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Agenda

Locality Board – Meeting on Teams

Date: 6th October 2025

Time: 4.00 pm – 6.00 pm

Venue: Council Chamber, Bury Town Hall, Knowsley Street, Bury

Chair: Cllr O'Brien

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 01st October at 12 noon.** Questions received after this time will be taken to the following meeting.

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

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Agenda

Locality Board – Meeting in Public

Date: 6th October 2025

Time: 4.00 pm – 6.00 pm

Venue: Council Chamber, Bury Town Hall, Knowsley Street, Bury

Chair: Cllr O'Brien

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.10	10 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 1st September 2025 and action log	Paper	Approval	Chair
			- Ratification of MOU from September Locality Board meeting	Verbal	Approval	All
			- Cancer update	Verbal	Information	Will Blandamer/Cathy Fines
4.0			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.0	4.10 – 4.20	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
6.0	4.20-4.30	10 mins	VCFE – Creative Living Centre	Paper	Discussion	Lorna Wilson
Locality Board Priorities						
7.0	4.30-4.40	10 mins	North Manchester Redevelopment	Verbal	Discussion	Will Blandamer

8.0	4.40-4.50	10 mins	PSR/Live Well	Paper	Discussion	Will Blandamer/Chris Woodhouse
9.0	4.50-4.55	5 mins	Clinical Led Model	Verbal	Discussion	Lorna Allan
10.0	4.55-5.05	10 mins	Estates developments	Paper	Approval	Clare Postlethwaite
Integrated Delivery Collaborative Update						
11.0	5.05-5.10	5 mins	Integrated Delivery Board Update	Paper	Discussion	Will Blandamer
12.0	5.10-5.15	5 mins	Performance Report	Paper	Discussion	Will Blandamer
13.0	5.15-5.20	5 mins	Risk Report	Paper	Discussion	Catherine Jackson
14.0	5.20-5.30	10 mins	Mental Health Gap analysis	Verbal	Discussion	Will Blandamer
15.0	5.30-5.40	10 mins	Urgent Care which includes: • Urgent care plan review – David Latham • Hospital at home review – Katy Alcock • Winter planning – David / Lindsey Darley	Paper	Discussion	Jo Fawcus/Kiran Patel/David Latham
Updates						
16.0	5.40-5.50	10 mins	Strategic Finance Group	Paper	Approve	Simon O'Hare
17.0	Info	Info	Population Health and Wellbeing update	Paper	Information	Jon Hobday
18.0	Info	Info	Clinical and Professional Senate update	Paper	Information	Kiran Patel
Committee/Meeting updates						
19.0	Info	info	SEND Strategy	Paper	Information	Will Blandamer
Closing Items						
20.0	5.50 – 5.55	5 mins	Any Other Business		Verbal	
21.0	_____	_____	**Date and time of next meeting in public - Monday, 3rd November 2025, 4.00 - 6.00pm on Microsoft Teams**		_____	

Post Meeting Reflection

		5 mins	Post Meeting Reflection	Chair/All

Meeting: Locality Board			
Meeting Date	06 October 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 6th October 2025 and

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

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

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

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

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

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

Committees and Sub-Committees

Locality Board

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

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

Meeting: Locality Board			
Meeting Date	06 October 2025	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 1st September 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 1st September 2025 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed

Recommendations

It is recommended that the Locality Board:-

- Approve the minutes of the previous meeting held as an accurate record;
- Provide an update on the action listed in the log.

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

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

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

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

Draft Minutes

Date: Locality Board – Meeting in Public 1st September 2025

Time: 4.00pm – 6.00pm

Venue: Via Microsoft Teams

Title	**Draft Minutes of the Locality Board**
Author	Chloe Ashworth
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	Chloe Ashworth	Draft Minutes produced
Approved:			
Signature:			..... **Add name of Committee/Chair**

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public via Microsoft Teams 1st September 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 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 Ms Winsom Robotham, Pennine Care Foundation Trust Dr Nina Parekh (PhD), Divisional Managing Director Bury Community Services Division Ms Marie Wilson, Bury VCFA (Voluntary, Community, Faith & Social Enterprise) Dr Kiran Patel, Medical Director, IDCB 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 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 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 Cllr E O'Brien, Ms Catherine Jackson, Mr Simon O'Hare, Dr Vicki Howarth, Lorna Allan, Richard Bulman, Ms Jeanette Richards and Mrs Emma Kennett.
1.3	It was noted that Ms Helen Tomlinson sent her apologies, and Marie Wilson was attending as her representative for the Voluntary Community, Faith and Social enterprise
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 1st September 2025 and previous meeting 21st July 2025.**

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

3.	Minutes Of the Last Meeting and Action Log
3.1	The minutes from the Locality Board meeting held on 21st July 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/09/02	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/09/03	Decision	Received the update.	

5.	Place Based Lead Update
5.1	Mr Blandamer presented the key issues in Bury:-
5.2	• NHS Reform: Transition to the new ICB operating model is paused pending national redundancy funding clarity. The focus remains on delivery and developing new ways of working.
5.3	• Children's Services (Ofsted): Inspection rated services as requires improvement, an uplift from inadequate. Mr Blandamer wished to give positive recognition of contributions of all partners in the locality board to the improved position.
5.4	• Adult Services (CQC): Inspection scheduled for September–October. The preparations and evidence submission have been completed and members are asked to be understanding regarding the services preparations for Inspection.
5.5	• SEND Stocktake: Positive feedback received on progress and partnership working. The focus is now on demonstrating impact and improving data reporting.
5.6	• Primary Care Estate: £250k awarded to six practices for upgrades. Contracts exchanged for Whitefield Library site to support Uplands Medical Centre. In addition, there is ongoing work in Prestwich.
5.7	• Neighbourhood Bid: Bury submitted a strong proposal to the national programme, highlighting integrated teams and Live Well plans, the outcome is still awaited.
5.8	• Greater Manchester VCSE Accord: GM-wide consultation open until 31 October 2025 and partners are encouraged to participate.
5.9	Councillor Tariq, Cabinet Member for Cabinet Member Adult Care, Health and Public Service Reform wished to put on record support and thanks to Colleagues in uncertain times for their continued hard work.
5.10	Mr Blandamer and Mr Heppolette gave an overview of Place Based Partnerships and NHS Reforms:-
5.11	• Funding & Employment Model; Work is ongoing to finalise the most effective employment model for NHS GM direct contributions to place teams. Options include

	continued ICB employment, transfer to another NHS organisation, or transfer to the Local Authority.
5.12	• Place Commissioning Budget; Scope and methodology for the NHS GM place commissioning budget are under development.
5.13	• Operating Model Development; Continued collaboration with NHS GM Design Groups to refine the operating model and ensure it reflects opportunities for all Place Partners.
5.14	• Place Structures; Work is underway to establish place-based structures tailored to local strengths, opportunities, and challenges.
5.15	No further comments or observations were made in relation to the report.

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

6.	Integrated Delivery Board Update
6.1	The Chief Officer's Report was presented by Ms Kath Wynne-Jones who provided the following key updates:-
6.2	Primary Care Programme: • Approval of Year 2 neighbourhood requirements for Bury LCS 2025/26. • Proposal for quality visits in 2025/26 to reduce unwarranted variation across practices. • Quarter 1 contracting update: improvements in EA utilisation and separate DNA data reporting. • High-level results from the General Practice Patient Survey (GPPS) shared.
6.3	General Practice Leadership Collaborative (GPLC): • Reviewed and updated Terms of Reference. • Discussed future planning and leadership development.
6.4	Neighbourhood Health Implementation Programme: • Workshop held to reset Bury's neighbourhood model in line with the NHS 10-Year Plan. • Stakeholder questionnaire launched to review Active Case Management MDTs. • Engagement with NCA geriatricians to support MDT input. • Presentations underway to raise awareness of EPaCCS. • Continued development of multi-agency response to hoarding in East Neighbourhood.
6.5	Complex Care: • Maintained >80% performance against the 28-day standard for the past 18 months.
6.6	Members prompted by Ms Ridsdale, discussed performance related to healthy life expectancy and school readiness. Members were advised this is picked up by the Health and Wellbeing Board however a future update regarding both would be beneficial for the Locality Board.

ID	Type	The Locality Board	Owner
D/09/05	Decision	Noted the update.	

A/09/01	Action	To include updates regarding Healthy Life Expectancy and School Readiness to a future meeting.	Mr Jon Hobday

7.	Performance Report
7.1	The Performance Report was presented to the meeting. The following areas were noted as performing well:
7.2	• Dementia Diagnosis Rate: Bury achieved a diagnosis rate of 76.4% for patients aged 65 and over, exceeding the Greater Manchester (GM) average of 74.5%. Bury ranks third highest among GM localities. • Learning Disabilities Health Checks: Despite a reset in reporting, Bury recorded a completion rate of 14.1%, above the GM average of 8.7%, placing fifth across GM. • Care Home Ratings: 84.6% of care homes in Bury are rated as 'Good' or 'Outstanding', ranking third highest in GM. • Reduction in Mental Health Out-of-Area Placement (OAP) Bed Days: A 7.7% reduction was noted since May 2025, with a 37% decrease year-on-year.
7.3	The following areas were identified as requiring improvement: • Access to Children and Young People's Mental Health Services: A slight decline in access was observed in June 2025 compared to previous months and the same period last year. • Care Home Vacancy Rate: Bury reported a vacancy rate of 15.1%, the highest among GM localities.
7.4	In response to a query on mental health services commissioning gap it was noted for the record that the ICB has opportunities about crisis resoslution funding Warren will provide an update at a future meeting.
7.5	No comments or observations were made in relation to the report.

ID	Type	The Locality Board	Owner
D/09/06	Decision	Noted the update	

8.	Cancer Update Report
8.1	Dr Liane Harris delivered a presentation to the Locality Board on cancer performance across Bury.
8.2	Key Discussion Points and Observations:
8.3	It was noted that Bury ranks 8th out of 10 GM localities for cancers presenting at Stage 1 or 2, despite having strong screening data and a reasonable two-week wait performance.

8.4	Members queried the underlying issues, given that screening only accounts for approximately 5% of cancer detections. It was suggested that low patient presentation rates may be a contributing factor.
8.5	Some GP practices were identified as outliers in terms of two-week wait referral and conversion rates. The current public health campaign, "If in doubt, check it out," aims to address delays in patient presentation.
8.6	A question was raised regarding why three Northern Care Alliance (NCA) authorities are positioned at the bottom of the performance table.
8.7	Will noted that although a bid was submitted for a Community Diagnostic Centre, funding was not secured. As part of the 10-year plan, the team is reviewing the original proposal to assess future diagnostic provision.
8.8	Damian agreed to arrange a meeting with Councillor T Tariq and relevant officers to explore next steps.
8.9	It was confirmed that the Cancer Team will continue discussions at the Major Conditions Board and will return to the Locality Board with an update on plans and ongoing activities in the future.

ID	Type	The Locality Board	Owner
D/09/07	Decision	Noted the Performance report.	
A/09/02	Action	Cancer Team will continue discussions at the Major Conditions Board and return to the Locality Board with an update on plans and ongoing activities in the future.	Ms L Harris

9.	MOU with the Voluntary Sector
9.1	Ms Kath Wynne-Jones provided an update on recent workshops focused on how the Accord is being operationalised formally. These sessions explored practical implementation and addressed challenges across the health and care system.
9.2	Marie Wilson gave an overview from the Voluntary, Community and Social Enterprise (VCSE) sector perspective.
9.3	• The Locality Board formally signed the Memorandum of Understanding (MoU) with the Bury VCSE Leadership Group, following a year-long co-design process. • The MoU outlines shared commitments to strengthen partnership working between public sector bodies and VCSE organisations.
9.4	Key priorities within the MoU include:
9.5	• Supporting a financially resilient VCSE sector through pooled budgets, inflation-linked uplifts, and longer-term funding arrangements.
9.6	• Embedding social value principles in commissioning and service delivery.
9.7	• Recognising and supporting the VCSE workforce, including volunteers, as part of the wider health and care system.

9.8	• Promoting inclusive governance, co-production, and community-led service design.
9.9	Jordan Fahy, representing the Mental Health Group, commended the work undertaken to date, describing it as a positive and impactful piece of work. Thanks were extended to Kath Wynne-Jones and Will Blandamer for their contributions.
9.10	Verbal support was requested to progress the MoU. It was agreed that the document would be circulated for signing and formally ratified at the next meeting.
9.11	The signing of the MoU was recognised as a milestone moment for the partnership and should be celebrated.
9.12	The MoU will be added to the agenda for the upcoming Team Bury meeting (Tuesday). Efforts will be made to coordinate with colleagues who also need to sign the document.
9.13	Marie Wilson highlighted the importance of marking the occasion formally, including capturing photographs at the Team Bury meeting. Attendance of key individuals, including Jordan Fahy, will be arranged to ensure full representation.

ID	Type	The Locality Board	Owner
D/09/09	Decision	Noted the updates on financial positions for 2025/26	

10.	The role of the VCSE in delivering Locality Board Priorities
10.1	The Voluntary, Community and Social Enterprise (VCSE) sector was recognised as a key strategic partner in delivering the Locality Board's priorities. This alignment reflects both the NHS 10-Year Plan and Bury's Locality Plan.
10.2	Marie Wilson outlined the sector's vital contributions, particularly in engaging and supporting local communities through culturally sensitive and person-centred approaches. The VCSE sector plays a central role in improving health equity by addressing wider social determinants of health, including poverty and homelessness.
10.3	Further contributions include:
10.4	• Co-producing services and shaping policy through lived experience. • Delivering community-driven solutions that support integrated care. • Active involvement in neighbourhood-level health delivery. • Supporting outcome measurement, workforce innovation, and digital transformation.
10.5	The Board acknowledged the sector's integral role and the importance of continued collaboration to embed VCSE expertise across all levels of locality planning and delivery.

ID	Type	The Locality Board	Owner
D/09/10	Decision	Noted the update	

11.	Population Health and Wellbeing update
11.1	Mr Hobday submitted the latest update report in respect of Population Health and Wellbeing.

11.2	No comments or observations were made in relation to the report

ID	Type	The Locality Board	Owner
D/09/11	Decision	Noted the update	

12.	Clinical and Professional Senate update
12.1	No verbal update provided due to running over time with the meeting.
12.2	Fin McCaul provided a verbal update on Pharmacy First.
12.3	Members were informed the service continues to do well. Insect bites, UTI and Sore throats have been supported by Pharmacy First along with other matters.
12.4	Fin McCaul committed to bringing back data regarding the service at some point soon.

ID	Type	The Locality Board	Owner
D/09/12	Decision	Noted the update	
A/09/03	Action	A further update of data regarding the Pharmacy First service to be brought back to a future meeting	Mr Fin McCaul

13.	Primary Care Commissioning Committee update
13.1	No comments or observations were made in relation to the report.

ID	Type	The Locality Board	Owner
D/09/13	Decision	Noted the update	

14.	SEND Improvement and Assurance Board Minutes
14.1	Members received minutes from the SEND Improvement and Assurance Board held on the 28th May 2025.

