17.9%	23.8%	23.1%
2023-24	31.0%	15.7%	17.9%	20.9%	16.1%	13.5%	8.1%	21.3%	15.8%	28.9%	29.7%	30.6%
2024-25	29.4%	31.9%	20.0%	24.3%	25.0%	39.4%	42.4%	55.6%	35.9%	44.0%	39.0%	28.2%
2025-26	23.3%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

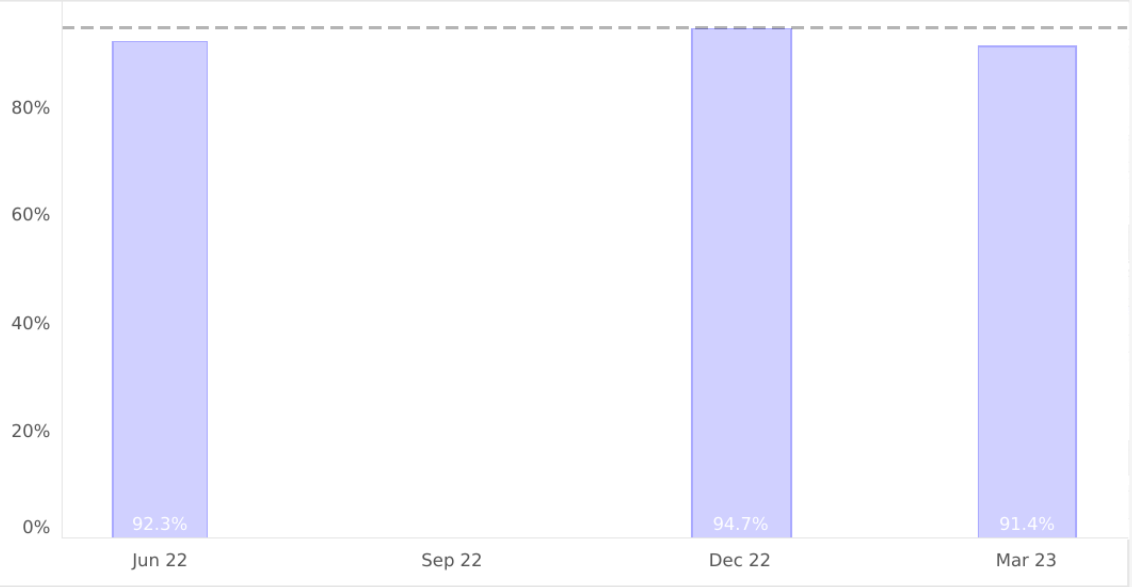
Bury

CYP Eating Disorders: Routine - % within 4 weeks

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

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

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



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

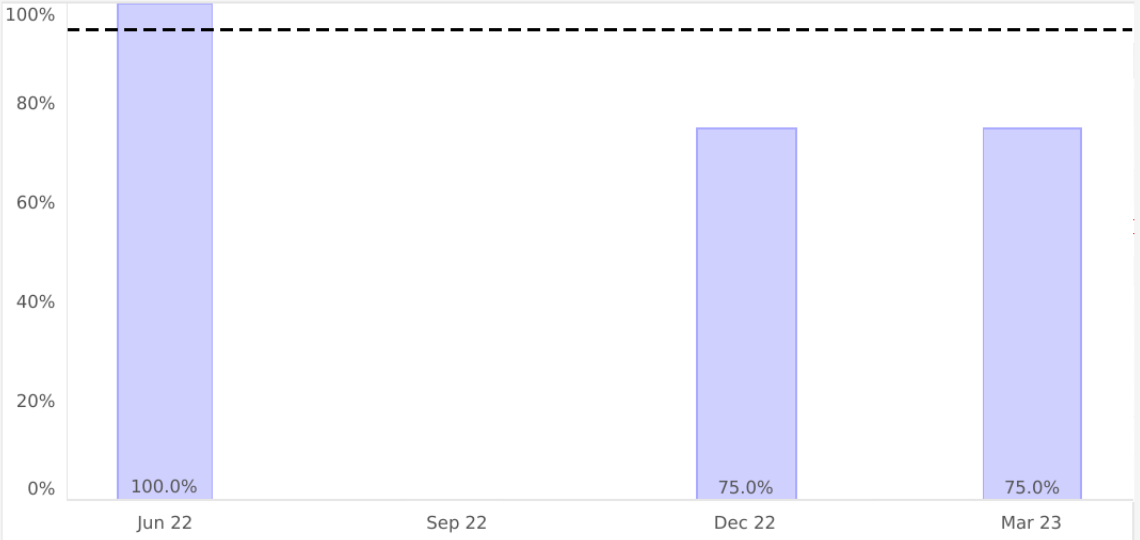
Bury

CYP Eating Disorders: Urgent - % within 1 week

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

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

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

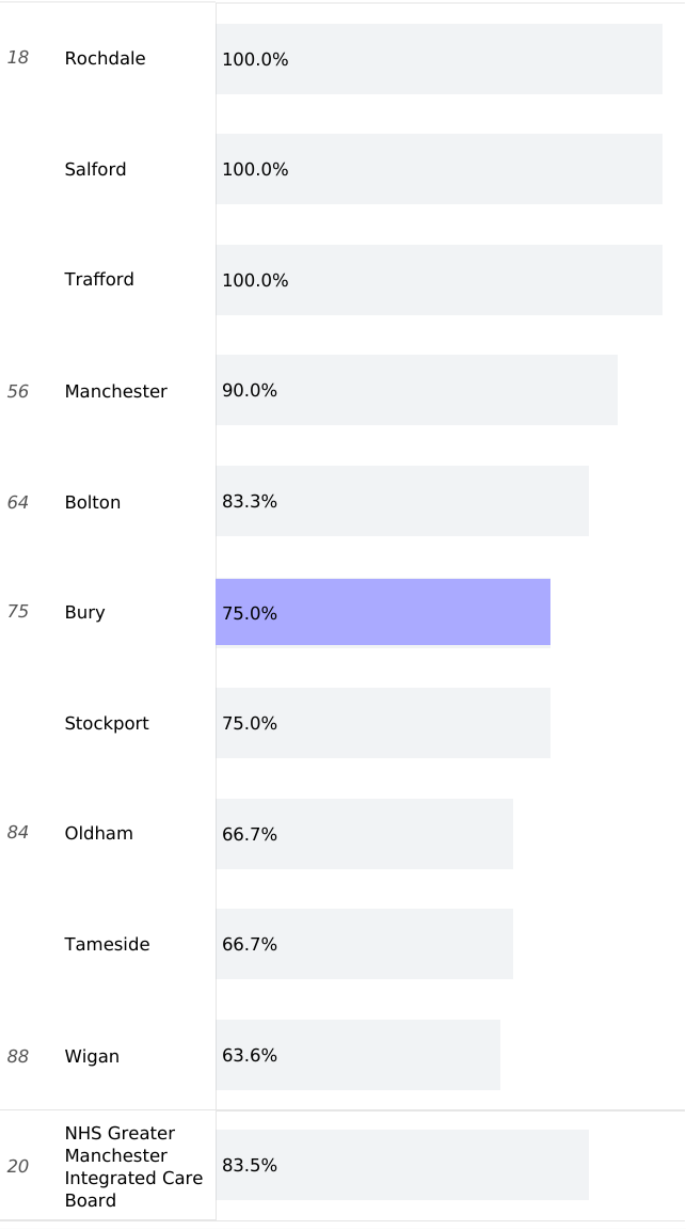


	Jun	Dec	Mar
2022-23	100.0%	75.0%	75.0%

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

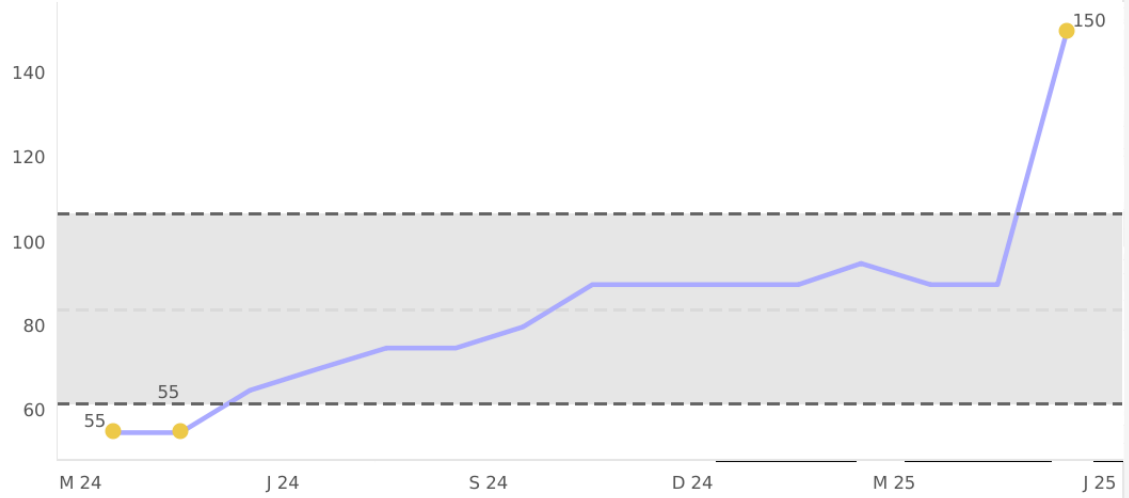
Access to Individual Placement and Support Services - Mental Health Patients

Access to Individual Placement and Support Services

Source: Published MHSDS (Monthly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate Per 1000 | Count (National Rank)