ID	Type	The Locality Board	Owner
D/09/14	Decision	Noted the update	

15.	Any Other Business
15.1	There were no items raised.

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

16.	Date and time of next meeting
16.1	**Date and time of next meeting in public - Monday, 6 October 2025, 4.00 - 6.00pm Committee Rooms A&B, Bury Town Hall**

Post-Meeting Reflection

- **Timekeeping & Agenda Management**
  The meeting ran from 4:00pm to 6:13pm. Interestingly, when the agenda appears light, discussions tend to overrun, whereas meetings with fuller agendas are often completed more efficiently.
- **Format & Engagement**
  While face-to-face meetings are generally preferred, this Teams session felt productive and well-paced. It encouraged more personal conversations and fostered stronger engagement, with more participants contributing than in previous virtual meetings.
- **Content & Strategic Focus**
  The agenda had a good mix of items and was strategically pitched. This helped maintain interest and relevance throughout the session.

Locality Board Action Log – September 2025

BURY INTEGRATED CARE PARTNERSHIP

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

Date	Reference	Action	Lead	Status	Due Date	Update
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	-	November 2025	Update to provided in September in the context of the 10 year plan Update to be provided in November, aligned with comms and 10-year plan
2nd June 2025	A/06/01	Mr Woodhouse to obtain the latest figures for people accessing the Ingeus Neighbourhub in the Millgate and circulate to Locality Board members for information.	Mr Woodhouse		July 2025	To be shared outside the meeting by Will Blandamer.
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		November 2025	
21st July 2025	A/07/02	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.	Mr Blandamer/Ms Wynne-Jones		July 2025	Access Points to Services: To be linked with comms work and gap analysis. Action remains open

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

Date	Reference	Action	Lead	Status	Due Date	Update
1st September 2025	A/09/01	To include updates regarding Healthy Life Expectancy and School Readiness to a future meeting.	Mr Jon Hobday	---	TBC	
1st September 2025	A/09/02	Cancer Team will continue discussions at the Major Conditions Board and return to the Locality Board with an update on plans and ongoing activities in the future.	Ms L Harris	---	TBC	
1st September 2025	A/09/03	A further update of data regarding the Pharmacy First service to be brought back to a future meeting	Mr Fin McCaul	---	TBC	

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

Executive Summary

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

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

Recommendations

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

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

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

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

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

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

Bury VCSE/Public Sector Memorandum of Understanding

1. Introduction

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

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

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

2. Background

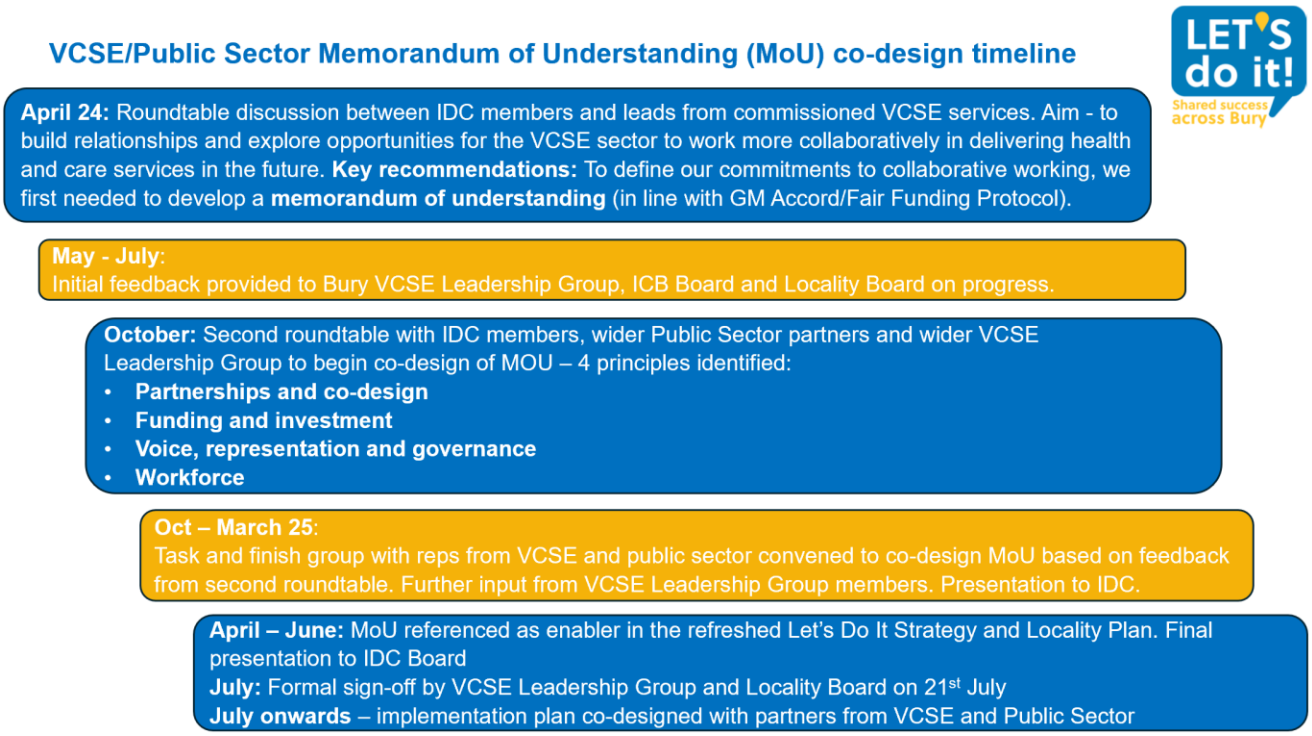
2.1 Voluntary, Community and Social Enterprise organisations (VCSE) have been integral to the communities of Bury for over 100 years. Over 1200 VCSE groups and organisations deliver a range of activities and services across the borough. The VCSE sector is embedded in Bury and has extensive reach into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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

Bury Memorandum of Understanding

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

2025 - 2028

LET'S do it!

Shared success across Bury

Introduction

This is a multi-agency collaboration agreement between:

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

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

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

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

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

Background

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

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

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

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

Enablers and Partnership Working

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

These include:

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

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

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

The key elements of the MoU to support this are:

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

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

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

This includes

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

Ensuring a financially resilient VCSE Sector

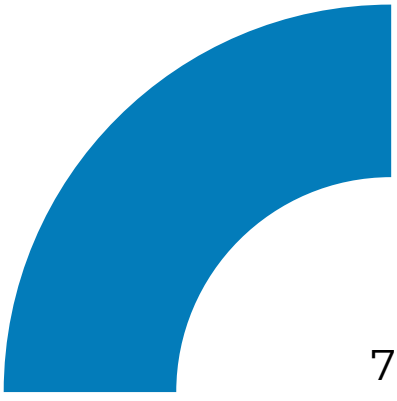
Ensuring a financially resilient VCSE Sector with appropriate resources is a key enabler for the ambitions of this MoU and our broader challenges around addressing poverty, improving health and wellbeing, and tackling inequalities in Bury.

Key elements include:

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

Ensuring a financially resilient VCSE Sector

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



Our People

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

Key elements include:

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

Embedding Social Value

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

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

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

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

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

Signed 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	06 October 2025	**Action**	Receive
Item No.	5	**Confidential**	No
Title	Place Based Lead Update - Key Issues in Bury		
Presented By	Will Blandamer - Deputy Place Based Lead		
Clinical Lead	Dr Cathy Fines		

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

1. Heaton Park Hebrew Congregation Synagogue

On behalf of all partners at the Locality Board may I express my deepest condolences to those families and families who have lost a loved one in the senseless act of violence last week. May I also acknowledge the distress this may cause our Jewish colleagues and communities, for whom Yom Kippur is a solemn and sacred time. I know the Council, NHS partners and VCSE colleagues have reached out to friends, colleagues and services in that community to express sympathy and solidarity at this time.

May I also offer my grateful thanks for the contribution of all partners in the response and the professionalism and compassion in the face of such a traumatic event.

I am sure all partners are working to think how best to support the community and also staff affected by this terrible event.

2. Bury SEND Strategy

I am delighted to advise that the Strategy for SEND for the borough has been approved by the SEND Improvement and Assurance Board in September. This followed a period of consultation and co-production with all partners including Bury2Gether our parent carer forum, and the Changemakers group - a group of young people with additional needs who have worked to ensure their voice is heard. Thankyou to the staff of all partners to the locality board who have contributed to its development

The strategy is included in the papers for this meeting for information and I strongly commend it to you.

3. NHS Planning approach and neighbourhood working

All NHS partners will be developing their response to the NHS Planning Guidance for 2026/27 released in August. For the purposes of the Locality Board I note particularly the prominence of neighbourhood health in the 10 Year Plan, and that the guidance set out, for the first time, a requirement for Neighbourhood Health Plans. These are to be developed at local authority level – i.e. in the 10 localities in Greater Manchester.

Later in this Locality Board we will hear from the report of Kath Wynne Jones about the work being undertaken to refresh and prioritise our work on neighbourhood working in the health and care system in Bury. We will also receive a paper from Will on the implementation of Live Well, building on the strong foundation of neighbourhood working and also the strengthened appreciation of the strengths and assets of communities and our work with VCSE.

We will invite Kath and the integrated delivery board to construct our neighbourhood health plan in response to the NHS planning guidance, and this will be considered by the Integrated Care Board and the Locality Board.

4. NHS GM launches Green Plan to fight climate change and protect health

Climate change is already harming health in Greater Manchester from worsening asthma to heat-related illness and it's hitting the most vulnerable communities the hardest. That's why NHS Greater Manchester has launched its Green Plan 2025–28 setting out how it will cut carbon and create a greener, climate-ready NHS that protects people and the planet.

The plan supports cleaner air and healthier lungs, helps hospitals and communities better prepare for heatwaves and encourages everyday choices that reduce pollution. The work also supports Greater Manchester's Five-Year Environment Plan 2025–2030, which sets out the journey to a net zero city region by 2038. The plan is championed by Andy Burnham, Mayor of Greater Manchester. Net zero means reducing pollution as far as we can and offsetting what's left, so we're no longer adding to climate change. For Greater Manchester, it's about cleaner air and better health for everyone.

At the heart of the ambitious plan there are three goals:

- Net zero by 2038 for NHS emissions such as introducing energy saving measures by using LED lighting and insulation. Using renewable energy like air and ground source heat pumps and solar panels to heat buildings rather than fossil fuels.

- Net zero by 2045 for emissions the NHS can influence including:
    - Taking net zero and social value into account when awarding contracts.
    - Piloting reusable or remanufactured products as alternatives to single-use items.
    - Supporting our suppliers to assess and reduce their carbon footprints.

- A climate-ready NHS that supports nature, cuts pollution, and promotes health.

I would encourage all colleagues to reflect on the commitments in the plan.

5. Winter Planning

A note to thank all colleagues for the commitment to the winter planning arrangements in Bury. Very man partners participated in the NHSE NW winter planning event in Warrington and the GM event last Friday. Our plans are progressing informed by the high-quality partnership working in Bury that has characterised our urgent care system performance throughout the year, and reflective of the new GM Escalation Framework recently launched.

Duncan Mackey, NHS Chief Executive in a recent letter said now have data from the UK Health Security Agency suggesting this winter we may experience circumstances similar to the moderate to severe scenario. A key priority in the winter planning programme is staff vaccination uptake and I would encourage all provider organisations to prioritise this work in the coming weeks.

6. Pharmaceutical Needs Assessment (PNA) 2025-2028

As you may be aware, the Bury Health and Wellbeing Board have a duty to prepare and publish a regular Pharmaceutical Needs Assessment (PNA). PNAs are comprehensive assessments of the current and anticipated pharmaceutical needs of the community. PNAs assist local commissioners and service providers by giving an evidence base on how best to plan and commission pharmacy services to meet the needs of the population.

We are undertaking a full update of the Bury PNA for 2025-2028. So that we can update our understanding of the priority needs of our population and meet our statutory duties, we are required to conduct a consultation process with a number of local partners.

A draft Bury PNA 2025-2028 is attached, with a consultation survey available at: Bury PNA Consultation for your consideration; and will be located here until close of play Thursday 20th November 2025.

7. MOU with the Voluntary Sector

Locality Board colleagues will recall the full support provided for the MOU presented at the last meeting. The meeting agreed but invited consideration of a formal signing ceremony. I am pleased to advise this took place at a Team Bury event on 9th September at Bury College and the picture is below. The MOU is the cornerstone of resetting our relationship with VCSE sector and is for example core to the implementation of Live Well in Bury (see later agenda item).

BURY
INTEGRATED CARE
PARTNERSHIP

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

Creative Living Centre 2024/2025

Lorna Wilson

Interim Chief Officer

What is the Creative Living Centre (CLC)

- Mental Health and Wellbeing charity in operation since 1997
- Based in Prestwich (next to the tram station)
- Support Adults aged 18+ presenting with low to moderate mental health challenges
- Non-clinical approach offering person-centred holistic support
- Referrals can be through partners, GP's, self.
- The CLC is not a timebound provision
- Waiting list for 1st appointment is presently at 15 working days
- We are not a crisis service

CLC Offer

Some of the activities on offer at the Creative Living Centre. The below is the core offer and additional activities are seasonal (making pear chutney, parade float decorating), dependant on funding (mosaic class, needle felting), or delivered in conjunction with another partner (beginners IT skills with Bury Adult Learning)

One to one sessions with Support Worker

- 1:1 emotional support
- 3, 6, 9 and 12 month check-ins
- Sensory Sessions

Creative Spaces

- Arts for All
- Creative Crafts
- Journaling
- Singing Group
- Drama for fun
- Music for fun – Jam session

Support Groups

- Ouch! (chronic pain and fatigue)
- Bereavement
- Women's group

Social Spaces

- Breakfast club (Mondays)
- Warm hubs (Tuesdays - Fridays)
- Sunshine Café (Wednesdays
- Free meal with Foodcycle Saturday evenings

Therapies

- Person centred counselling
- Art Therapy
- Music Therapy
- Group music therapy
- Holistic Therapy
- Animal therapy

Physical Health Activities

- Walking Group
- Bike and Trike Group
- Chair Based exercise
- Boxercise
- Gardening and Allotment
- Yoga and Pilates (pending)

Training and workshops

- Internal Workshops - eg self care, breathing techniques, challenging negative thoughts
- Internal Courses: 6 weeks - understanding anxiety, building blocks, etc

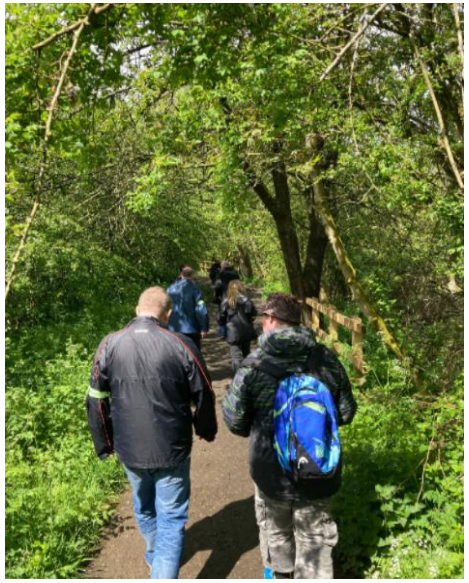
Ad-hoc

- Awareness sessions - eg understanding UC changes, fire safety checks
- Digital Skills
- Cooking Classes
- Training - Emergency First Aid

Stats 24/25

- **189 new members**
- **392 unique members accessing provision over the year**
- **1237 1:1 support sessions delivered**
- **1132 therapy engagements**
- **7582 activity engagements**
- **373 engagements in training and workshops**

Although facts and figures provide some insight as to what the CLC does, it does not tell us the full story. Behind every number is a very real person working through mental health challenges. Each engagement, shows effort, determination and growth to explore a pathway to wellbeing that works for them. At the heart of everything we do, the CLC is a community



Case Study

I lost my job due to being diagnosed with fibro, no support only husband, new experience lost identity. Stopped doing majority of things - health deteriorated. Eupd diagnosis which stopped bereavement counselling. I wasn't dealing with my condition or my mental health. I socially excluded myself, physically gave up and was wheelchair bound. More damage to mental health and felt suicidal. I was in crisis. When I came to the CLC I accessed 1:1 emotional support with a coordinator, attended pain group, bereavement group, massage therapy, cafe sessions. Pain group provided an outlet to express emotions and make friends which built confidence so that I didn't feel alone. It gave routine. Massage was a lifesaver and financially it has been a blessing as it was accessible and affordable. Ganya understood and did the massage therapy in a person-centred way and I saw the benefit of regular massage. Feel that Ganya was able to listen and knew more than the doctors. Since coming here my biggest achievement is to walk again, mentally able to deal with life, confidence boost to be back into walking, able to be social again. I have not seen the crisis team since joining the CLC. Long period of not seeing the pain clinic due to Ganya. Safe to leave those services as I have had support here.