	Rate Per 1000	Count (National Rank)
Salford	1.15	365 (43)
Trafford	0.82	205 (65)
Stockport	0.76	250 (57)
Rochdale	0.72	180 (69)
Bury	0.71	150 (78)
Wigan	0.68	235 (58)
Tameside	0.64	145 (80)
Oldham	0.58	155 (77)
Manchester	0.58	420 (35)
Bolton	0.53	175 (70)

Narrative

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

Bury

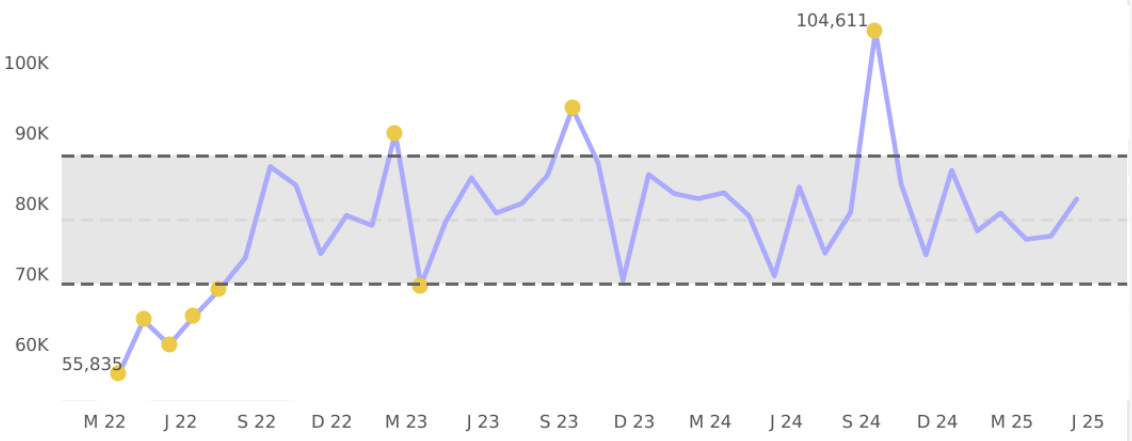
Appointments in general practice

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

Source: Appointments in General Practice (Monthly)

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

Outliers more than 1 standard deviation from the mean

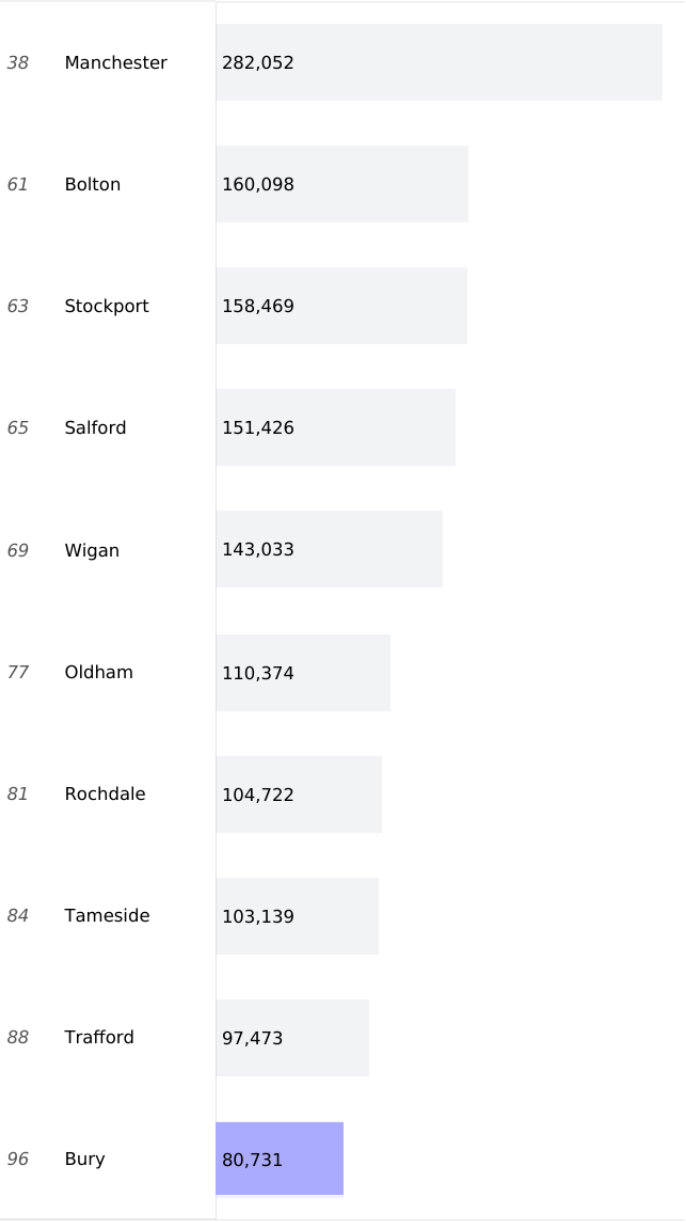


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	55,835	63,543	60,045	64,085	67,914	72,403	85,358	82,715	72,980	78,396	77,007	90,092
2023-24	68,473	77,574	83,761	78,766	80,123	84,117	93,632	85,880	69,195	84,232	81,509	80,803
2024-25	81,636	78,407	69,836	82,456	73,064	78,846	104,611	82,872	72,795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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

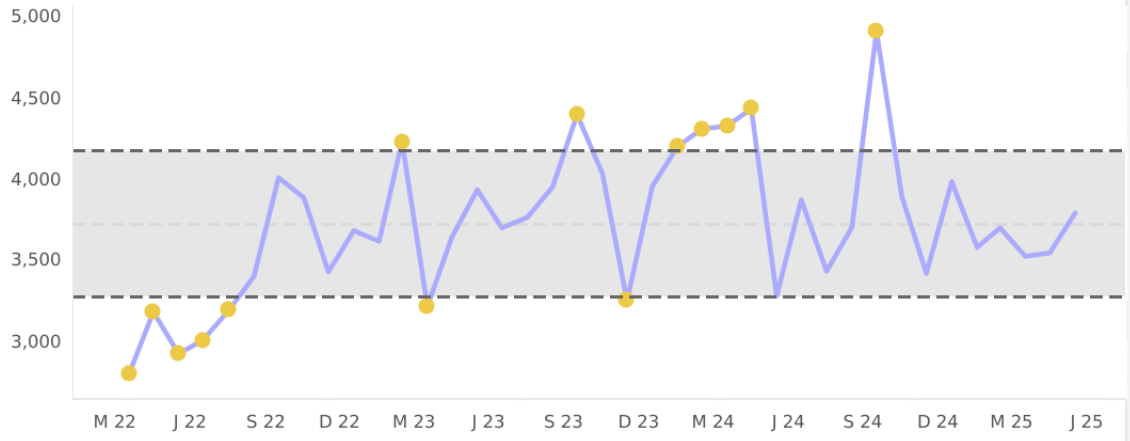
Number of GP appointments per 10,000 weighted patients

Number of general practice appointments per 10,000 weighted patients

Source: Appointments in General Practice (Monthly)

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

Outliers more than 1 standard deviation from the mean

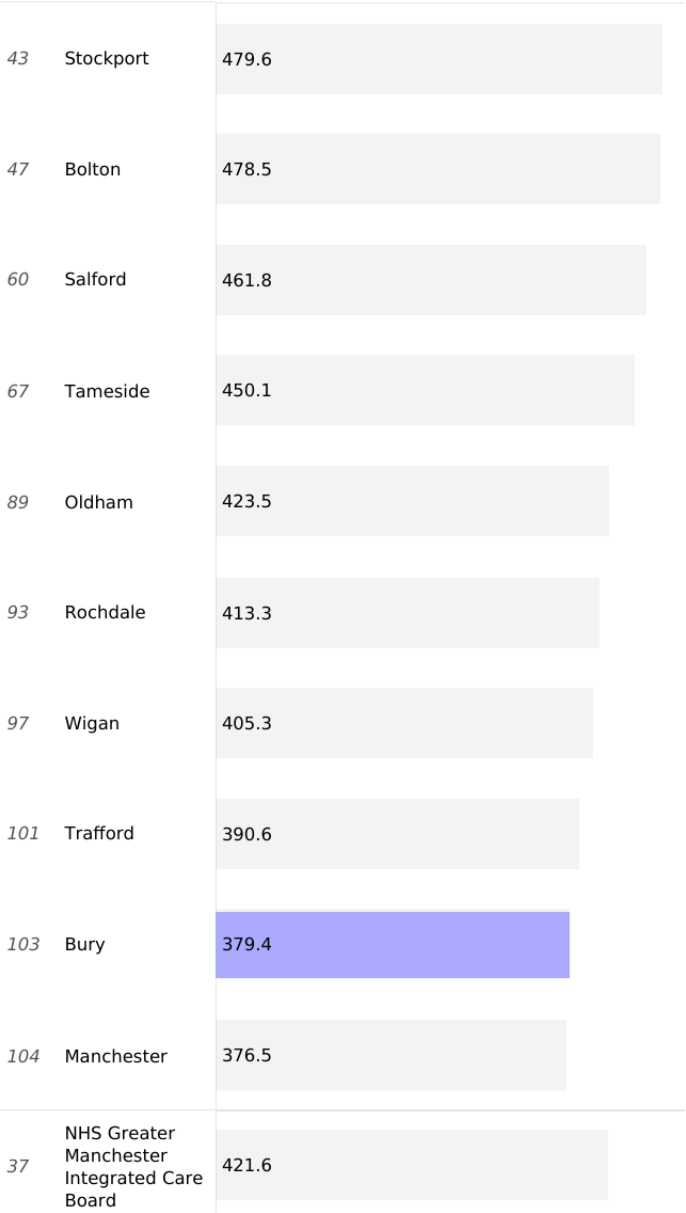


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	279.7	318.3	292.4	301.2	319.2	340.3	401.2	388.8	343.0	368.5	361.9	423.4
2023-24	321.8	364.6	393.7	370.2	376.6	395.4	440.1	403.6	325.2	395.9	420.4	431.1
2024-25	433.0	443.6	328.2	387.5	343.4	370.6	491.7	389.5	342.1	398.7	358.2	370.1
2025-26	352.6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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