Celebrating Volunteers

In 2024/25

22 Volunteers gave **2533 hours** of their time to support craft groups, walking and bike groups, co-tutoring, admin support, warm hubs, café support, breakfast clubs, decorating and gardening.

Awareness Raising Suicide Prevention Conference 2025

Bury's first Suicide Prevention Conference on June 18th 2025, titled We're In This Together" brought together mental health professionals, community leaders, employers, advocates, and individuals affected by suicide to work together towards saving lives. This conference focused on raising awareness, providing resources, and developing strategies to prevent suicide in our communities and workplaces.
Organised by Rebecca Jackson from the Big Fandango, Lorna Wilson and Tom Wild from The Creative Living Centre with support from Jim McGlynn from Bury Public Health

Speakers covered a variety of topics including changing the narrative around suicide prevention and care, risk within the neurodiverse community and the importance of community within mental health support.

Attendees were also able to speak with local and national organisations through the 'Mental Health Marketplace' who currently support wellbeing and mental health in Bury and beyond with the aim of addressing factors that lead to increased risk in suicide ideation including housing, gambling, domestic abuse, isolation, bereavement and to discuss how to best improve services and support anyone who may be struggling.

Neighbourhood Working in Bury
A Context for the Implementation of Live Well

Will Blandamer
5/10/25

1. Locality Plan Commitments

Locality Plan Priorities

We work together across the Bury Integrated Care Partnership to :-	
1	Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas
2	Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention
3	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
4	Optimise Care in institutional settings and prioritising the key characteristics of reform.

Neighbourhood Working

- The neighbourhood level is the **building block** for organisations to work together and the **foundational unit for delivery** recognised across public service organisations.

- There is a **look and feel of one public service workforce functioning together**, unrestricted by role titles or organisational boundaries – working for the place and people.

- **Aligning services** within and around neighbourhood areas allows us to **start with the person and begin in the home**.

- The benefits to our populations are both **better integrated delivery** and **targeted approaches to enable early intervention to prevent future problems**.

- This approach will **help to reduce pressure on acute and specialist services**, allowing them to focus their resources on those who need it most.

- It relies on a level of **integrated leadership, accountability, performance and governance structures**.

Our Neighbourhood Model Principles

- Reflective of the 5 main towns in the borough – Whitefield, Prestwich, Radcliffe, Bury and Ramsbottom – each of which has its town centre masterplan thus connecting reform to growth
- Creating opportunities for front line staff to know each other and problem solve and not just refer to each
- Integrated public service teams – covering the range of preventative support across health and care, community safety, employment support, housing and the VCFSE
- Shared appreciation of the strengths and assets of the community
- Co-location of teams and partner agencies. Shared resources, skills and strengths
- Daily huddles and MDTs – bringing partners together to get to the root cause of issues and support those in the community most at risk
- Combining models of risk stratification to identify cohorts of avoidable risk, harm and cost, with the knowledge and experience of people in the place
- A more strategic approach to investment– for example scaled up investment in housing with care. Investing in prevention and community resilience – including through VCFSE partners
- Improving economic activity and participation – for example, DWP trailblazer opportunity
- Better organised public services but with a shared approach to engaging communities and residents differently.

2. Neighbourhood Working in NHS plan

- The NHS plan emphasizes integrated care, prevention, and community-based support to improve health outcomes and reduce pressure on hospitals.
- Neighbourhood working is central to this vision, bringing together health, social care, and voluntary services at a local level. It fosters collaboration among professionals and residents to address specific community needs, tackle inequalities, and promote wellbeing.
- By aligning services around neighbourhoods, the NHS aims to deliver more personalized, proactive care, closer to home. This approach strengthens relationships, builds trust, and empowers communities to take an active role in shaping their health and care services.

3. programme Working in the borough.

Integrated Neighbourhood Working in Bury

Joined up services across 5 identified neighbourhoods; working with communities to relentlessly focus on prevention and earlier early intervention; maximising local assets and spaces in each neighbourhood to enable people to thrive.

Bury's model of 'integrated support' with a neighbourhood focus by default:

North	East	West	Whitefield	Prestwich
Each neighbourhood has a Neighbourhood profile and analysis of need, identification of cohorts of risk to tailor and target integrated person-centred activity				
Co-located multidisciplinary teams in each neighbourhood, led by a Public Service Leadership Team, integrating 'integrated support' through a 'Team Around' approach. Includes housing engagement; health and care integrated leads; social prescribers; employment support; Live and Stay Well; police and fire neighbourhood leads; Family Help leads; public health; voluntary sector infrastructure representatives				
Joint delivery of strengthened Integrated Neighbourhood Team (INTs) (Adult Care and Health) model including social prescribing and increasing alignment of mental health early intervention and prevention.				
Rapidly developing model of family hubs described by neighbourhood and delivering the prevention and early intervention strategy for children and increasingly connected to schools				
Finalising the Live Well model and specifically within this the neighbourhood-based employment support model.				
Strengths based approach built on LETS Behaviours to further engagement, participation and reduce inequalities, e.g co-designing interventions with lived experience groups.				
Collective insight of community assets and networks, with which to work with communities and connect people at place as examples of Live Well spaces, coordinated by Bury Voluntary, Community and Faith Alliance				

Refreshing Neighbourhoods Working in Health and Care in Bury

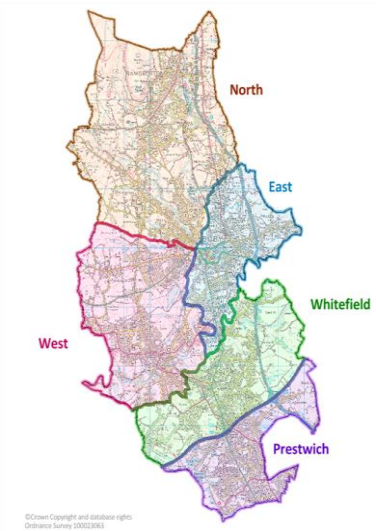
We will build on the existing Neighbourhood infrastructure of Integrated Neighbourhood Teams and Public Service Leadership Teams to work with our partners to deliver implement the NHSE Neighbourhood health guidelines and GM Neighbourhood model. The emphasis will be on:

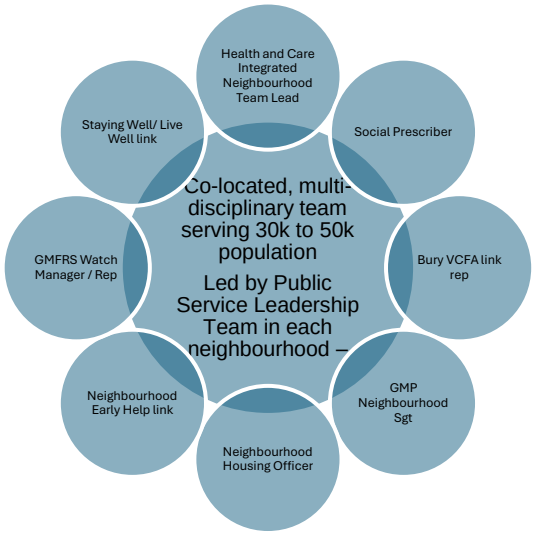
- Providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible.
- Promoting self-care, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health.
- Identifying opportunities for greater use of digital infrastructure and solutions to improve care.
- Supporting further service integration and joined up working between services including the VCSE.

Priorities:

1. Review the existing model of Active Case Management and MDTs and implement recommendations including the development of improved approach to impact evaluation.
2. Development and delivery of the Neighbourhood plans aligned to the local GP contract and agreed population health priorities with an emphasis on proactive personalised care and secondary prevention for CVD, respiratory and frailty, maintaining active input from health and care partners into the Public Service Leadership Teams and development and delivery of Neighbourhood People & Communities Plans.
3. Strengthen communication and integrated planning and delivery between key neighbourhood partners including GP Practices, PCNs leadership, community health services, adult social care, public health, care homes , community pharmacy and the voluntary sector.

Neighbourhood working in Bury, *LET's Do It*!
5 neighbourhoods against which public services corral, led by partnership place based teams who identify specific cohorts of risks against which to integrate on as a multi-agency response and proactively plan to prevent future need; building on and up the collective strengths within the neighbourhood to deliver improved outcomes for residents, communities and systems (reducing inequality and the impact of this)





Partnership identification of cohorts of risk

↓

Tailor integrated responses to address; with increased focus on prevention

↓

Collaborative whole-system, 'team around' delivery 'with' targeted communities

Improved 7 LETS Outcomes in each neighbourhood

Reduced inequality in outcome

Improved health, wealth and wellbeing

Reduced demand on acute and crisis-Based Services

Improved relationships

Faster than average economic growth

Reducing deprivation and inequality

Whole-system; whole place approach to maximise opportunities & connectivity of local people to these

Co-ordinated; targeted activity to address root causes and drivers of inequality/ barriers to life chances

Local

- Concentration around five agreed neighbourhoods – connecting local residents; local practitioners; local assets
- Identification of localised cohorts of risk and vulnerability with local practitioners working differently on a multiagency basis
- Identification, targeting and tackling of inequalities (health, social, economic)
- Community led (communities intersecting of place, identity and experience)
- Maximising connectivity and maturity of working in GM system whilst delivering distinctly by respective neighbourhoods

Enterprising

- Innovative approaches to targeted prevention and earlier early intervention (avoiding high cost interventions with poor outcomes)
- Bringing population health and physical place shaping together (people and places) to create condition for 'good lives'
- Positive risk taking to be creative, including maximising use of new technologies
- Relentless focus to remove, reduce, delay acute and crisis demand
- Shift in power as close to those affected by decisions [nothing about you without you]
- Tailor approaches recognising spectrum of need/ support offer – not one size fits all in separate silos

Together

- Partnership, integration; collaboration – but not necessarily in a single base – maximising opportunities for practitioners/ people to come together effectively
- Person centred with 'Team Around' approach – more cohesive; less siloed.
- Having a shared understanding of collective place (communities and their strengths)
- Broader and more consistent neighbourhood framework – single 'neighbourhood' lens
- Joined up dialogue with communities
- Alignment of resources
- Integrating 'integrated' support – health, housing, employment

Strengths

- Empowered communities supporting their resilience and creating conditions to thrive
- Strong VCFSE including infrastructure – local MOU building on VCFSE accord (ahead of national Civil Society covenant)
- Asset based, considering the whole person/ family and their networks
- Further develop relationships between professionals and communities; develop trust and place leadership
- Further develops insight and dialogues to improve inclusion
- Learning culture for further improvements
- Focus on what people can do, and their abilities, rather than benefit types; sanctions; waiting lists

4. Live Well in GM

See GM Live Well Hallmarks - hallmarks-version-1.pdf

Our shared vision:

To ensure everyone can access great everyday support in every neighbourhood

We're tackling health, social and economic inequalities by changing how we work with people and communities, and in public services.

We're growing community action, power and wealth, so that everyone:

- **Has access to a wide variety of activities, support and information**
- **Is heard and enabled to contribute**
- **Has the resources to make change happen**

By developing a locally led approach, supported by public services, we can ensure great everyday support is available to everyone, in every neighbourhood.

Live Well principles guiding implementation

"Live Well isn't another plan. It's a movement for change that honours the agency that is already in communities to find solutions that work for them."

Community-led and system-enabled

Our practice is both community-led and system-enabled. This means we are led by Greater Manchester's communities who determine and take action on what matters most to them. And we work to transform our systems via new, better ways of working that can actively grow community action, power, and wealth. This principle is at the heart of the Live Well Learning Framework, with more detail available in the Appendix.

A radical shift in our public service model

We build on Greater Manchester's trailblazing history of public service reform to drive cultural and systemic change. We shift power and resources to communities, grow a shared social model of neighbourhood working, and build a wider movement for change.

Rooted in communities' everyday lives

We recognise that residents need both formal and informal routes to Live Well — building support around trusted people and places.