Number of prescriptions dispensed per 1000 patients

Number of prescriptions dispensed per 1000 patients

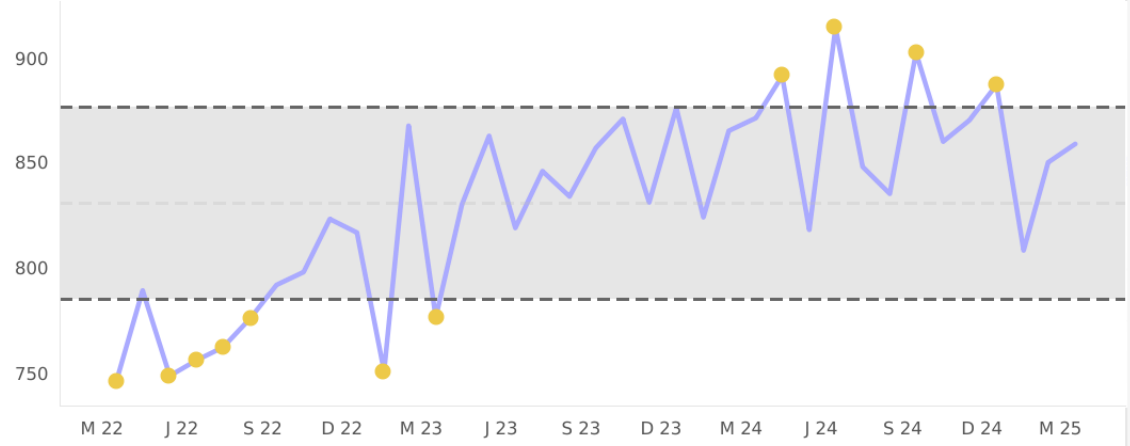
Source: Patient Level Prescribing Data (Monthly)

859.6
April 2025

850.8
March 2025

110/117
National Rank
Lower Quartile

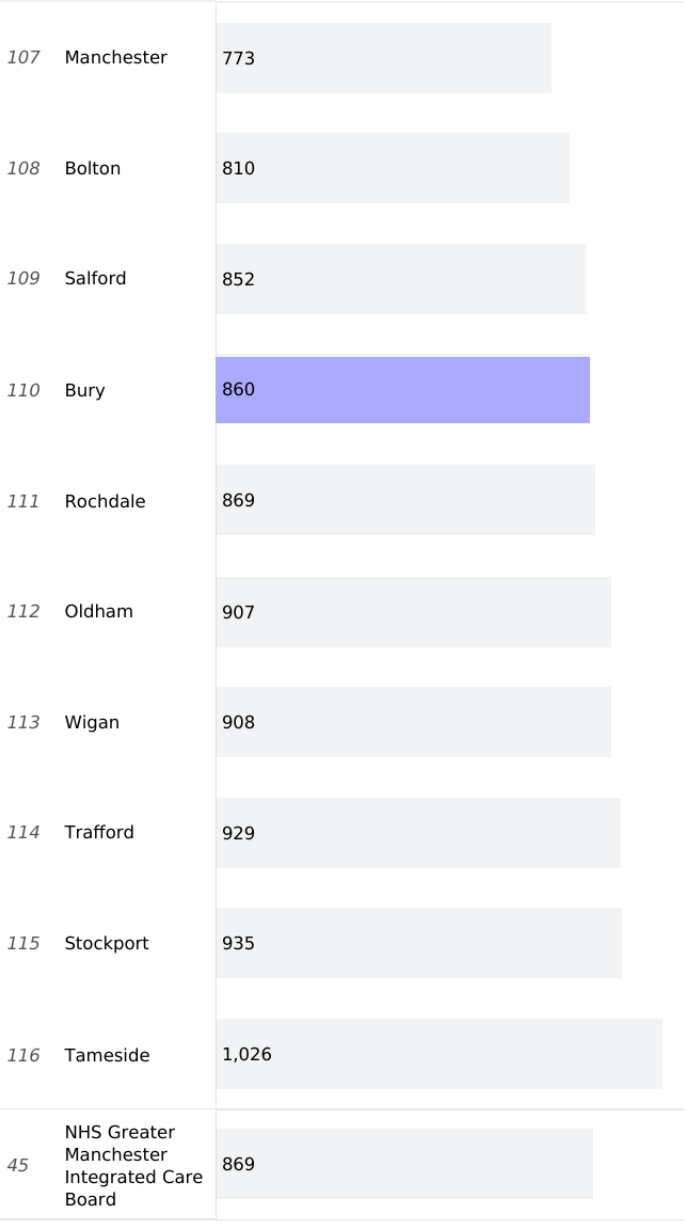
Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

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

Bury

Number of people in Care Homes

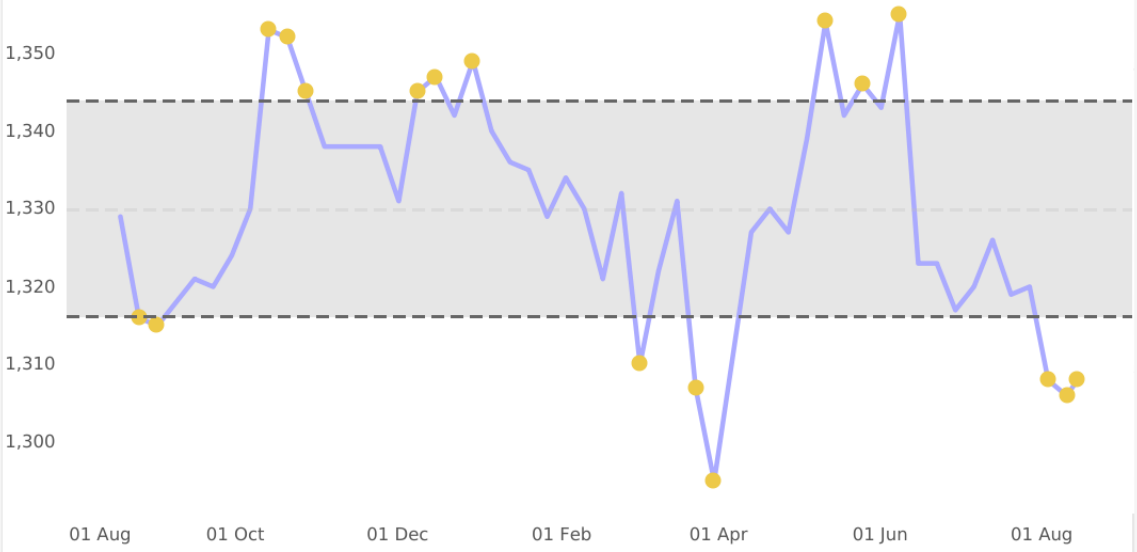
The number of people currently residing in a Care Home at the end of the period

Source: NECS Capacity Tracker (Weekly)

1,308

14 Aug

Outliers more than 1 standard deviation from the mean



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

Latest Value GM Benchmarking

Rank against other localities

Narrative

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

Bury

Number of people in Home Care

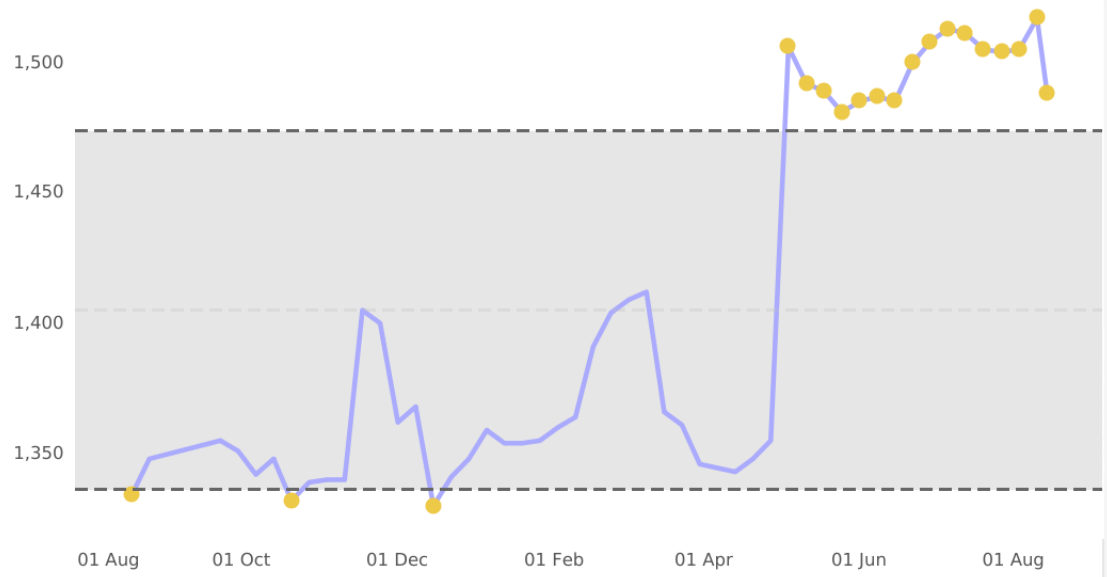
The number of people currently receiving Home Care at the end of the period

Source: NECS Capacity Tracker (Weekly)

1,488
August 2025

1,517
August 2025

Outliers more than 1 standard deviation from the mean



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

Latest Value GM Benchmarking
Rank against other localities

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

Narrative

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

Bury

Percentage of Care Homes rated Good or Outstanding

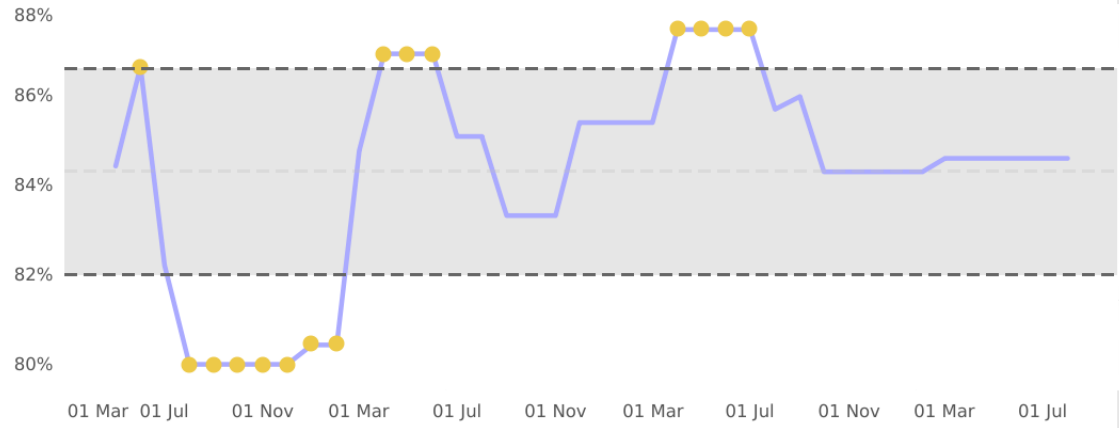
The % of Care Homes rated Good or Outstanding at the end of the period

Source: CQC (Monthly)

84.6%
Jul 25

84.6%
Jun 25

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23												
2023-24												
2024-25												
2025-26												

Latest Value GM Benchmarking

Rank against other localities

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

Narrative

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

Bury

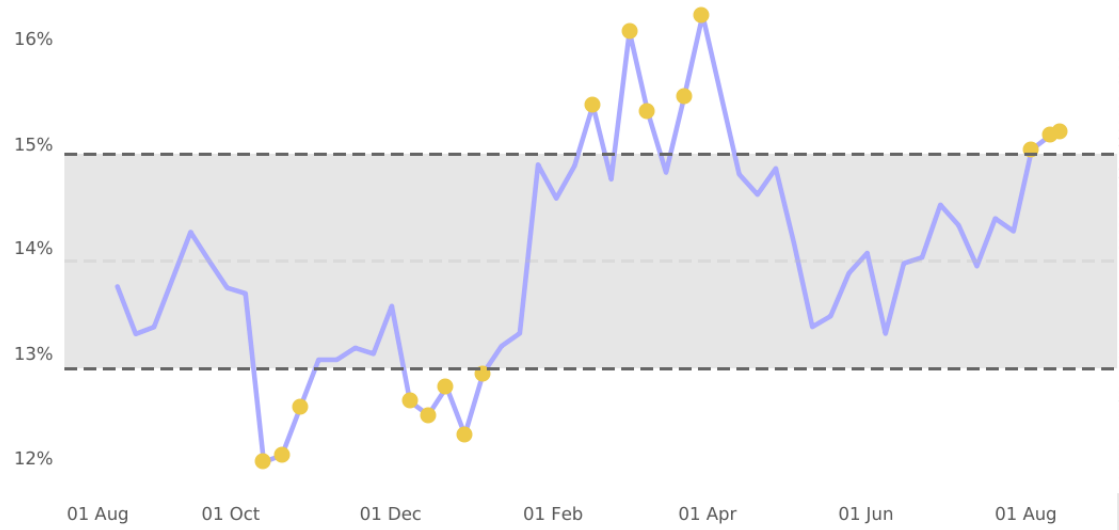
Care home beds vacancy rate
% of care home beds that are vacant

Source: NECS Capacity Tracker (Weekly)

15.1%
14 Aug

15.1%
09 Aug

Outliers more than 1 standard deviation from the mean



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

Latest Value GM Benchmarking
Rank against other localities

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

Narrative

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

Bury

Number of vacant care home beds

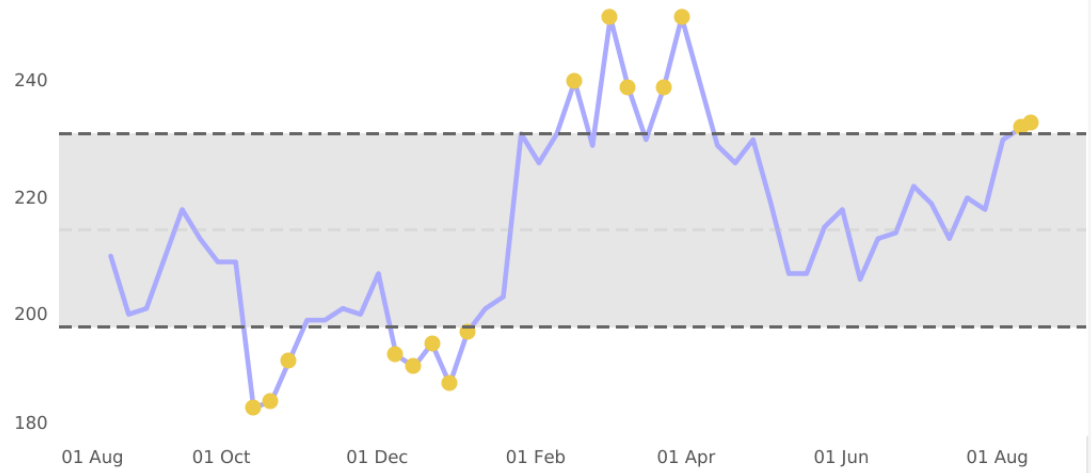
Number of vacant care home beds

Source: NECS Capacity Tracker (Weekly)

233
14 Aug

232
09 Aug

Outliers more than 1 standard deviation from the mean



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

Latest Value GM Benchmarking

Rank against other localities

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

Narrative

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

Oversight Metrics Glossary

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

Sight Metrics Glossary

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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		