Connected, coordinated and collaborative

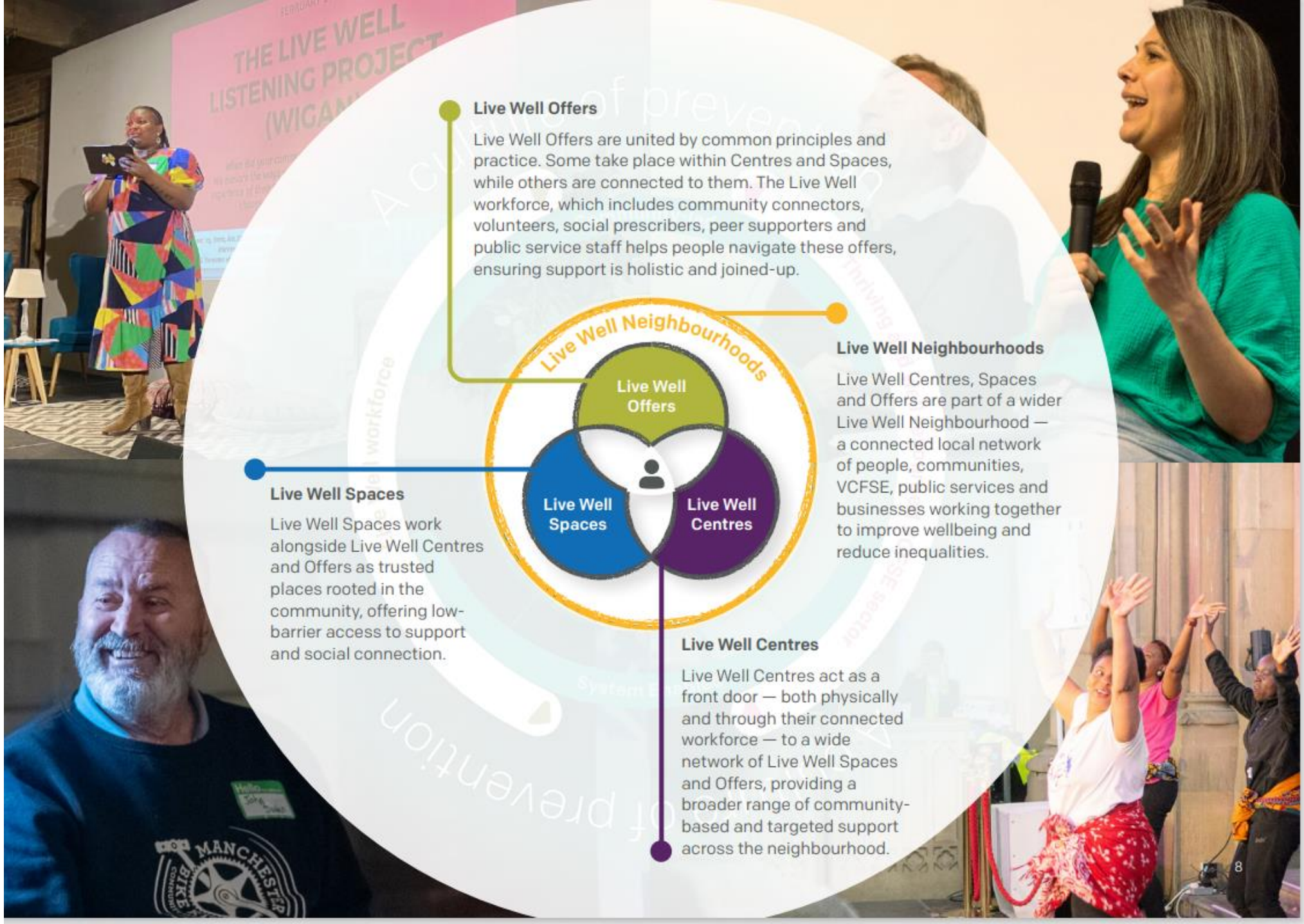
We support the development of a joined-up network of individuals, communities, and voluntary and statutory sectors, underpinned by equal partnerships, trust and shared learning.

Reducing inequalities across Greater Manchester

We focus on people and places most affected by structural discrimination and inequality, recognising how these intersect and compound across different communities. We name racial injustice as a key driver of health and economic inequality, actively resource and measure racial equity, and ensure diverse communities shape and lead this work.

Focused on prevention and root causes

We tackle the social, economic, and environmental conditions that shape people's lives, health and wellbeing — addressing structural inequalities such as racism and discrimination, and taking Public Service Reform further into prevention.


THE LIVE WELL
LISTENING PROJECT
(WIGAN
Live Well Offers
Live Well Offers are united by common principles and practice. Some take place within Centres and Spaces, while others are connected to them. The Live Well workforce, which includes community connectors, volunteers, social prescribers, peer supporters and public service staff helps people navigate these offers, ensuring support is holistic and joined-up.
Live Well Neighbourhoods
Live Well Offers
Live Well Spaces
Live Well Centres
Live Well Neighbourhoods
Live Well Centres, Spaces and Offers are part of a wider Live Well Neighbourhood — a connected local network of people, communities, VCFSE, public services and businesses working together to improve wellbeing and reduce inequalities.
Live Well Spaces
Live Well Spaces work alongside Live Well Centres and Offers as trusted places rooted in the community, offering low-barrier access to support and social connection.
Live Well Centres
Live Well Centres act as a front door — both physically and through their connected workforce — to a wide network of Live Well Spaces and Offers, providing a broader range of community-based and targeted support across the neighbourhood.
MANCHESTER
8

Live Well Centres

Live Well Centres are welcoming spaces where people can get everyday support without stigma, judgement or long waits.

Whether it's help with housing, health, mental health and wellbeing, debt, employment, food, or feeling connected, Live Well Centres are there for the things that matter most. They are places where people can speak to someone who listens, understands and helps. Centres bring together VCFSE-led and public sector support under one roof, with trusted people on hand to be alongside residents and connect them to what they need.

Live Well Centres will also be supported and enabled by digital solutions — with offers available in the Centres themselves and connected to them — ensuring residents can access support in person and online.

Each centre is rooted in its local community and connected to a wider network of Live Well Spaces and Offers. By March 2026, every borough in Greater Manchester will have at least one Live Well Centre. The ambition is to grow this network so that, by 2030, every neighbourhood of 30,000 - 50,000 people has one. Over time, Live Well Centres may also work together as part of a pan-GM "no wrong door" approach — ensuring a strong, collective response across the region to the specific needs of dispersed communities.

Key features

An open door to trusted connected support

Live Well Centres are trusted places where anyone can get help with everyday essentials. They bring together the full strength of the VCFSE and public sectors, working side by side. Inside, you'll find the Live Well workforce, including community connectors, volunteers, social prescribers, peer supporters and public service staff— all in one place.

Support is joined-up, flexible and personal. People aren't simply signposted or passed on — they're met by trusted and skilled people who listen, understand the full picture, and stay alongside them. Support is tailored to each person's needs and strengths and reflects the reality of connected lives. Access is simple: just come inside or get in touch. There are no confusing forms or long waits. Outreach is part of the offer too — through pop-ups and drop-ins in places people already trust.

Welcoming, inclusive accessible support

Live Well Centres feel more like a living room than a waiting room. They are friendly spaces that offer a warm welcome — a brew, a smile, a hello. Help is offered in quiet, safe and relaxed environments, where staff know your name and trust is built through everyday interactions and familiar faces.

The people matter as much as the space. Staff reflect the communities they support, with a commitment to cultural humility, equity and care. Peer supporters and people with lived experience help build trust, connection and hope, working in partnership with public servants.

Support is culturally- and trauma-responsible, anti-racist and flexible to individual needs and strengths. Adjustments are made so no one is left out. People can access online resources, local information and activities in ways that suit them, making sure everyone feels connected and included.

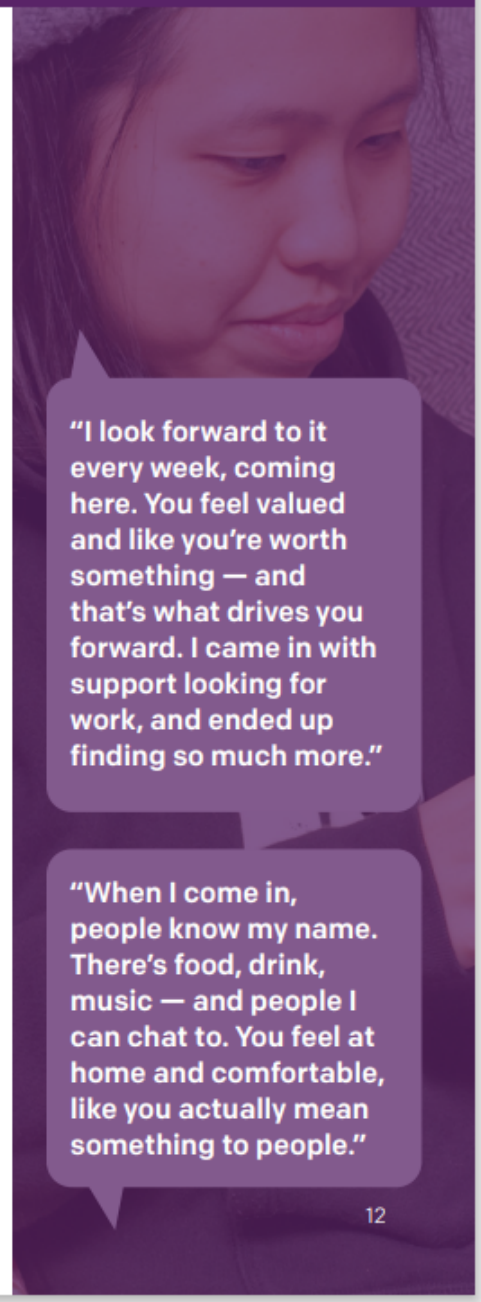
Led by people, rooted in community power

Live Well support starts with the person — their story, strengths, goals and what matters most. It's truly person-centred: delivered in partnership, with people leading the way and making decisions that work for them. But it doesn't stop with individuals. Live Well Centres are deeply rooted in community power. They build on what is already strong in neighbourhoods, amplifying the change that communities are already leading, and they work in close partnership with the wider network of Live Well Spaces and Offers.

Communities are able to shape what happens on an ongoing basis through co-design, participatory budgeting and lived experience-led decision-making. This ensures that Live Well Centres are dynamic and responsive: shaped by everyday experience, community-led partnerships, as well as the existing energy, assets and strengths already alive in every neighbourhood.

Key Hallmarks

- **Delivered from recognised locations** that are easy to get to and well known by local people, building on existing venues like Family, Work and Skills, Youth and Health and Care Hubs.
- **Providing proactive outreach** from local venues, Live Well Spaces and out-and-about on the streets in communities so that no one is left out.
- **Intergenerational and universal** — inclusive of all ages and backgrounds, providing a full range of support, from crisis to everyday advice and connection.
- **Easy to access and disability friendly** — people can drop in, call, or reach out by email, without appointments or thresholds, with reliable and consistent opening times. Centres proactively remove physical, environmental and communication barriers, making sure support is genuinely accessible to all.
- **Welcoming, safe and inclusive space** — think kettles, sofas, calm décor and a friendly, human atmosphere — with environment, communications and services designed to be accessible and responsive to the needs and strengths of disabled people.
- **Joined-up public services**, working alongside VCFSE support, delivered by a consistent and trusted core team — the Live Well workforce, which brings together connectors, peer supporters, social prescribers, community organisations, and public sector staff.
- **Seamless connection to wider Live Well Offers** and wraparound support for housing, health and wellbeing, debt, welfare, food, employment, training, social connection and safety.
- **Clear and immediate crisis support**, longer-term help for those facing multiple challenges, and safety and protection when needed.
- **A diverse team that reflects the community** — a recruitment strategy that focuses on equity, diversity and lived experience representation.
- **Anti-racist and culturally responsive practice** – all staff are supported with training and reflection to understand how racism shapes mental health, access to care and trust in services.
- **Staff trained in Live Well values and practice** — using person-centred, strength-based, trauma-responsive approaches that foster prevention, equity, and work in partnership with people. Training is shared and delivered between Live Well Centres and Spaces.
- **Community engagement**, where Live Well Centres convene and support Live Well Spaces and Offers to come together, share learning, build strong relationships and foster collaborative working.
- **Digitally enabled and community-connected** — offering free WiFi, devices and support to access online resources and services.
- **Live Well Centres actively shape support** through participation in the wider Live Well network, alliances and place-based governance, ensuring decisions reflect diverse voices and lived experience.



"I look forward to it every week, coming here. You feel valued and like you're worth something — and that's what drives you forward. I came in with support looking for work, and ended up finding so much more."

"When I come in, people know my name. There's food, drink, music — and people I can chat to. You feel at home and comfortable, like you actually mean something to people."

5. Live Well Implementation in the Borough

GM Live Well in Bury

- To support the implementation of this approach NHS GM and GMCA have identified and created a £10m fund. This will sit alongside the £10m regional investment from DWP Economic Inactivity Trailblazer work.
- Bury's implementation allocation for Live Well, based on demographic percentage of the regional population, will be £676k of which at least 50% (£338k) is to be allocated to the local VCFSE sector. In return for the reginal investment there is a need for the locality to sharpen the local vision for Live Well in the context of Neighbourhood working, which locally is through our LET's do it! approach, and specifically identify the location and delivery model of an exemplar/ 'flagship' Live Well centre in the locality with this to be in operation by the end of 2025/26.
- Bury needs to have plan for Live Well Centre in each neighbourhood by 2030.

Approach

As part of Public Service Reform Programme, Bury has a strong track record in developing the model of neighbourhood working in each of 5 places in the

Our public service reform programme also recognised the importance of a strengths-based approach to individuals and communities in places – something core to the Lets Do It strategy and we have:

- A high performing VCFA creating the conditions for a movement of voluntary and community capacity and energy
- The establishment of the Bury Fund
- Organisations with a range of approaches to strengths based training and working
- Exemplar work on Ageing in Place, GM Moving funded programmes, VRU Alliance approaches and exemplar health inequalities programmes commissioned via community capacity
- New ways of listening to and engaging with community and working with VCSE leadership in areas less well developed.
- Note the MOU signed

Our approach to live well implementation is to build on these strengths and the strategic coherence created, and to particularly drive the neighbourhood estates strategy for the borough, to create the network of live well centres and live well places in the borough by 2030.

Phase 1 implementation is the regeneration of a currently disused former PRU in Whitefield as a focal point for community led working and public service delivery, to be delivered by March 2026. This is an ambitious programme, recognising there is not a legacy of community hubs to be ‘rebranded’, and essentially building the proposition in Whitefield from scratch.

Key to our approach is a comprehensive programme of community engagement and insight generation already led by VCFA, building on a programme of VCSE development in Whitefield over the past 18 months.

While Whitefield is our focus, in phase 1 of Live Well implementation we will continue with our neighbourhood team development and voluntary sector capacity building across all 5 neighbourhoods.

Exemplar Site - Whitefield

We will continue to develop and strengthen all aspects of our public service reform programme and in the context of live well. We will use the Live well funding specifically to focus on work in Whitefield.

The Bury Public Service Reform Group considered the potential location for the exemplar live well implementation. Whitefield was chosen for the following reasons.

1) Whitefield relatively under resourced in terms of VCSE capacity – VCFA have focused for 18 months or so in this space and there is movement and a comprehensive understanding of capacity
2) Parts of Whitefield (Besses) has limited public service presence –
3) Evidence of challenges in relation to pockets of neglect
4) Community Safety challenges – see this link for evidence of partnership already in action Whitefield: Police crack down following 'number of violent incidents' | Bury Times
5) Operation Vardar uncovered cuckooing as particular problem
6) Public Service leadership working increasingly well and maturely – see attached overview of the work.
7) Coterminous Primary Care Network
8) Support from Bury Housing colleagues that Whitefield is a priority area
9) In its social economic make up – areas of poverty close to areas of affluence – it is a microcosm of the borough as a whole
10) Noting the opportunity to connect reform to economic ambition through the Whitefield masterplan.

.

The Potential Functions - prioritised

- A welcoming place in accordance with GM hallmark felt to be part of the community
- 2 Priorities:
  - Adults and Families in Poverty - housing, employment, DWP, substance misuse, DA etc
  - Family Hub implementation – a two site delivery (using the childrens centre close by) to the family hub model specification
  - Focal point for family hub with complex lives - Live Well –
- A based for the Integrated Neighbourhood Team – health and adult care including social prescribing, living well (mental ill health prevention)
- Focal point for public service leadership team
- Childrens Young people – youth provision, particularly utilising the sports hall.