NHS
Greater Manchester

Bury Locality Board – Cancer Update

Part of Greater Manchester Integrated Care Partnership

Presented by: Liane Harris
Date: Sep 2025

Early Cancer Diagnosis

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

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

Performance

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

Staging Data Comparison – Apr 25

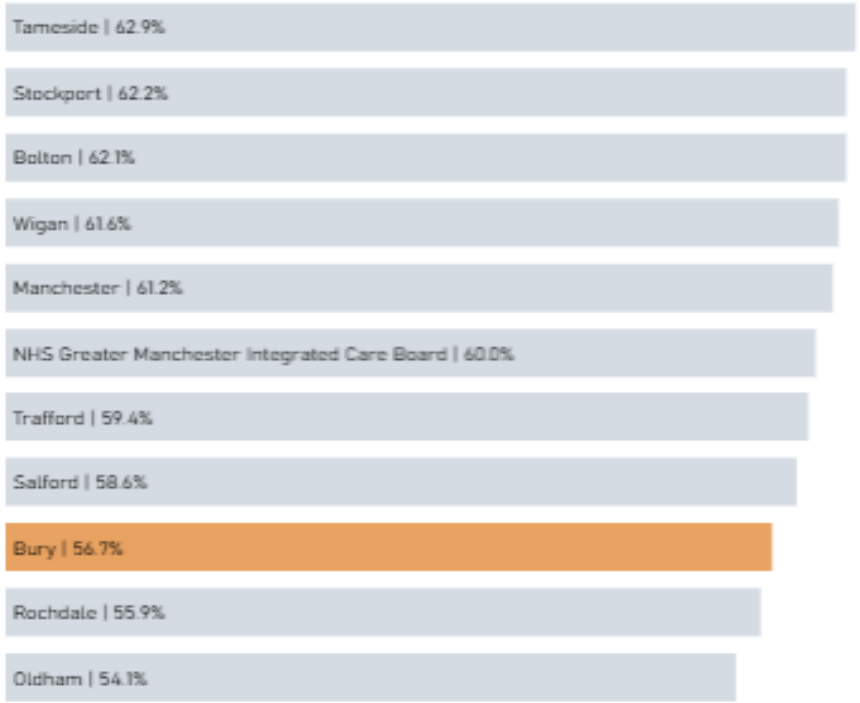
NHS Greater Manchester

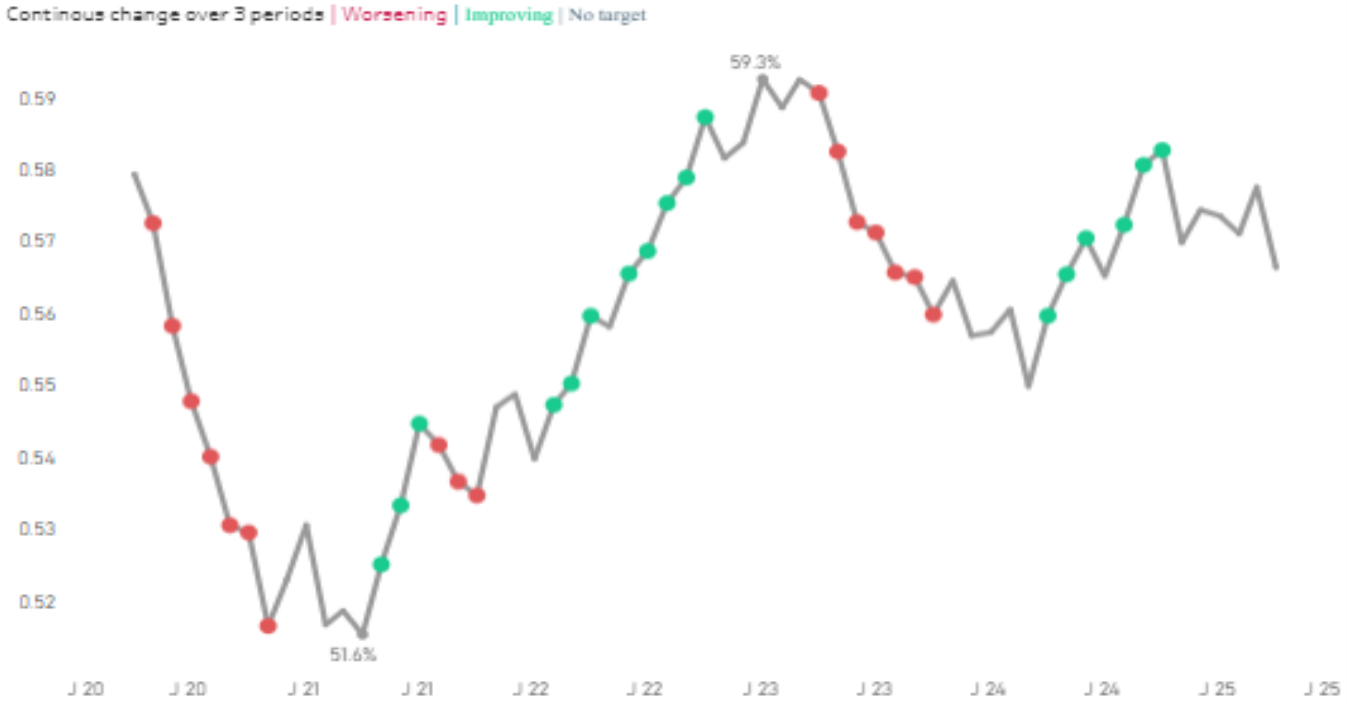
Bury

Select a measure to open charts

Cancers Diagnosed at an Early Stage (12-month rolling): All Tumours Staged within RCRD: Resident Locality comparison

Data Source: Rapid Cancer Registration Data (RCRD) at Tumour Level | Select to close





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

Bury Early Diagnosis Performance – Apr 25

NHS Greater Manchester

Bury

Select a measure to open charts

Tumour Level RCRD Early Diagnosis

Domain	Measure	Level	Frequency	Date	Latest	Previous	Change	Target/ National Median	Quartile	Trend
Cancer	Cancers Diagnosed at an Early Stage (12-month rolling): All Tumours Staged within RCRD	Resident Locality	Monthly	Apr 25	56.7%	57.8%	↘	75.%	Lower	1
	Cancers Diagnosed at an Early Stage (12-month rolling): Breast	Resident Locality	Monthly	Apr 25	77.9%	80.0%	↘	75.%	Lower	1
	Cancers Diagnosed at an Early Stage (12-month rolling): Colorectal	Resident Locality	Monthly	Apr 25	34.9%	37.9%	↘	75.%	Lower	5
	Cancers Diagnosed at an Early Stage (12-month rolling): Gynaecological	Resident Locality	Monthly	Apr 25	72.2%	68.5%	↗	75.%	N/A	1
	Cancers Diagnosed at an Early Stage (12-month rolling): Haematological	Resident Locality	Monthly	Apr 25	44.8%	45.5%	↘	75.%	Upper	2
	Cancers Diagnosed at an Early Stage (12-month rolling): Lung	Resident Locality	Monthly	Apr 25	46.6%	47.3%	↘	75.%	Lower	1
	Cancers Diagnosed at an Early Stage (12-month rolling): Melanoma	Resident Locality	Monthly	Apr 25	90.6%	88.9%	↗	75.%	Lower	2
	Cancers Diagnosed at an Early Stage (12-month rolling): Oesophago-gastric	Resident Locality	Monthly	Apr 25	17.6%	17.6%	→	75.%	Lower	2
	Cancers Diagnosed at an Early Stage (12-month rolling): Pancreatic	Resident Locality	Monthly	Apr 25	16.7%	17.4%	↘	75.%	Lower	2
	Cancers Diagnosed at an Early Stage (12-month rolling): Prostate	Resident Locality	Monthly	Apr 25	61.4%	61.5%	↘	75.%	N/A	1
	Cancers Diagnosed at an Early Stage (12-month rolling): Urological (excl. prostate)	Resident Locality	Monthly	Apr 25	71.8%	74.4%	↘	75.%	N/A	1

NHS Greater Manchester

Single Metric View

Organisation Type
Registered Locality

View Measures By
Domain

Domain
All

Measure
28 Day Wait from Referral to F..

Show Full Months Only
False

Standard Deviation For SPC
1

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

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

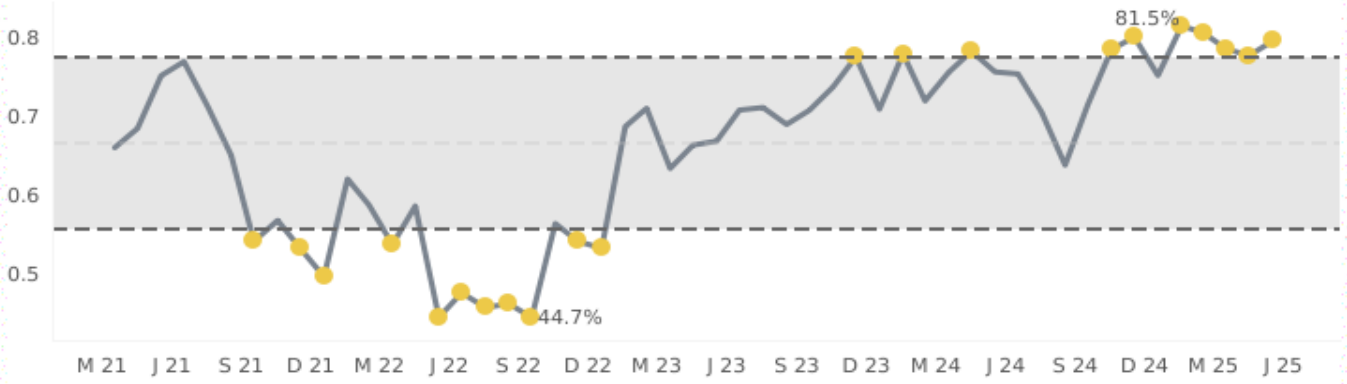
28 Day Wait from Referral to Faster Diagnosis: All Patients

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

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

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

Outliers more than 1 standard deviation from the mean

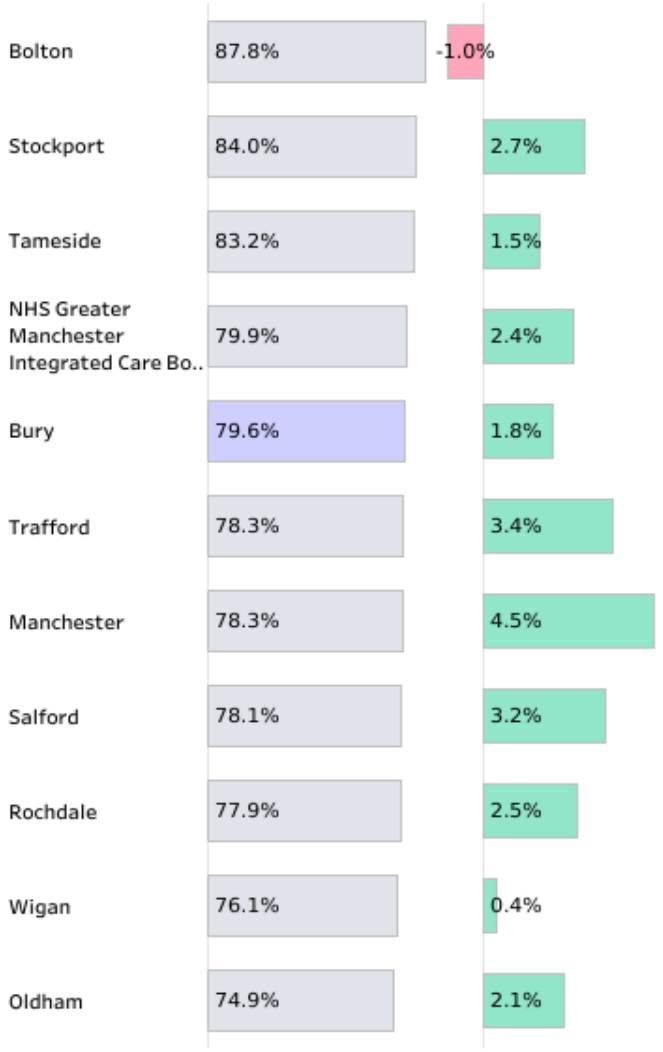


Selected measure at June 2025 has continuously increased for 1 period(s) of time

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

Latest Value - Difference from previous to latest

Open additional benchmarking analysis



Source: Performance and Quality Dashboard 2024/25

NHS Greater Manchester

Single Metric View

Organisation Type
Registered Locality

View Measures By
Domain

Domain
All

Measure
62 Day Wait from Referral to Fi..