Recommendations

Locality Board to:

1) Note the refresh of neighbourhood working in health and care in accordance with locality plan priorities and NHS plan objectives
2) Note the opportunity of alignment of our approach to neighbourhood working, and the Lets philosophy,
3) Note the GM live well programme and the proposed exemplar centre in Whitefield
4) All partners to consider further opportunity of alignment to the neighbourhood model. This is not additional. This is the default setting to how we work together.

Meeting:			
Meeting Date	06 October 2025	**Action**	Approve
Item No.	10	**Confidential**	No
Title	Locality Estates Development Update		
Presented By	Clare Postlethwaite		
Author	Clare Postlethwaite		
Clinical Lead	Cathy Fines		

Executive Summary

It is recognised that the ageing estate across many parts of the locality risks being an obstacle to service change and expansion. The ability of the estates solution to sufficiently respond to service need is particular challenging due to the economic and financial constraints that exist both within our locality and across Greater Manchester more widely.

Over recent months, significant work has been progressed to ensure that, despite financial and economic constraints, the locality estate plans are sufficiently developed to ensure that the local estates solution continues to be a key enabler to the delivery of service and place-based change within the borough.

Recognising the current financial climate across all areas of public service, recent work has focused on the ability of innovative work at partnership level to ensure that focused estates solutions can still be found.

This report provides an update of key estates development work over recent months and also aims to articulate the priority areas moving forward for the locality.

This report also provides a specific update on some assets identified as tail estate and referenced in an earlier report to this group.

Recommendations

To note the content of the report and in particular the key role of partnership working in continuing to strive for aspirational and innovative estates solution across the locality.

To note in particular the classification and updated position with regard to some specific tail estate assets within the locality.

OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☒	**Assurance** ☐	**Discussion** ☐	**Information** ☐

APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☒		

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

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

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
Bury Locality Board	06/10/2025	

BURY INTEGRATED CARE PARTNERSHIP

Locality Estates Development Update

1. Introduction

1.1. It is recognised that the current state of many areas of the local estates infrastructure within Bury risk being a limiting factor in the delivery of service change across the borough.

1.2. This report outlines key areas of development work in relation to local estates solutions that are being developed in partnership with key partners in order to ensure that there is a continuous drive for responsive and fit for purpose estate across Bury.

1.3. The report also provides specific updates with regard to specific assets labelled as tail estate.

2. Background

2.1. Whilst aging estate remains a limiting factor to service delivery and aspirational change, it is recognised that financial and commercial pressures across all public sector partners risks constraining the strategic ambition within estates plans across the borough.

2.2. Local estates planning is further complicated by health funding structures which often mean that the impact of backlog maintenance issues are not funded at a local level hence, are not easy to demonstrate as a basis of required change and estates solution. Currently, it is also the case that many of the estate solutions needed require budget support from areas no longer delegated to locality control hence, detailed prioritisation and assessment at a Greater Manchester level is required.

2.3. Accepting that financial constraints may delay progress in some areas, over recent months close partnership working and collaborative discussions have continued in order to find innovate and low-cost solutions to ensure responsive estates solutions can still be achieved.

2.4. It is clear from progress being made across the borough, that the strength of partnership working within Bury enables pragmatic estates solutions to be reached, even in the face of challenging economic conditions both nationally and locally.

3. Key Areas of Estates Development Planning

3.1 The key driver for estate project prioritisation across Greater Manchester remains the outputs of the PCN estates toolkit project. This project was a nationally driven initiative, supported by Community Health Partnerships, that involved detailed work at Primary Care Network (PCN) level to understand current pressures alongside longer term clinical plans within each area. The output projects resulting from this PCN level work were then scored and ranked at a locality level.

3.2 The focus within the locality remains securing a solution for the two major priority schemes identified by the toolkit (Uplands proposal (Whitefield) and the Prestwich community hub regeneration proposal) alongside keeping pace with emerging need across our borough.

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

4 Associated Project Developments

4.1 The identified site of the Uplands Project redevelopment (Whitefield) has now been purchased by NHS Property Services (completion on sale achieved in July 2025) with the NHS Property Services team now leading delivery of this important project. Work is now progressing to submit a related planning application with a target submission date towards the end of October 2025 with the aim for construction works to start on site towards the end of January 2026. Current estimates suggest a likely construction period of around 12-18 months hence, services to operate from the new facility early 2027.

4.2 Details discussions continue to secure a solution in Prestwich, noting the classification of Prestwich Health Centre as tail estate. The aspiration remains to find a joint service solution for the town that encompasses a longer-term solution for this health service site.

4.3 Bury was successful in securing funds for a number of Utilisation and Modernisation Fund (UMF) schemes across Bury GP practices – a national release of capital grant funds to deliver additional clinical capacity within GP primary care estate. The locality has had 5 schemes approved with total funds secured of circa £227k – work is now progressing at pace to support the successful practices to secure the necessary legal approvals to allow work to be completed by end of December 2025. Recognising the likelihood of future funding rounds, work is also now progressing with Bury practices to ensure readiness to respond with deliverable schemes as and when further national funds are released.

4.4 For a number of months, locality teams have been working in partnership to enable a move of the 'Achieve' service from Humphrey House to Radcliffe Primary Care Centre. This service (currently provided by Greater Manchester Mental Health NHS Foundation Trust) supports clients in the treatment and recovery from substance use and the geographical spread of the client group made the primary care centre the appropriate location for the service. Contractual and legal work to enable this move has now been completed with the team moving into the centre towards the end of September 2025 with ongoing collaborative work with local GP practices being progressed to strengthen the service offer to this client group.

4.5 As one of the key core assets in Bury, works continues to attempt to secure funds to reconfigure elements of space within the Radcliffe Primary Care centre to achieve additional clinical capacity and also to better respond to current service delivery models.

5 Sunnybank Clinic – Disposal of Tail Estate

5.1 Sunnybank Clinic remains identified as tail estate with the proposal to progress disposal once the remaining services vacate the premises.

5.2 The initial update to Locality Board, in November 2024, resulted in a request to consider the impact on the neighbouring building users of any site disposal and also the potential use of this site for housing – in particular due to the interlinkage of some services between the adjoining sites.

5.3 Further investigations since the November 2024 Locality Board meeting have confirmed that the site would only be useful for housing if disposed of together with the adjoining council owned site, which is currently leased to an education provider. The current tenant in the adjoining building has confirmed their wish to remain (due to recent capital investment in the site) hence, the use of the site for residential purposes is not possible.

5.4 On this basis, the recommendation to dispose of this site remains, subject to an agreement to separate related services and legal obligations to enable this site disposal.

6 Associated Risks

6.1 Whilst the intent and strength of partnership across the borough continues to ensure innovate and forward-thinking estates solutions to be considered, it is recognised that there remains a risk that financial constraints at a local and also Greater Manchester level create a risk to the ability to deliver proposals as quickly as hoped.

6.2 It is recognised that external factors, such as the planning and contractual tendering process for all schemes, may delay current anticipated completion dates.

7 Recommendations

7.1 To note the content of the report and in particular the continued efforts to work in partnership to enable estates change, despite the challenging financial and economic climate.

8 Actions Required

8.1 The Locally Board is required to:

- To approve the proposal to formally progress the vacating and related disposal of Sunnybank Clinic, based on the additional information now provided.
- To note the key priority schemes and key areas of estates development across the borough along with the related risks.

Clare Postlethwaite
Associate Programme Director (Bury Locality)
clare.postlethwaite2@nhs.net
October 2025

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	06 October 2025	**Action**	Receive
Item No.	11	**Confidential**	No
Title	Chief Officer's Report		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

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

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

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

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

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

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

BURY INTEGRATED 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

- 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, which will commence in October.

- An implementation workshop with the GP neighbourhood leads and the INT leads was held on the 30th July to agree the next stage delivery plans for neighbourhood working. An associated implementation plan developed will be considered by IDC Board this month. We expressed an interest to become a neighbourhood demonstrator site, and were unfortunately unsuccessful. Rochdale and Stockport were selected as sites in GM. We will ensure we pick up any learning from these localities and from other national offers to inform our development. We will need to consider any future requirements emerging from the recent planning guidance (see attached) as we finalise the implementation plan.

- The first quarterly workshop between PCN and neighbourhood CD's was held on the 23rd September to consider the neighbourhood implementation plan and the joint MOU between neighbourhoods and PCN's.

- A development programme has been designed and commissioned through the GP Federation for our GP leaders. The first session is planned for the 7th October, which includes neighbourhood and PCN CD's . This has been commissioned for 16 GP leaders. We were oversubscribed for this programme. Applicants were determined though an interview process.

- The Memorandum of Understanding between the VCSE and health and care partners outlining our ambition of how we will work together to improve health outcomes for our population was approved by Locality Board and signed at the recent Team Bury event. A workshop between IDC partners and the VCSE was held in Whitefield on the 30th September 2025 connected to the Live Well proposals

- Given the recent planning guidance and the refresh of the Bury Care Organisation Collaborative programmes of work, we felt it timely to review our urgent care change programme in the context of stronger neighbourhood working. This was approved by the IDC Board, and the first quarterly collaborative workshop to deliver the plan was held on the 29th September.

- 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 by Partners before formal approval.

- We are about to commence a review of our bed base across FGH and the community, to determine how we maximise flow, whilst ensuring that the patient is treated at the right time in the right place.

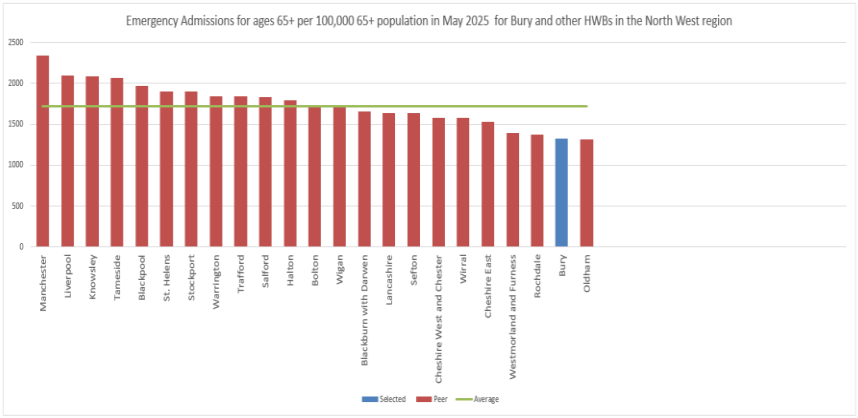
We are making good progress with this as a system, with us regularly utilising our capacity within the virtual ward, and reducing the number of patients who should be recovering at home rather than in hospital. Since April 22 to June 25, we have increased the number of patients over 65 who are discharged to their home (some with reablement capacity) from hospital as opposed to another care setting from 84% to 95%. We also perform well with regard to admission rates for our population aged over 65. This is testament to innovative ways of working across health and social care.

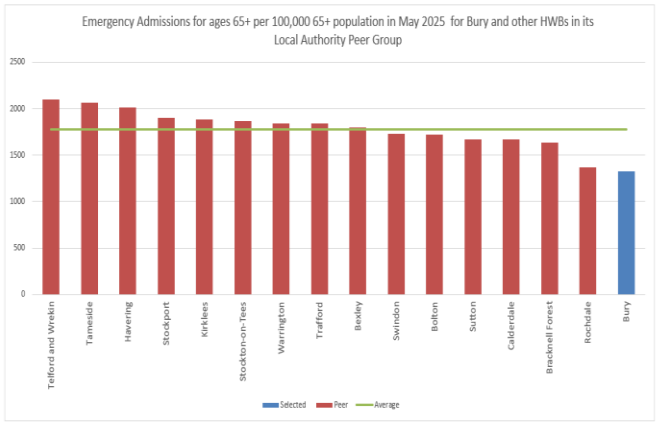
Notes:
The latest month of data has been removed for all unplanned hospital admission data. This is due to a timeliness issue making the lastest month appear lower.
Due to excel formatting, dates might be written as 01/03/2025, however this includes data for the month itself

Select an Area	Bury
Select a Date	May 2025
Select a Metric	Emergency Admissions for ages 65+ per 100,000 65+ population

In the month of May 2025 Bury there were 1330 Emergency Admissions for ages 65+ per 100,000 65+ population for residents of Bury. This was lower than the region North West (1720), and lower than for England as a whole (1720). Bury were lower than their peer group average (1778)

This is the latest date for this metric

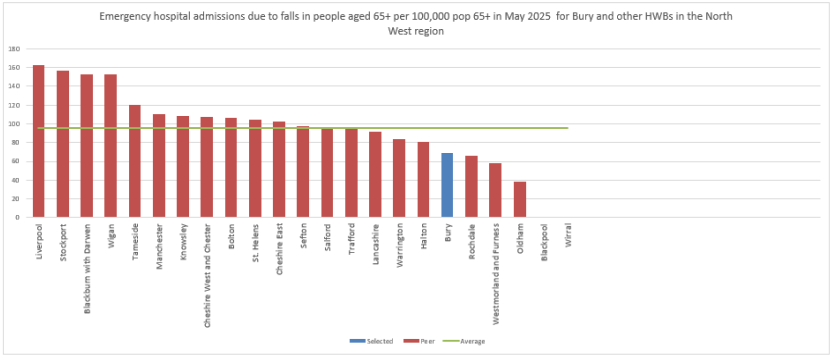


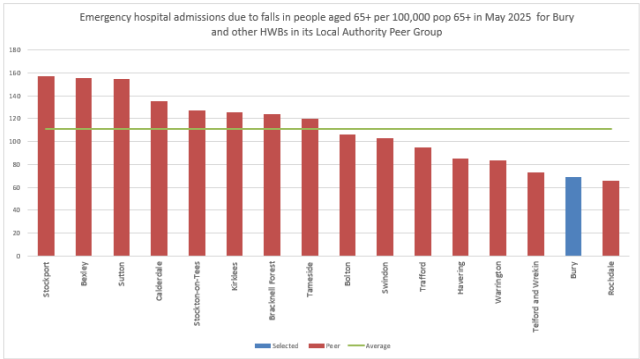


Select an Area	Bury
Select a Date	May 2025
Select a Metric	Emergency hospital admissions due to falls in people aged 65+ per 100,000 pop 65+

In the month of May 2025 Bury there were 63 Emergency hospital admissions due to falls in people aged 65+ per 100,000 pop 65+ for residents of Bury. This was lower than the region North West (96), and lower than for England as a whole (116). Bury were lower than their peer group average (111)

This is the latest date for this metric





- The senior leadership team for Adult Social Care presented to the CQC team everything we do to support our Bury residents on 11th September. The CQC will come and assess in the week of 6th October.

- Through falls awareness week, we have run a week of engagement sessions to raise awareness of offers across the Borough to health and care practitioners. These have been really well received and attended. Recordings will be shared with Board members.

- The final communications pack has been agreed with regard to the 4 Localities Partnership key priority areas for the Primary and Secondary Care interface group. This will be shared with Board members once available. There are some individual Community Services discussions to take place regarding self-referrals and Borough specific pathway challenges.