Show Full Months Only
False

Standard Deviation For SPC
1

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

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

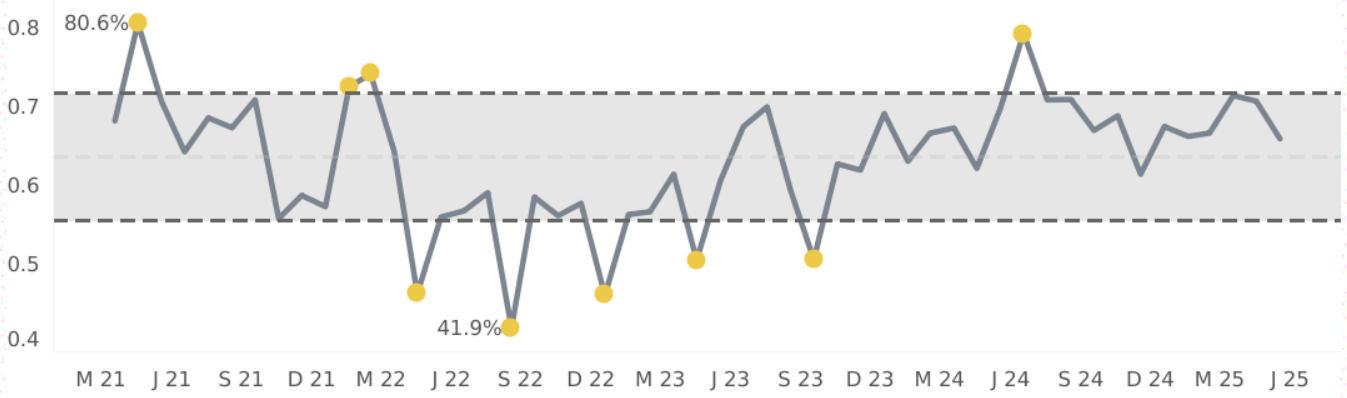
62 Day Wait from Referral to First Treatment: All Patients

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

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

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

Outliers more than 1 standard deviation from the mean

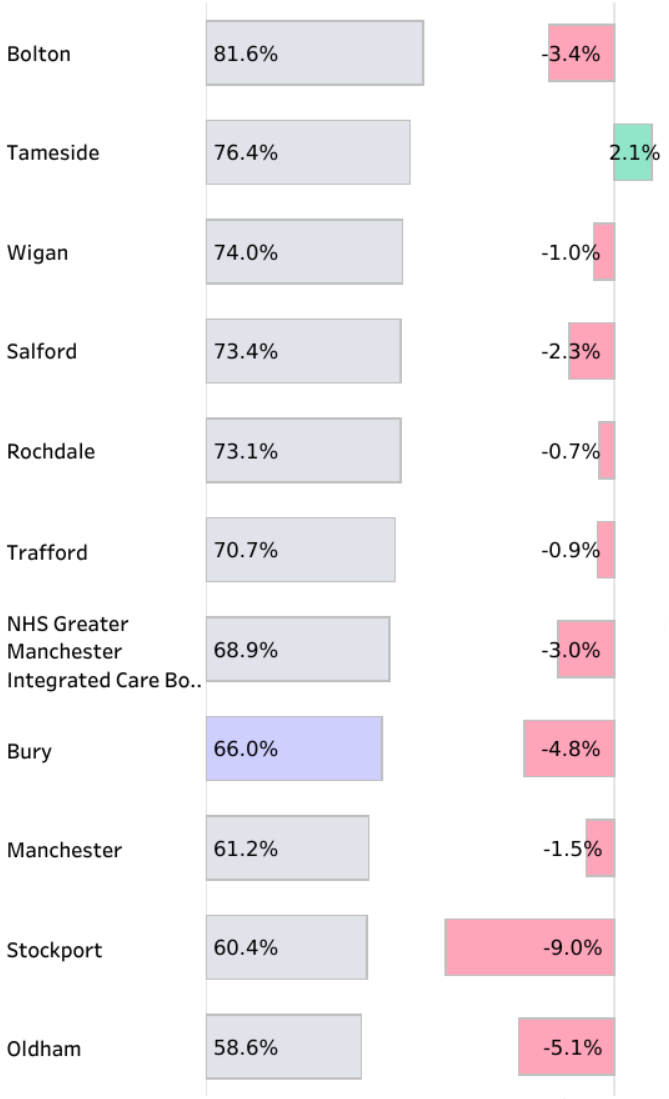


Selected measure at June 2025 has continuously decreased for 2 period(s) of time

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

Latest Value - Difference from previous to latest

Open additional benchmarking analysis



Bury Locality Cancer Action Plan

NHS Greater Manchester

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

Bury Locality Visit Summary - 5/2/25

NHS Greater Manchester

(Feedback session with GM Cancer Alliance (CA)

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

GM Cancer Screening

NHS Greater Manchester

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

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

Cancer Screening

Exceptions filter: Clinical Patients (excl. unsuitable)

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

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

Target – 60%

Target – 70%

Target – 80%

Achievements

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

Challenges

- PCN engagement and varied roles of Cancer Care Co-Ordinators
- Bury's ageing population
- Reduced support from cancer charities
- Workforce & BI capacity within the Locality
- Disseminating information to reach Primary Care
- No community diagnostic centre in Bury
- Variation in Performance in GP Practices
- GM Cancer funding?

NHS
Greater Manchester

Thank you

National Cancer Operational Guidance and Planning

NHS Greater Manchester

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

• **Operational performance** - improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026. In particular by:

- Maximising care for low-risk patients in non-cancer settings, including maintaining the faecal immunochemical test (FIT) in lower GI pathways, low-risk pathways for post-HRT bleeding (PMB), and breast pain (Mastalgia) only pathways; and,
- Improving the productivity in cancer pathways including teledermatology in urgent suspected skin cancer and nurse or allied health professional (AHP)-led local anaesthetic biopsy in the prostate cancer pathway

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

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

GM Cancer Commissioning Intentions

NHS Greater Manchester

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

GM Early Cancer Diagnosis Strategy Priorities

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

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

NHS Greater Manchester

(Feedback session with GM Cancer Alliance (CA))

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

NHS Greater Manchester

Appendix 6

IIF FIT Monitoring

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

NHS Greater Manchester Cancer Alliance

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

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

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

	CAN004 Patients who have had a Lower GI referral which was accompanied by a FIT result recorded in the 21 days leading up to the referral (%)			
	FY 2025 - 2026 Q1			Current Position
	Apr	May	Jun	Jun 2025
NHS Greater Manchester Integrated Care Board	78.1%	79.1%	80.8%	80.8%
Bury	83.3%	82.4%	84.1%	84.1%
Bury PCN	65.0%	72.0%	74.7%	74.7%
Horizon PCN	82.1%	83.3%	85.6%	85.6%
Prestwich PCN	94.1%	86.8%	87.3%	87.3%
Whitefield District & Community PCN	95.5%	88.4%	88.2%	88.2%

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

BURY INTEGRATED CARE PARTNERSHIP

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

Executive Summary

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

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

Recommendations

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

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

Links to Locality Plan priorities	
Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas	☒
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	☒

BURY INTEGRATED CARE PARTNERSHIP

Links to Locality Plan priorities	
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care	☒
Optimise Care in institutional settings and prioritising the key characteristics of reform.	☐

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

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

BURY INTEGRATED CARE PARTNERSHIP

Bury VCSE/Public Sector Memorandum of Understanding

1. Introduction

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

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

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

2. Background

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

VCSE/Public Sector Memorandum of Understanding (MoU) co-design timeline

LET'S do it! Shared success across Bury

April 24: Roundtable discussion between IDC members and leads from commissioned VCSE services. Aim - to build relationships and explore opportunities for the VCSE sector to work more collaboratively in delivering health and care services in the future. **Key recommendations:** To define our commitments to collaborative working, we first needed to develop a **memorandum of understanding** (in line with GM Accord/Fair Funding Protocol).

May - July:
Initial feedback provided to Bury VCSE Leadership Group, ICB Board and Locality Board on progress.

October: Second roundtable with IDC members, wider Public Sector partners and wider VCSE Leadership Group to begin co-design of MOU – 4 principles identified:

- **Partnerships and co-design**
- **Funding and investment**
- **Voice, representation and governance**
- **Workforce**

Oct – March 25:
Task and finish group with reps from VCSE and public sector convened to co-design MoU based on feedback from second roundtable. Further input from VCSE Leadership Group members. Presentation to IDC.

April – June: MoU referenced as enabler in the refreshed Let's Do It Strategy and Locality Plan. Final presentation to IDC Board
July: Formal sign-off by VCSE Leadership Group and Locality Board on 21st July
July onwards – implementation plan co-designed with partners from VCSE and Public Sector

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

Bury Memorandum of Understanding

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

2025 - 2028

LET'S do it!

Shared success across Bury

Introduction

This is a multi-agency collaboration agreement between:

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

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

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

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

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

Background

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

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

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

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

Enablers and Partnership Working

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

These include:

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

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

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

The key elements of the MoU to support this are:

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

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

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

This includes

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

Ensuring a financially resilient VCSE Sector

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

Key elements include:

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

Ensuring a financially resilient VCSE Sector

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

Our People

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

Key elements include:

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

Embedding Social Value

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

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

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

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

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

Signed Name Position	Signed Name Position	Signed Name Position
Signed Name Position	Signed Name Position	Signed Name Position
Signed Name Position	Signed Name Position	Signed Name Position

LET'S do it!

Shared success across Bury

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

Clinical and Professional Senate Highlight Report – July 2025

1. Introduction

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

2. Headlines from the Clinical and Professional Senate

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

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

2b. System Assurance Board Feedback

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

2c. Commissioning Oversight Group Feedback

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

2d. Medicines Optimisation Update – Salina Callighan

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

2e. Partner Update

- <u>NCA – Dr Vicki Howarth & Richard Bulman</u>
  - Vicki and Richard provided updates on Clinical Leadership Model (CLM), Resident Doctors' industrial action, collaboration with Salford, increasing patients at Bury Hospice, and the MEED pathway for eating disorder patients.
- <u>Pennine Care</u>
  - No PCFT representatives were in attendance at this meeting.
- <u>GP Update – Dr Cathy Fines</u>
  - Cathy Fines provided updates on GP membership engagement event, GP strategy presentation, health scrutiny meeting, and the focus on LCS activities and Tirzepatide implementation.
  - Kath Wynne-Jones advised that there is an open invitation for systems to submit proposals to become demonstrator sites for the rapid implementation of the neighbourhood model.