- The GP engagement event this quarter focused on Mental Health. We had overwhelming attendance from Primary Care, PCFT and VCSE partners which really helped to develop and share understanding of our Mental Health offers in Place. We will build upon the conversations and the content in the event to raise awareness across the Borough.

- The first Delerium Community of Practice Summit will take place on the 8th October 11-12.30. This is open to all teams in Health and Social Care

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

- 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. Initial staff consultation documents have been released which will outline proposed Clinical Group structures, which will inform our future arrangements. Timescales for the determination of corporate structures have not yet been agreed.

3. IDC Programme Highlights:

Mental Health:

Suicide prevention:
1. Bury Suicide Prevention Group meeting held on 3 September.
2. Bury Suicide Remembrance Vigil held on 10th September to mark World Suicide Prevention Day.

CYP:
3. Funding agreed to sustain myHappymind delivery in primary schools for academic year 2025-26.
4. Provider has agreed to sustain myMindcoach in 13 Bury high schools at no cost for academic year 2025-26.
5. Agreement of local delivery plan for Whole School and College Approach – to be commissioned from Bury Educational Psychology Service.
6. Funding secured to sustain CYP domestic violence support provision for 2025.26.
7. Engagement survey targeting parents and carers launched to inform development of CYP Neurodevelopment Hub.
8. Planning work with provider, First Point Family, for CYP Neurodevelopment Hub.
9. Youth Connect 5 Roll Out
10. Thriving in Education work (MH awareness campaign)
11. Neurodivergent suicide bereavement sessions for CYP at The Big Fandango

Community:
12. Prepared Bury Co-occurring Conditions update for GM Senior Collaborative group.
13. Neighbourhood Mental Health team planning meeting.
14. CMHT rep attended the Bury Drug & Alcohol Related Death (DARD) Panel meeting.
15. Bury Co-occurring Conditions group meeting 15 September

ADHD / ASD:
16. Sign off of Optimise contract for adult ASD assessment and ADHD assessment and treatment for 2025.26.
17. Ongoing work to agree prioritisation for commissioned ASD and ADHD assessments.
18. Formal escalation through the Local Assurance Meeting with GMICB Exec to seek a commissioning solution to provision of an adult service in the medium to long term.

Dementia:

19. Formal escalation through the Local Assurance Meeting with GMICB Exec of risk to Bury memory assessment pathway if it can not be commissioned through the GP contract.

Note – future reporting on dementia programme will be primarily to the Bury Dementia Programme Delivery Group and Major Conditions Board. MH Programme Board will be sighted where relevant.

Misc:

20. Full review and update to Bury MH Programme risk register.
21. Establishment of cover arrangements for CYP MH Programme and commissioning responsibilities.
22. GP engagement event on MH delivered.
23. Advocacy contract performance meeting held.
24. Held Mental Health and Learning Disability Provider Forum meeting on 14 August.

Elective Care/Community

- Mobilised the Eyecare Navigation Service
- 100% GP Practices submitted Action Plans to reduce variation in elective referrals.

Palliative and EoLC

- EPaCCS - EPaCC training has commence within the Community service and Hospice
- The transition to an electronic patient record has started and progressing well.
- Anticipatory drug authorisation form being finalised review at Medicines Optimisation Group.
- Verification of Death work with community and EOL education team planning.

Adult Social Care

The Information Return, Case Tracking and Leadership Presentation steps have now all been completed with the on-site assessment due to take place 6th-9th October, Bury Town Hall. Teams calls in advance of the site visit are also being arranged with identified NCA and Pennine colleagues and the CQC Assessment Team.

LD & Autism

- Draft autism strategy 2025-28 delivered.
- Approval from Council Cabinet to go to market for our supported living services – working with people with learning disabilities to define what "good" looks like and make sure that everyone supports people to live their best life, independently where possible.
- Review of Shared Lives scheme "fostering for adults" shows a 400% increase in people supported over the past 4 years.

Neighbourhoods:

Programme wide:

- Practice visits and focussed meetings ongoing to raise awareness of new Neighbourhood GP practice priorities and targets.
- Ongoing ACM review – MDT stakeholder survey live – initial findings positive.
- Ongoing work on INT / ACM quality self-assessment.
- Final draft of high-level Neighbourhood development plan produced.

- EPaCCS awareness sessions delivered to 4 of the Neighbourhood meetings.
- Work progressing on the design work for the Bury Live Well Hub.
- Development of indicative pathway with Neighbourhood Mental Health Teams.
- Preparation work on CQC assessment of ASC.
- Further work to embed automated text message function in System One to gather feedback from patients who have been referred for ACM.

North:
- Positive progress reported on delivery of COPD related LCS targets.
- GP meeting to support delivery of LCS frailty targets – now established bi-monthly.

West:
- West GP frailty meeting with GP Lead from Prestwich sharing learning on approach to delivery of LCS targets.
- Promotion of Active Case Management at community event at Derby high school
- Initiation of monthly meetings between DN and ASC teams.
- Closure of Rock practice site in Radcliffe – patients mainly either being registered at Moorgate or other practices in Radcliffe.
- Practice engagement visits to support delivery of LCS targets.

East:
- Progression of multi-agency project on hoarding.
- Ongoing practice visits.
- East INT's Lunch Time wellbeing walk.
- East GP frailty meeting with GP Lead from Prestwich sharing learning on approach to delivery of LCS targets.

Prestwich:
- Gathering video feedback from patient who has received support through ACM.
- Community engagement work / visits including Nazareth House care home and Church Lane.
- GP meeting to support delivery of LCS targets.
- Practice engagement sessions.

<u>Complex Care:</u>

Performance >80% for past 18 months for 28d standard**.**
Q1 2025-26 – 90%
Q2 2025 – performance now back on track >80%.
No long waits.

Recovery plan in plan for financial recovery in place, challenged due to increasing costs of packages and patient numbers.

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

Urgent and Emergency Care:

GP Out of Hours Commissioning

- Discussed 26-27 arrangements with HMR
- Discussed 26-27 arrangements with senior colleagues

Urgent Primary Care Streaming Service & Urgent Care Pathway Reviews

- Receipt of recommendations
- Commence discussions with providers over the impact if recommendations are implements
- Scoping meeting with external support
- Initial review scope established
- Data and document gathering to commence

BCO Collaborative Group 1, 2, 3, 4

- Refresh remit for Group 1 complete
- Requested update on Group 2,3,4
- Establish links to neighbourhood agenda

Better Care Fund

- Refresh metrics submitted as part of Q1 monitoring
- Review all metrics for Q1
- All metric reported as achieved to date

Discharge and Capacity Funding Schemes

- Risk identified with capacity funding due to proposed GP cut

FGH UTC

- UTC Accreditation confirmed

UEC Plan refresh

- Commence refresh of the UEC Plan further to national guidance on local discussions

4. Performance - September 2025

% of Patients aged 14+ with a completed LD health check - The performance metrics for LD health checks have been reset for the 2025/2026 reporting period, accounting for the significant decline observed in the latest data. In July 2025, 21.9% of patients aged 14 and above completed an LD health check, showing an improvement compared to 14.1% in June 2025 and 19.8% in July 2024. The Bury locality currently reports a rate close to the Greater Manchester (GM) average of 21.6%, ranking it 5th among GM localities.

Access to Children and Young People MH Services - In July 2025, there were 3,500 recorded visits to Children and Young People's Mental Health Services by patients registered in Bury. This marks a slight increase from the 3,470 visits recorded in June 2025, but a decrease compared to the 3,635 visits reported during the same period last year. Bury currently reports an access rate of 77.3 per 1,000 population, placing it fifth highest among the Greater Manchester localities in terms of access rate per 1,000 population.

Dementia: Diagnosis Rate (aged 65+) - As of July 2025, 76.5% 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 74.8%, 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%.

Number of MH Patients with no criteria to reside - This metric is monitored on a daily basis to ensure timely oversight and responsiveness. In August 2025, the number of mental health patients with NCTR in Bury was 6, marking a decline from the previous month. Bury presently reports 0.028 NCTR patients per 1,000 people, which is close to the Greater Manchester (GM) average of 0.044. Within GM areas, Bury has the lowest reported rate.

Percentage of MH Patients with no criteria to reside – As of August 2025, 7.7% of mental health patients in Bury with no criteria to reside (NCTR), representing a decrease from 11.3% in July 2024 and marginally down from 8.5% in July 2025. Bury's current percentage is lower than the Greater Manchester (GM) average, which stands at 13.3%. Among the GM localities, Bury ranks as having the lowest NCTR percentage.

Access to community MH services for Adults and other Older Adults with Severe Mental Illness - In July 2025, a total of 2,165 Bury-registered patients with severe mental illness had two or more interactions with adult mental health services. This marks an increase from 1,560 contacts noted in July 2024, as well as a rise compared to June 2025, which recorded 2,070 contacts. Bury currently reports 13.0 contacts per 1,000 population, positioning it as the third lowest rate among the Greater Manchester (GM) localities.

Talking Therapies Access Rate – In July 2025, there were 330 recorded accesses to NHS Talking Therapies by Bury-registered patients, lower than the same period the previous year (345). Bury currently reports an access rate of 1.6 per 1,000 population, which ranks as the 8th lowest among the Greater Manchester (GM) localities. This performance is currently under review through the Locality Assurance Process Meeting.

Women Accessing Specialist Community Perinatal MH Services – During the 12-month period ending in July 2025, 215 women registered in Bury accessed Perinatal Mental Health Services. This represents a notable increase from 175 accesses recorded in the equivalent period ending July 2024. Bury currently reports an access rate of 5.2 per 1,000 population, which is the 2nd highest rate among all Greater Manchester (GM) localities.

Length of stay adults: (60+ days) Mental Health Patients – In July 2025, 27.3% of MH Patient discharges in Bury involved a long length of stay (LOS), a reduction from 33.3% recorded in July 2024. Bury currently has the 6th lowest proportion of long LOS discharges among the Greater Manchester (GM) localities. The GM average for the same period is 27.7%. Both Bury and GM exceed the national target, which is set at 0%.

GP appointments – percentage of regular appointments within 14 days - In July 2025, 79.9% of GP appointments for Bury-registered patients were made within 14 days. This reflects a slight decrease compared to 81.3% in July 2024. Bury currently ranks as the lowest locality in Greater Manchester (GM) for this metric. The GM average stands at 83.0%. Board should note that this includes 'all' appointments, including those that can be pre booked in advance such as annual reviews, smears etc.

E. Coli Blood Stream Infections – In the 12-month period ending July 2025, 136 cases of E. Coli bloodstream infections were recorded among Bury-registered patients. This matches the 136 cases in June 2025 but is below the 159 cases in July 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.

Antimicrobial resistance: total prescribing of antibiotics in Primary Care – In June 2025, 68.9% of total antibiotic prescribing in primary care for the Bury population met the relevant criteria. This reflects a significant improvement compared to 87.5% in June 2024. Bury currently reports the lowest percentage among the Greater Manchester (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 June 2025 is 5.6%, the same as the previous month. The chart shows that the selected measure has decreased continuously over the past 15 reporting periods, highlighting sustained improvement. Bury currently reports the 2nd lowest percentage of broad-spectrum prescribing among the Greater Manchester (GM) localities. This performance is within the national target threshold of less than 10%.

% of patients describing their overall experience of making a GP appointment at good – 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.

A&E 4-Hour Performance – This metric is monitored on a daily basis to support timely performance oversight. In August 2025, Bury achieved a 4-hour emergency care performance rate of 73.3%, representing a decrease from 75.0% in July 2025. This also reflects a notable increase compared to 66.3% in August 2024. Bury's performance is currently above the Greater Manchester (GM) average of 69.8%, ranking as the 3rd highest among GM localities

A&E Attendances – In August 2025, there were 6,791 A&E attendances recorded for Bury-registered patients. This represents a decrease from 7,296 in July 2025 but an increase from 6,426 in August 2024. Bury currently reports an attendance rate of 31.9 per 1,000 population, ranking as the 5th lowest among the Greater Manchester (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 August 2025, the NCTR percentage for Bury was 16.5%, reflecting a slight decrease from 16.9% in July 2025, but an improvement compared to 17.5% in August 2024. Bury's rate remains above the Greater Manchester (GM) average of 13.8% and currently ranks as the 8th lowest percentage among GM localities.

Total number if specific acute non-elective spells – In August 2025, there were 1,660 specific acute non-elective spells recorded for Bury-registered patients. This reflects a decrease from both 1,815 spells in August 2024 and 1,939 spells in July 2025. Bury currently ranks as having the 4th lowest rate of specific acute non-elective spells among the Greater Manchester (GM) localities.

Diagnostics Waiting 6 weeks + - In July 2025, 10.9% of patients in Bury were waiting more than six weeks for a diagnostic test. This represents a notable improvement from 16.6% in July 2024. Bury's performance is better than the Greater Manchester (GM) average, which stood at 16.3% in July 2025. Bury and GM are both above the less than 1% target.

RTT Incomplete 65+ weeks – As of July 2025, there were 5 patients from Bury experiencing waits of 65 weeks or more, representing an increase from 4 patients in June 2025. However, this reflects a significant reduction compared to July 2024, when 184 patients were recorded—an overall decrease of 179 patients. Bury currently holds the position of having the 3rd lowest number of 65+ week waits among the Greater Manchester (GM) localities.

28-day wait from referral to faster diagnosis (all patients) – In July 2025, 77.9% of patients in Bury received their cancer diagnosis outcome within 28 days following a two-week wait (2WW) referral. This marks a decline from 79.6% in June 2025, yet an improvement compared to 75.5% in June 2024. Bury is currently ranked as the 6th highest performing area within Greater Manchester (GM) for this indicator. The GM average for June 2025 is 78.1%, which remains below the national target of 80%. Consequently, both Bury and the wider GM region are operating below the national standard for the timely communication of cancer diagnoses.

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 July 2025 was 68.9% among individuals aged 24 to 49 years, and 74.1% 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 July 2025, 95.5% of Urgent Community Response (UCR) referrals for Bury-registered patients received a response within the two-hour standard. This represents a slight decrease from 96.9% in June 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 – July 25 data shows a Talking Therapies recovery rate with 54.0%, an increase on the previous month. This is higher than the performance in the same period last year, which was 51.0%. Currently, Bury ranks as the 2nd highest among the Greater Manchester (GM) localities in terms of 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 – In July 2025, 63.4% of patients waited six weeks or less from referral to starting IAPT treatment, marking an improvement from 62.5% the previous month. However, this remains a decline compared to July 2024, when the performance was 90.5%. Bury's current performance falls below both the Greater Manchester (GM) average of 77.0% and the national target of 75%.

Talking Therapies 18 Week Waits – In July 2025, there were 100% of patients that waited 18 weeks or less from referral to entering IAPT treatment. This represents a marginal increase from 97.5% in June 2025. Bury's performance remains above the national target of 95% and is also higher than the Greater Manchester (GM) average of 97.1%. Bury ranks as one of the highest among the GM localities.

Talking Therapies Second Treatment Waits – In July 2025, 19.5% of patients in Bury attended their second appointment within 90 days of their first, reflecting a decrease since June 2025 (24.4%). This performance is below the Greater Manchester (GM) average of 38.3% 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%

CYP Eating Disorders Routine - % within 4 weeks - Data taken from the Greater Manchester Eating Disorder Dashboard, shows 36% of patients with routine eating disorders in the Children and Young People (CYP) category were seen within four weeks during July 2025. Specifically, 4 out of 11 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 July 2025.

Percentage of CYP receiving Autism Assessment within 18 weeks of referral - In June 2025, 83.3% of CYP received first paediatrics treatment within 18 weeks of referral, up from 80% the previous month and a significant increase from 36.4% in June 2024. This ranks Bury second within the GM localities and is above the GM average of 63.1%. Please note: Figures may be different to those reported locally due to differences in methodology between NHS England and local providers.

Appointments in General Practice - The planned number of GP appointments in July 2025 was 86,244, representing an increase from June 2025, when 80,731 appointments were recorded. This is also an increase in July 2024 when 82,456 were recorded. These figures encompass all appointment types, including face-to-face consultations, home visits, telephone appointments, and others. Note on benchmarking: Bury has a smaller population and therefore benchmarking absolute numbers is misleading.

Number of GP Appointments per 10,000 weighted patients - In July 2025, the number of GP appointments per 10,000 weighted patients was 405.2, equating to a total of 86,244 appointments. This represents an increase from June 2025, when the rate was 379.4 per 10,000 weighted patients, with 80,731 appointments recorded.

Number of People in Care Homes - As of 11th September, the number of patients residing in care homes stood at 1,311, remaining consistent with figures from previous weeks. Within the Greater Manchester region, Bury currently reports the lowest number of care home patients. Benchmarking note: Due to Bury's smaller population size, comparing absolute numbers can be misleading.

Number of People in Care Homes - As of 11th September, 1,477 patients were receiving home care services, marking a slight decline from the previous week's total of 1,482 patients. Within the Greater Manchester area, Bury currently reports the lowest number of patients receiving home care. Benchmarking note: Given Bury's smaller population, comparing absolute figures can be misleading.

Percentage of Care Homes Rated Good or Outstanding - In August 2025, 90% of care homes received ratings of 'Good' or 'Outstanding', maintaining the same level as the previous month. Bury holds the position of second highest among the Greater Manchester areas for this indicator.

Care Home Bed Vacancy Rate - In the week commencing 11th September, 14.9% of care home beds were reported as unoccupied, consistent with the figure from the prior week. Bury presently records the highest care home vacancy rate within the Greater Manchester area, surpassing the Greater Manchester average of 10.2%.

Number of Vacant care Home Beds - In the week commencing 11th September, there were 229 unoccupied care home beds, a figure consistent with previous weeks. Bury currently holds the highest number among the Greater Manchester localities. It should be noted, however, that as this figure represents an absolute count rather than a rate, direct comparisons between localities may have limited relevance.

5. Recommendations

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

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Planning framework for the NHS in England

Version 1

Publication (/publication)

Content

Introduction

The 10 Year Health Plan sets out the need for a significant change to the way we organise, deliver and fund services. To support this, a new model of planning is required to meet the challenges and changing needs of England's population and, crucially, build the foundation for the transformation of our services.

The 10 Year Health Plan makes clear that change needs to be delivered at scale, embedding new ways of working that transform the experience of staff and patients alike. This can only happen through coordinated bottom-up action. Leaders will need to come together alongside the citizens they serve and all those with a role in delivering improved health outcomes, to plan and transform services.

Delivering this change needs a different approach to planning across the NHS and with its partner organisations. Annual funding settlements and planning cycles have made it difficult to focus on thoughtful, long-term strategic planning of services. To break this cycle, this framework shifts the focus towards a rolling five-year planning horizon. Planning across the NHS needs to become a continuous, iterative process that supports transformational change, delivering the three shifts set out in the 10 Year Health Plan and taking full advantage of breakthroughs in science and technology.

All organisations will be asked to prepare credible, integrated five-year plans and demonstrate how financial sustainability will be secured over the medium term. This means developing plans that:

- build and align across time horizons, joining up strategic and operational planning
- are co-ordinated and coherent across organisations and different spatial levels
- demonstrate robust triangulation between finance, quality, activity and workforce

We have been working closely with colleagues across the NHS to shape a shared view of what effective multi-year planning should look like in the current context. In response to the initial questions and feedback received, we are pleased to share the first version of a planning framework to support the development of five-year plans covering the period 2026/27 to 2030/31.

This framework is intended as a guide for local leaders responsible for shaping medium-term plans. It provides clarity on roles and responsibilities within the context of the new NHS operating model outlined in the 10 Year Health Plan. It sets out core principles and key planning activities, which should be adapted based on local needs and circumstances.

Annex A outlines national expectations for plan development. We will continue to refine specific requirements and ways of working in collaboration with you.

Principles for effective, integrated planning

Planning should be a collective activity which draws input from staff, patients, people and communities. It is also a cumulative process, with each stage building on previous work. This framework is built around the five core principles shown below.

Table 1: Principles for effective, integrated planning

Principle	Description
1. Outcome-focused	Planning should be anchored in delivering tangible and measurable improvements in outcomes for patients and the public, and improved value for taxpayers. Involving patients, carers, and communities is critical for ensuring that plans deliver better outcomes and services that are responsive to local needs.
2. Accountable and transparent	Effective planning requires clarity on roles, responsibilities, and accountabilities. Governance structures must support transparent decision-making, provide regular oversight and constructive challenge, and ensure alignment with strategic objectives at organisation, place and system level.
3. Evidence-based	The decisions made as part of planning should be underpinned by robust analytical foundations, including population health analysis, demand and capacity modelling, workforce analytics, and financial forecasts. This should be informed by best practice and benchmarking.
4. Multi-disciplinary	Planning must bring together staff from across different functional areas (including finance, workforce and clinical) to ensure that work is co-ordinated and that those responsible for delivery have shaped its content.

Principle	Description
5. Credible and deliverable	Plans must set ambitious yet achievable goals. They should clearly articulate the resources required, realistically reflect workforce and financial constraints, and include mitigation strategies for key risks. Robust triangulation between finance, performance, workforce and quality is critical.

Roles, responsibilities and accountabilities

In line with the new NHS operating model signalled in the 10 Year Health Plan, the diagram below summarises the core planning roles and responsibilities for:

- a smaller centre focused on setting strategy, establishing clear priorities and mandating fewer targets, and equipping local leaders to improve outcomes
- integrated care boards (ICBs) as strategic commissioners, with a core focus on improving the population's health, reducing health inequalities, and improving access to consistently high-quality services
- providers focused on excellent delivery on waiting times, access, quality of care, productivity and financial management, as well as working partnership to improve health outcomes

The role of the board

The boards of individual ICBs and providers are ultimately accountable for the development and delivery of their plans. Boards are expected to play an active role in setting direction, reviewing drafts, and constructively challenging assumptions – rather than simply endorsing the final version of the plan. Boards should ensure that the plan is evidence-based and realistic in scope, aligns with the organisation's purpose and the wider system strategy, and supports the delivery of national ambitions.

Boards should also set the conditions for continuous improvement, ensuring there is a clear data-driven and clinically led improvement approach in place. A systematic approach to building improvement capacity and capability at all levels is essential. This is vital to ensure organisations are ready to both deliver plans

and lead wider transformation, including shifting more care from hospital to community, expanding digitisation, and driving year-on-year improvements in productivity.

Accountability at the level of individual organisations sits alongside the duty to collaborate. Effective planning requires organisations to work constructively across the system to deliver shared objectives. ICBs and providers can achieve this by:

- engaging early and consistently in the planning process, ensuring alignment on priorities, assumptions, and planning parameters
- sharing data, forecasts and risk insights to build a common evidence base and support transparency in decision-making
- jointly developing scenarios and trade-offs, particularly where financial, workforce, or capacity constraints exist
- identifying and agreeing key system priorities and setting out clearly how each organisation's plan contributes to their delivery
- identifying and assessing improvement capability and ensuring there are clear roles in leading improvement across the system
- using system governance mechanisms, such as partnership boards or planning groups, to manage dependencies and resolve tensions
- ensuring mutual assurance, where ICBs and providers understand and can explain how their plans both stand alone and integrate into the wider system plan

This will help deliver the ambition for integrated, place-based care while maintaining clear lines of statutory accountability.

We will continue to develop this picture as new ways of working take shape (Neighbourhood Health Providers and Integrated Health Organisations).

Key NHS planning roles and responsibilities

Providers

- Develop strategic, operational and financial plans to deliver on national and local priorities, including pathway redesign and service development.
- Develop and continuously improve the foundations for integrated planning including robust demand and capacity modelling and triangulation across quality, finance, activity and workforce plans.
- Ensure strong clinical leadership in plan development and linked decision making.

- Collaborate with system, place and provider collaborative partners to ensure plans support the delivery of the best outcomes for local populations and the most effective use of collective resources.
- Work with ICBs to ensure plans reflect agreed commissioned activity levels and align to the overall system strategy.

ICBs

- Set overall system strategy to inform allocation of resources to improve population health outcomes and ensure equitable access to healthcare.
- Lead system level strategic planning, ensuring effective demand management and optimal use of collective resources.
- Set commissioning intentions and outcome-based service specifications to enable providers to undertake effective operational planning aligned to national and local priorities.
- Convene and co-ordinate system-wide planning activities, for example, pathway redesign, neighbourhood health, fragile services, capital and estates.
- Work closely with region on planning activities where a cross-system or multi-ICB response is required.
- Co-ordinate system response to nationally determined NHS planning requirements, working with region and providers.

Regions

- Support ICBs and providers to ‘create the conditions’ for effective, integrated planning across the region, including assessment of planning maturity.
- Lead those planning activities where a regional or cross-system response is required, for example, strategic infrastructure planning, long term workforce planning, education and training capacity planning.
- Support and assure ICB and provider responses to nationally mandated elements of NHS planning including risk assessment, coordinating appropriate support, and plan acceptance.
- Work closely with national teams to design national planning products and processes and support capability and capacity building.

National

- Set strategic direction and national priorities and standards for the NHS.
- Develop and continuously improve the national planning framework, including specific requirements for the nationally co-ordinated element of NHS planning.

- Support capability and capacity building across the system and promote sharing and adoption of best practice.
- Deliver centrally developed resources, such as analytical tools, data packs, modelling assumptions, and templates to reduce duplication and ensure consistency.
- Provide guidance and technical support to underpin planning and assurance processes.
- Work closely with regions, ICBs and providers on the design and refinement of national planning products and processes.

The integrated planning process

Planning is a continuous cycle that is linked to strategy, delivery and performance management. The most technically sound plan will fail if it does not command the support of the staff who must deliver it and the patients and public whose care it is designed to improve. A robust process ensures the plan is well-informed, broadly supported, and feasible to implement. This section sets out a two-phase process to support the development of credible, deliverable integrated plans.

The aim of the initial phase is to lay the foundations for success. This involves:

- setting up the integrated planning process and governance at organisation, place and system level
- building a robust evidence base including data-driven insights into population needs, service demand, workforce supply and capacity, and finances

In the second phase, plans are fully developed, triangulated and assured through a multidisciplinary process, and finally signed off by boards. These phases are not rigid and the core activities across these phases may overlap and interact with each other. Tables 2 and 3 set out the core activities for ICBs, providers and place partners for each phase. Supporting resources will be shared on the Futures NHS Planning platform (https://future.nhs.uk/nationalplanning/view?objectId=235769285). We will continue to develop this into a library of planning best practice, including supporting models and tools, and encourage all organisations to contribute their own best-practice examples and experiences and share with england.ops-planning@nhs.net (mailto:england.ops-planning@nhs.net)

Phase one

The first step is to establish clear roles and responsibilities and multidisciplinary planning teams to drive and co-ordinate the activities set out in tables 2 and 3. In phase one these should include:

- population health needs assessment, identifying underserved communities and surfacing inequalities
- Identifying service and pathway redesign opportunities, including where services are vulnerable to becoming unsustainable because of size, workforce shortages, infrastructure, or unmet demand
- demand and capacity analysis, including a bottom-up assessment to ensure demographic and technological changes are anticipated (demand), and productivity, workforce and estates factors are explicitly considered (capacity)
- identifying opportunities to improve productivity and efficiency (this should be a continuous process)
- financial analysis to establish a baseline underlying position and cost drivers, including a clear understanding of unit costs
- reviewing and refreshing the organisation's clinical strategy to ensure it is up to date and aligned to the 10 Year Health Plan
- reviewing the organisation's improvement capability
- reviewing strategic estates plans, opportunities for disposals and consolidation and where new additional or different estate is needed for transformation or performance improvement

Executives and boards should ensure that structures and processes are in place to support integrated planning, for example, through a programme board or steering group that meets regularly to drive the planning process forward. As noted in section 2, formal arrangements should also be in place to support effective planning with system partners, including the independent sector. This includes joint planning sessions with local authorities to align with their strategies at place, and structured collaboration with the voluntary, community and social enterprise (VCSE) sector, who often have deep community roots and provide vital services.

Phase two

The development of integrated plans should build on robust population health improvement and clinical strategies that reflect both local needs and national ambitions, including the three shifts set out in the 10 Year Health Plan. Informed by the foundational activities and analysis undertaken during phase one, the integrated plan should bring together:

- **service plans** that address key opportunities to redesign pathways to better meet local needs, improve access, quality, and productivity
- **workforce plans** to deliver the right workforce with the right skills aligned to finance and activity plans. Over a five-year horizon, roles and required skills will evolve, for example, driven by digital transformation and new treatments. Plans will need reflect this as well as setting out the measures to attract staff and improve staff retention
- **financial plans** that show how the organisation intends to live within its means and secure financial sustainability over the medium-term while delivering on operational and quality priorities
- **quality improvement plans** to improve patient care, experience and outcomes
- **digital plans** that build digital capability, leverage data for better decision-making, support improved population health, enable improved patient care and experience, and drive efficiency and integration
- **infrastructure and capital plans** that maximise the use of existing assets and capital investment in the most effective way, to deliver objectives on transformation and performance improvement over the medium term

Organisations should also be considering how they mobilise their improvement capability to deliver these plans.

Triangulation

Triangulation is a critical part of the integrated planning process, ensuring that each element of the plan reinforces the others, making the plan internally consistent and realistic. As a minimum, this involves:

- a common data set and shared set of planning assumptions at the outset, so that everyone is planning on the same basis
- holding regular reconciliation meetings, where – for example, finance, HR, and operational leads review draft numbers together to identify and resolve discrepancies

Integrated planning tools or models that combine activity, workforce, and finance projections can help ensure consistency and provide transparency around how changes in one area of the plan affects others.

Triangulation is not only an internal NHS exercise, it also involves aligning NHS plans with those of local government and other partners. A truly integrated plan will consider the local authorities' plans for public health, social care, and broader community development.

Plan assurance

Having an aligned, integrated plan is not enough – the plan must also be credible, deliverable and affordable. Credibility means the plan's assumptions and targets are evidence-based and convincing to stakeholders (including regulators and the public). Deliverability means that the plan can realistically be executed with the available resources and operating environment. Affordability means the plan's financial assumptions are sustainable and align with available funding and budgetary limits.