BURY INTEGRATED CARE PARTNERSHIP

2f. GMCR Clinical Engagement

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

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

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

2h. Clinical Leadership Presentation – Simon Minkoff

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

2i. Asthma Care Bundle

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

2j. AOB

- None.

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

Bury Primary Care Commissioning Committee (PCCC) Highlight Report

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

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

Key Updates:

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

Highlight Report - PCCC received a detailed primary care programme update

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

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

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

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

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

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

Priority actions in coming period:

Communications and Engagement - Consider local comms and engagement needs in light of GM portal

BeCCoR

- Elective Care Audit Review
- Ongoing discussion regarding 2026/27 arrangements, the team will take part in all pillar discussions

PCNs

- Enhanced Access utilisation improvement plan to be followed up with PCNs
- Risk stratification requirements to be explored further

MOT – Continue to roll out patient led ordering in addition to supporting CIP delivery

Weight Management – Service mobilisation

Decisions made:

Decision to award Special Allocation Scheme following an expression of interest process ratified
Request for PCCC to support the escalation of concern regarding the Online Consultation procurement delay ratified – response from GM also confirmed
Bury LCS 2025/26 Variation - PCCC approved the variation as outlined in the papers.

Top 3 risks & mitigation:	RAG rating
IF: the money invested into Primary Care is not sufficient/ nor equitable across GM THEN: the whole of PC will be limited as to what they can support/deliver LEADING TO: The local general practice strategy and GM PC Blueprint not being delivered in full and ultimately poorer outcomes for the patients of Bury	
IF: GM focus on prescribing savings continues to be paramount THEN: support to practice will be impacted as MOT support to practice must now change given the staffing structure	
IF: Horizon PCN are not awarded the 10% CAIP funding for Online Consultation THEN: the PCN and its member practices / patients would be at a disadvantage in terms of access / finance LEADING TO: financial risk and implications for the PCN and variation in patient access	

Any other information:

Key escalations for NHS Greater Manchester PCCC:

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	01 September 2025	Action	Receive
Item No.	14	Confidential	No
Title	SEND Improvement and Assurance Board Minutes – 28th May 2025		
Presented By	Will Blandamer, Deputy Place Based Lead		
Author			
Clinical Lead	N/A		

Executive Summary
The minutes from the SEND Improvement and Assurance Board held on the 24th June 2025 are attached for information.
Recommendations
It is recommended that the Locality Board note the minutes.

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

Bury Council
Department of Children & Young People

Minutes

SEND Improvement & Assurance Board Meeting
24th June 2025

1	**INTRODUCTIONS & ATTENDANCE**
	The Chair welcomed everyone to the SEND Improvement and Assurance Board meeting and acknowledged the presence of attendees joining online and apologies given. Everyone introduced themselves. The Chair raised that one appendix submitted to the Board papers included a child's full name and photographs. The Chair requested that Board members deleted this from their files and it to be deleted off the online copy and requested in future that no identifiable information of children should be included.
2	**MINUTES FROM THE PREVIOUS MEETING**
	May's minutes May's minutes were reviewed page-by-page, with no corrections given. The minutes were approved along with the accompanying 31 actions.
3	**ACTIONS AND RISKS LOG**
	The actions due by this meeting or before were reviewed. The Action Log was updated accordingly with the following updates: • **Action 88** (EOTAS – mapping children across the system including those without EHCPs): currently underway, and it was proposed bringing it back to the SIAB at a later date so the update can be provided once the new SEN2 data is released by the Department of Education. This was agreed – due date update on 22nd July. • **Action 95** (new Outreach team structure): The data is being gathered across services from both the Outreach team and the SEND support team, with the next task being to coordinate that to understand the full impact of how those services worked in the last 12 months – due date updated to 22nd July.

- **Action 100** ('You Said, We Are Doing' log): It was requested that questions on the log were answered in a more timely way; the Chair recommended that matters are escalated to the Senior Responsible Officers if the log is not being updated in a timely manner. The action was kept open and will be addressed at the next Board on 22nd July.
- **Action 125** (School Survival guide): The guide was taken to the SEND Handbook Task & Finish group, and they are keen to include it in their handbook and so she will provide updates as it progressed. The action was marked closed.
- **Action 135**: was identified as a repeat of action 100, and so was closed.

The Risk Log has three new risks in relation to PIP5.

- Risk 45 and Risk 46: predominantly focused on the 6-into-7 digital solutions and the sustainability of the ongoing and expanding cost for it.
- Risk 47: concerns the Multi-Disciplinary Team (MDT) meetings and the capacity to expand to a wider cohort. Further work is needed to look at whether alternative forums need to be used or whether the current forums can be expanded to accommodate these.

It was agreed that none of these three new risks were classed as immediate high risks (or would affect children transitioning into new schools in September), and so updates for the risk will come to the Board at the next Theme 3 meeting in October. These risks will be raised with the Secondary Sector Forum at the next meeting in two weeks' time.

There was a question raised about the representation of Early Years and Colleges at SIAB. The Chair commented that it is good to have a variety of people attending the board at different times, and approved the suggestion.

Actions

1. Risk 47 (the capacity of MDT meetings to expand to a wider cohort) to be raised at the next Secondary Sector Forum – due report back 22nd July.
2. SIAB Board membership for Early Years and College colleagues – due 22nd July.

4 **CONTRIBUTIONS FROM, AND ENGAGEMENT WITH, CHILDREN AND YOUNG PEOPLE**

Presentation

Highlights covered CAMHS service design; staff training; wider engagement; upcoming work; upcoming meetings; and general feedback. *[The presentation has been provided alongside these minutes].*

Discussion

CAMHS service design

The Changemakers had spoken with representatives from CAMHS to ask questions about their Neuro assessment process, therapy service, and how they work with young people. There are plans to work throughout the Summer to get the offer established and share it in September.

	Staff training The Changemakers have been working on staff training, and were planning to attend an upcoming meeting of the Secondary Head Teachers. Wider engagement Two more young people are interested in joining the Changemakers group following a visit to the home-educated group in the theatre, along with two further young people from Connexions. There is also an opportunity to attend a drop-in at the Jewish Community Group in July which may identify other young people who would like to join. The Chair reminded the Board that the Changemakers celebration event would be happening immediately after the next Board meeting on 22nd July. The Changemakers will also be running a training session that meeting around co-production and tokenism for the Board.
5	**TERMS OF REFERENCE SIGN OFF AND PRINCIPLES OF BOARD MEMBERSHIP REVIEW**
	Terms of Reference The Chair commented that the Board membership within the Terms of Reference document had been updated. This was signed off by the Board, and is set to next be reviewed in six months (December's SIAB Board). Principles of Board Membership The Chair raised that attendance for some members had been a particular challenge recently and requested that members send a deputy to SIAB meetings if they could not attend. The following updates were requested to be added to the Principles of Board Membership document: - Members to send a named deputy in their place if they are unable to attend a Board meeting, to ensure that all areas are consistently represented in meetings. - Members are required to attend at least 9 out of 11 Board meetings every year (removing the August meeting). - Members are required to proactively share relevant information from the Board meetings to colleagues within their organisations. There was a question as to whether Board members would need a minimum 12 months commitment, as is currently on the Principles of Board Membership document. This was kept in place, recognising that potential exceptions may be needed as they arise. The Chair asked that Members do not share specific confidential conversations that have been discussed at the Board with others unless there has been a formal agreement to share. The Chair requested that all Board members take the initiative to share (appropriate) information from the meetings out to wider colleagues, as it is important that cross-partner messages reach everyone, e.g. all schools. The Chair raised that another Board evaluation was now due, having last been completed in November 2024. This will be done before schools finish for the summer holidays on 16th July. **Actions**

	3. PPL to update the Principles of Board Membership document – due 4th July. 4. The Chair to discuss the SIAB evaluation with Comms Leads in preparation for sending out before 16th July.
6	**STOCKTAKE PLANNING AND MONITORING INSPECTION UPDATE**
	The Chair mentioned the importance of having a schools' representative at the upcoming Stocktake meeting on 1st July. The previous Stocktake meeting had taken place in December 2024, and reviewed the progress in relation to the PIPs. The DfE and NHS England concluded that the SIAB were in line with expected progress at that time. rThe SIAB has continued at pace with its endeavours to move forward with any outstanding actions within that six-month period, and that it had tried to determine the impact that the actions are now having in relation to the identified outcomes within the PIPs. For this Stocktake, work has been undertaken across the partnership to gather evidence and there is a draft evidence submission that is near completion. Following the Stocktake meeting, the partnership will be preparing for the Monitoring Inspection, which is anticipated to take place in October/November 2025. **<u>Actions</u>** 5. DfE to circulate the Bury SEND Stocktake Agenda –completed. 6. PPL to circulate the previous Stocktake outcome letter to the wider board – due 1st July.
7	**EHCP AUDIT DATA REPORT**
	The template for the audit had been reviewed, in order to reflect the national change programme. This was reported as working very well. Significant amounts of training had also been given regarding preparing legally compliant EHCPs. In addition, a large proportion of internal auditing had been completed and there is now a tiered approach of both single-agency audits, multi-agency audits and face-to-face audits. Invision 360, a digital audit tool, is now in use. The output from the two cycles of auditing were in relation to newly issued EHCPs. A slide deck pack has been put in the appendices for the Board papers around the impact of that work. This demonstrates an overall improvement in EHCPs with a reduction in those plans with quality issues from 58.3% to 42.9%. In addition, EHCPs receiving an overall grading from silver has increased from 16.7% to 28.6%, also with significant improvements in sections B&F, which is special educational needs outcomes and provision. This was still a challenging area, with ongoing gaps in relation to Social Care input into EHCPs. There has been a meeting about this and subsequently progressed actions in terms of how to ensure that Social Care contributions continues to improve.

	Meetings have also been held in relation to children who are not known to Social Care, to ensure that this data is tracked. As a consequence, compliance is improving within that area. Another significant challenge raised was the number of audits completed, as only a small proportion of the 30-40 new EHCPs issued a month have been audited (current is an average of 10 a month). The Chair suggested that the conversation around who is not responding to carrying out the audit is discussed at the Operational Delivery Group meeting. It was suggested that a focus on increasing the numbers of audits is more important at this stage than ensuring a fully partnership approach to all audits. The Chair recommended that the specifics of how to resolve this would be discussed outside of the SIAB meeting. **<u>Actions</u>** 7. A discussion about the issue of audit compliance to take place at the next Operational Delivery Group – due 22nd July.
8	**ADHD CONSULTATION AND COMMISSIONING SERVICES**
	An overview of the current commissioning position was provided. The gap highlighted in the inspection report was not having a commissioned managed pathway for this cohort of young people to obtain neurodevelopmental assessments. As a Locality, alongside neighbours in Oldham and Heywood, Middleton and Rochdale; there was a complete reliance of the right-to-choose pathway. Over the past months the team has therefore been working to progress the Commissioning process: obtaining approval for the finance and then also obtaining approval to go ahead. An urgent award under the provider selection regime regulations was given to Optimise Healthcare. This means there is now expanded capacity around the shared care cohort, but also with the ability to commission a limited number of assessments. The contract is not yet in place, but it is in the final stages, with plans for this to be live before the end of summer. The finance contracts are very close to being signed, and respective teams have been given approval to start to transition young people on ADHD medication under shared care arrangements to the adult provider. In addition, there is a new pathway for when young people approaching adulthood will be reviewed, and where appropriate transitions into the actual provider for that ongoing shared care will take place. Further work needs to be done to determine how the limited number of assessments are prioritised, bearing in mind that the gap highlighted in the inspection needs to be addressed. Therefore, the challenge is the number of assessments that have been commissioned within the financial envelope is far outpaced by the level of demand; there will need to be careful consideration on how assessments are prioritised and take into account the needs of this particular cohort of young people. The Chair asked whether any statistics could be given in terms of the size of the situation. The response was that the demand from adults for neurodevelopmental assessment is unknown, due the reliance on the right-to-choose pathway, which is depending on whether GPs refer individuals asking for

an ADHD assessment to a provider who is eligible. However, for the number of assessments that have been commissioned: this year there were 240 autism assessments across the three localities, and 205 ADHD assessments.

It was raised that the themes being raised here are also recognised to be a national problem, as well as one at the Greater Manchester level. Also that there was an understanding that there is an underdiagnosis of women and girls, as well as marginalised communities.

It was confirmed that the assessments in the year so far were from the beginning of the financial year onwards. The team have drawn up pragmatic criteria around how young people are identified for having an ADHD assessments and the pathway from there.

25,000 people are currently on the waiting list for adult ADHD assessments across Greater Manchester. *[This presentation has been attached to the Board papers].*

The Chair commented that it was good for the Board to have assurance from what was happening both from the commissioning and consultation progress, and looked forward to seeing the final report once completed. It was confirmed that the plan is for the report to be completed by the end of June.

Actions

8. A update report of the ADHD commissioning and consultation progression – due 20th July.

9 **THEME 3 UPDATE**

Theme 3 brings together several key points in a child's educational journey, where there are significant changes – for example the Preparing for Adulthood pathway, and the annual review cycles for children who are accessing Education Other Than At School (EOTAS).

The Executive Summary

The summary highlighted the progression of the following:

- A compiled list in relation to the 16 to 18 cohort.
- Development of an Adult Social Care team to support with transitioning into adulthood.
- Quarterly transition clinics in Health
- Team meetings that are being held to support more timely transitions through community paediatrics.
- Alternative Provision forums
- Further developments in relation to communicating the Local Offer, particularly when products have significant improvements to update on.
- Developing the Annual Review process to ensure that Preparation for Adulthood comes in for children who are at Year 9 onwards
- New templates for Annual Reviews, so that conversations can be prompted at schools where the Local Authority cannot always be in attendance.
- Data shows that 66% of children now have a completed annual review, which is slightly higher than expected (however not necessarily within the

statutory time frames). 34% are therefore currently overdue or not yet due.

The next phase is to make sure the new offers are utilised and publicised widely.

And for other next steps, the partnership should focus on ensuring that the multiple transition points within a child's educational journey interlink well with different services across Education, Health and Adult Social Care. It is important therefore for the partnership to work together to coordinate that planning and interdependencies in relation to transitional points.

Discussion

A question was asked about whether or not there had been any noticed impact for transitions as a result of the two senior social workers joining in the last 18 months.
There is a very good relationship with the senior Social Workers and the value they are adding.

It was asked what the protocol was for young people who would not reach the threshold for Adult Social Care. It is intended that those cohorts will be considered separately, as they are very likely to follow different transition pathways, and make sure outcomes are being tracked.

Bury is very good at having data for achievements at 19 years of age and that Bury does well in that relative to other areas.

The Chair reiterated that it was important that all reports include data so that impact and quality assurance can be evidenced and understood.

Annual Reviews have been a contentious issue in Bury, not just about the completion rate, but also the compliance and the quality of the Annual Review based on the information obtained. Some sufficiency issues have also been impacting. There is a small statutory Assessment team of reviewing officers who are responsible for issuing the responses to annual reviews, and the capacity is not meeting next year's demand (over 3,000 EHCPs).

In terms of the Graduated Approach, the aim is to ensure that it does not stop at the point of issuing a statutory plan, so that the services are there at the earliest indication of needs changing leading to escalation of need and therefore having wraparound services available. Therefore, the plan is to act earlier and ensure there is sufficient information to manage the expectation if there is an escalation of need.

There is not currently any data in the system that is not already in the reports, so any further data identified will need to be collected. The Chair is chairing a Data and Performance meeting on 15th July, which will provide a focus on this.

The Communities of Practice model means that the need for data can be delivered through these networks.

A question was raised about how homeschooled children's families would fit in to this, given they would not receive information from schools and the SENCOs are

	moving back to be managed within the Local Authority. It was answered that there is a Home Education Network, and that there is a newsletter that goes out as well as a dedicated offer. It would be good to provide reassurance by communicating out that for certain cohorts of children, there are things in place that should be having an impact. The Leader, Lead Members and the Chief Executive had visited nearly every school in the Borough recently, speaking to the school leaders. The feedback from the staff was that they felt that there was lots of engagement when it came to safeguarding, however for SEND they wanted to talk more about the training available, and wanted to feel more part of the partnership. **The Local Offer** The Chair commented that regarding data to do with the Local Offer page, page two of the report showed the website visitor numbers had initially increased, but 12 months on still remain relatively small. There was a challenge that the feedback from families was that the Local Offer is not the biggest problem, although there was still work to do on it. There is a plan to amplify the Local Offer message e.g. through other mediums such as Instagram, however agreements and boundaries for this must be drawn up first. The data for the Local Offer website showed visitor numbers plateauing, however the minutes people spending on it are continuing to increase. Therefore, those who are accessing it are engaging with it more than previously. However, the partnership still needs to ensure that every opportunity with parents, family and young people should include mentioning the existence of the Local Offer page. A full audit of the Local Offer has been completed, and it returned an over 80% compliance rate and there is ongoing work to obtain full compliance this week. Once compliance has been achieved there will be an ask for all organisations to put a link into the Local Offer page. At a Year 6 Transitional Evening, information was shared about the Local Offer page. **<u>Actions</u>** 9.PPL to map out the interdependencies of the different services (Education, Health, and Adult Social Care) in terms of the transitional points by 22nd July 10.A report to the Board about the impact of the new senior social workers on transitions. Due 22nd July. 11.A review of the KPIs agreed and benchmark of the current progress against those to be completed by 22nd July 12. All Board members to take the opportunity when interacting with families to mention the Local Offer page – by 22nd July and ongoing.
10	**SUMMARY OF KEY MESSAGES FROM TODAY'S MEETING**
	- There will be further engaging with the young people at various events before the summer term is over - Communicate out the EHCP changes, recognising the progress made once timelines have been confirmed. - Communicate out the Holiday Activity Fund (HAF) activities available this summer for SEND families

	- Updated Principles of Board and Membership (i.e. attendance commitment) to nine meetings a year, and to send a deputy if unable to attend
11	**ANY OTHER BUSINESS**
	Initial parent survey update A survey was sent to parents and carers from 25th May to 11th June to obtain their views in relation to the SEND improvements. There were 80 responses, which is a small proportion of the 3,000 children with EHCPs. A piece of work will need to be undertaken around reviewing the comments and understanding what to take from them. From there it will be decided how it will be published. Early indications are that parents and carers are fairly happy with the early identification of their child's special education needs, and there was growing confidence in the partnership through a much improved SEND newsletter and the Local Offer page. The survey gives a baseline on how parents and carers feel about the service, and in six months may run the survey again co-produced with Bury2Gether in order to ask questions families are more keen to feed back on. **Other** The Chair thanked the interim Director of Education as this was his last Board meeting (leaving 18th July). He thanked the Chair and the Board and stated that he would be returning to the school system, and would be on hand to help with anything as needed.
10	**UPCOMING MEETINGS**
	• 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.

This page is intentionally left blank