Executives and boards are expected to rigorously test the plan before finalising it using robust assurance processes. This includes formal challenge sessions during the plan's development, to critically test assumptions and proposals, and request revisions if needed. Scenario planning and sensitivity analysis should play a key role in supporting this process to:

- provide a clear, quantitative measure of the plan's key financial and non-financial risks and focus attention on how these can be managed
- systematically identify the most critical and uncertain assumptions and quantify the impact of this uncertainty

Declaring a plan deliverable is not a one-off event – it requires ongoing oversight once implementation begins. Best practice involves setting up a robust delivery monitoring mechanism as part of the planning framework. Learning should be captured as part of this process to help inform continuous improvement across the planning and delivery cycle.

Core activities across the integrated planning cycle

These tables outline the roles of ICBs, providers, and place partners across two planning phases: setting the foundations and integrated planning.

Table 2: Phase one – setting the foundations

ICB	Providers*	Place partners
In collaboration with providers and partners perform a refresh of the clinical/organisational strategy as required to ensure they are updated to reflect changes in national policy (for example, the 10 Year Health Plan) or local context. Review organisational improvement capability. Establish appropriate governance structures and agree responsibilities and ways of working to support the integrated planning process, including engagement with patients and local communities. This should include working with providers. Assess population needs, identifying underserved communities and surfacing inequalities, and share with providers. Review quality, performance and productivity of existing provision using data and	In collaboration with ICB perform a refresh of the clinical/organisational strategy as required to ensure they are updated to reflect changes in national policy (for example, the 10 Year Health Plan) or local context. Review organisational improvement capability. Establish appropriate governance structures and agree responsibilities and ways of working to support the integrated planning process, including engagement with patients and local communities. This should include working with ICBs. Review quality, performance and productivity at service level as well as the organisation's underlying capabilities (workforce, infrastructure, digital and technology). Establish a robust financial baseline based on underlying position	Provide place-level input on population needs and local priorities including Joint Strategic Needs Assessment (JSNA).

ICB	Providers*	Place partners
input from stakeholders, people and communities. Develop initial forecasts and scenario modelling for demand and service pressures. Generate actionable insights to inform service and pathway design with providers. Create outline commissioning intentions for discussion with providers	and drivers of costs. Identify key sources of unwarranted variation and improvement opportunities through benchmarking and best practice. Identify service and pathway redesign opportunities including reviewing fragile services. Undertake core demand and capacity analysis and develop initial forecasts and scenario modelling.	

*Individually and jointly across provider collaboratives

Table 3: Phase two – integrated planning

ICB	Provider*	Place partners
Develop an evidence-based five-year strategic commissioning plan to improve population health and access to consistently high- quality services. Bring together neighbourhood health plans into a population health improvement plan in discussion with people, communities and partners. Iterate initial forecasting and scenario modelling for demand and service pressures. Finalise commissioning plans to inform provider plan development. Undertake Quality and Equality Impact Assessments to support informed decision-making through the planning process. Ensure improvement resources are aligned to the priority areas of the plan.	Develop a credible, integrated organisational five-year plan that demonstrates how national and local priorities will be delivered, including securing financial sustainability Iterate core demand and capacity analysis and scenario modelling to reflect service redesign opportunities. Develop clear service level plans that meet national and local priorities, including implementation plans best practice care pathways. Triangulate and finalise finance, workforce, activity and quality plans. Undertake Quality and Equality Impact Assessments to support informed decision-making through the planning process. Ensure improvement resources are in place to deliver plans.	Lead the co-design of integrated service models at place level. Develop Neighbourhood Health Plan and supporting place-based delivery plans.

*Individually and jointly across provider collaboratives

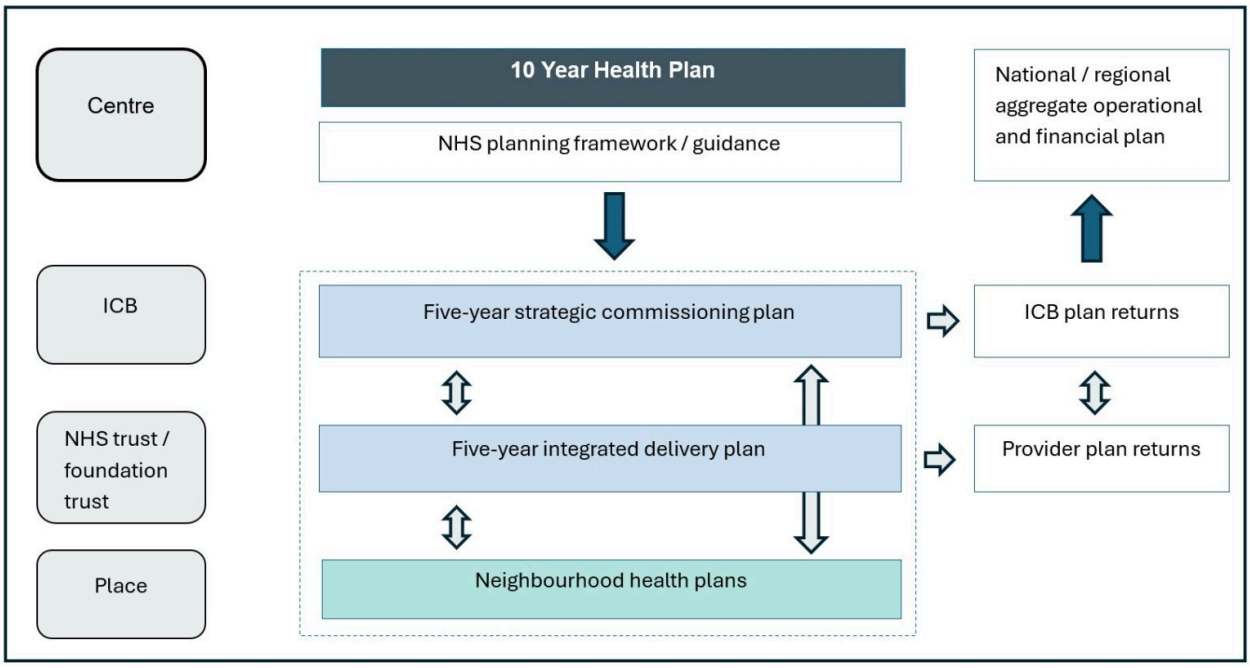
The national planning architecture

This framework has been developed as a guide for local leaders across England responsible for the development of the strategic and operational plans that will deliver on local priorities as well as our shared national ambitions for the NHS as set out in the 10 Year Health Plan. These plans are the cornerstone of a wider national planning architecture designed to ensure that:

- plans are developed based on appropriate, accurate and timely information
- plans are developed on a consistent basis to support aggregation, reporting, and oversight and accountability
- planning activities at local, regional and national level align and support each other

As set out in the 10 Year Health Plan, five-year organisation plans together with neighbourhood health plans will be the core outputs of integrated local planning processes. They are described at a high level in Table 4. NHS England and the Department for Health and Social Care (DHSC) will issue specific guidance to support their respective development. Given these changes, we will also work with government to review the requirement for ICBs and their partner trusts to prepare a five-year joint forward plan (JFP) and joint capital resource use plan (JCRUP).

Relationship between key elements of the national planning architecture



(https://www.england.nhs.uk/wp-content/uploads/2025/09/relationships-between-key-element-of-the-national-planning-architecture-v3.jpg)

Table 4: Core planning outputs

This table outlines four key types of planning documents used within the NHS, each with a detailed description of its purpose, scope, and expectations.

Output	Description
Five-year strategic commissioning plans (ICBs)	Describes how, as a strategic commissioner, an ICB will improve population health and access to consistently high–quality services across its footprint. We will work with ICBs to develop specific guidance. As a minimum, we expect that plans will: – set out the evidence base and overarching population health and commissioning strategy – bring together local neighbourhood health plans into a population health improvement plan (PHIP), including how health inequalities will be addressed – describe new care models and investment programmes that maximise value for patients and taxpayers aligned to 10 Year Health Plan – demonstrate how the ICB will align funding and resources to meet population needs, maximise value, and deliver on key local and national priorities – describe how the core capabilities set out in the ICB blueprint will be developed ICBs will be expected to refresh these plans annually as part of a rolling five-year planning horizon for the NHS.

Output	Description
Five-year integrated delivery plans (NHS trusts and NHS foundation trusts)	Demonstrates how the organisation will deliver national and local priorities and secure financial sustainability. We will work with providers to develop specific guidance. As minimum, we expect that plans will: – set out the evidence base and organisation's strategic approach to: – improving quality, productivity, and operational and financial performance – meeting the health needs of the population it serves and how this approach contributes to delivering the overall objectives of the local health economy – describe the actions that will support delivery of the trust's objectives, including key service development and transformation schemes and how these will impact quality and support operational and financial delivery – summarise how the underpinning capabilities, infrastructure and partnership arrangements required to deliver the plan will be developed e.g. workforce skills, digital capability, and estate. Providers will be expected to refresh these plans annually as part of establishing a rolling five-year planning horizon for the NHS.

Output	Description
Neighbourhood health plans	These will be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund. The plan should set out how the NHS, local authority and other organisations, including social care providers and VCSE, will work together to design and deliver neighbourhood health services. DHSC will publish separate guidance to support their development.
National plan returns	We will engage with ICBs and providers on the specific requirements for the national plan returns. Five-year organisational plans will be expected to fully align with and support numerical returns. The existing set of annual finance, workforce, activity and performance templates will be redesigned and streamlined to better support integrated planning. There will be separate returns from ICBs and trusts rather than a single-system return. ICBs and providers will need to work together to ensure that these are fully aligned.

Annex A: Development of plans for the five-year period from 2026/27 to 2030/31

We are issuing this framework to help inform the development of plans for the five-year period from 2026/27 to 2030/31. We will continue to work with you to develop specific requirements and ways of working.

Where not already in progress, ICBs and providers must now begin to lay the foundations for developing their five-year plans. This includes the critical work to secure financial sustainability over the medium term. The national planning timetable aligns with the phased approach set out in this framework.

- Phase one will run to the end of September. During this period, NHS England and DHSC will work together to translate the 10 Year Health Plan and spending review outcome into specific multi-year priorities and allocations.
- Phase two will launch at the end of September/early October with the publication of multi-year guidance and financial allocations. This will enable ICBs and providers to fully develop their medium-term plans and take them through board assurance and sign off processes in December.

During the initial planning phase, we are asking you to focus on:

- setting up your integrated planning process and establishing a multidisciplinary planning team to co-ordinate activity across functions.
- assessing your organisation’s capability, capacity and preparedness against this framework. Key gaps, areas for concern and risks should be discussed at the earliest opportunity with your regional NHS England team, who will work with you to identify potential solutions and support.
- reviewing your clinical strategy against the direction set out in the to identify and address any gaps.
- developing a transparent articulation of your underlying financial position
- continuing to develop your understanding of productivity and efficiency opportunities and how they will be delivered, building on the work done through the planning process for 2025/26. Build your cost improvement plans (CIPs) by identifying areas of opportunity.
- developing, where not already in place, a shared view on service reconfiguration opportunities and plans, including approaches to address fragile services.
- assessing and improving the maturity of core demand and capacity planning within your organisation and across the wider system.
- working with NHS England to assess the impact of rebasing fixed payments.

December plan returns will include firm financial, workforce and operational plans for the first year, which providers and ICBs will be held to account for delivering. Regional teams will lead on the review of these submissions and work with organisations to conclude the plan acceptance process during the first half of quarter four.

We will issue allocations based on the statutory ICB footprints for April 2026 and ask ICBs to prepare and submit plans on that basis. Where ICBs are entering into clustering arrangements ahead of a planned future merger they will need to work together to appropriately reflect these arrangements in their plans.

Specialised services, health and justice, vaccinations and screening

ICBs have already taken on delegated commissioning responsibility for certain specialised services and will also take on a greater leadership role from April 2026 for the commissioning of screening services, vaccination services (building on existing partnership arrangements already in place with ICBs), and health and justice services. It is anticipated that full commissioning accountability for these services will transfer to ICBs from April 2027.

ICBs will need to work in close partnership with their NHS England regional teams to prepare for these changes, including establishing a single (one per NHS region) office for pan-ICB commissioning to ensure appropriate at-scale commissioning of these services continues, and a concentration of expert commissioning capability maintained. The offices will support all ICBs equally and collectively across a region in discharging these new responsibilities and future accountabilities. Further details on the requirements and timetable for transition will follow.

It is therefore critical that ICBs, in partnership with their NHS England Regional teams, ensure these services are fully factored into medium terms plans and that those plans begin to realise the benefits of whole pathway and population-based commissioning, including the opportunities that upstream interventions can have in reducing demand for specialised services.

Date published: 8 September, 2025
Date last updated: 10 September, 2025

To: Place Team

12 September 2025

Subject: The National Neighbourhood Health Implementation Programme (NNHIP)

Dear Colleague,

Thank you for your thoughtful and considered application to join wave one of the **National Neighbourhood Health Improvement Programme (NNHIP)**.

We were truly inspired by the strength of response to the programme – with **141 high calibre applications received (covering approximately 83% of Places across England)**, representing every region and system. This unprecedented level of engagement demonstrates the scale of ambition, leadership, and energy for neighbourhood health across the country – and your application was a powerful example of this.

The volume and high standard of applications made selecting only 43 places for Wave 1 extremely challenging. Unfortunately, whilst on this occasion we are not able to take your site on to Wave 1, we want to be clear that we are keen your team plays an important part of the wider NNHIP journey. We are incredibly grateful for the interest and commitment that you are making to the neighbourhood health agenda and urge you to continue to develop and deliver your plans. Neighbourhood health development is central to the 10-year health plan and we are keen to continue to work with you and support you and your teams in your endeavours to improve services for your local population.

We are keen to showcase the great examples of innovation you and other Places shared as part of the NNHIP application and create opportunities for 2-way learning as the Wave 1 sites progress. This may involve presenting your innovations at Learning Workshops and, given the level of interest, we look to further involvement as the NNHIP continues to expand. We would also like to invite you to join the **NNHIP Community of Practice**, a national network designed to support shared learning, connect local innovators, shape enablers, and continue to build momentum for neighbourhood health - all while contributing to a growing national movement for change.

As a member, you will have access to:

- Monthly online webinars, exploring key themes, innovations and insights from across the country
- Regular online ‘lunch and learns’ hosted by our national coaching team
- A growing knowledge management hub to share and discover tools, case studies, and practical resources
- Opportunities to connect through NNHIP social media channels
- A key role in shaping and driving a national social movement for change

Your first online webinar will take place on **9th October 1300 – 1430, event joining link here we hope you and your team will be able to join us.** To access the knowledge hub and join the community of practice visit our website: https://neighbourhood-health.co.uk

In addition, we encourage you to take full advantage of **Neighbourhood Health support available through your regional teams**, who are working closely with us to provide aligned and complementary support tailored to your local needs and priorities. Regional colleagues that took part in the selection panels will also be in touch with you directly over the next four weeks to share more feedback on your application.

We want to personally thank you for the time, thought, and effort that went into your application and emphasise how impressed we were with the overall standard of applications and the dedication, partnership and ambition your team has shown in stepping forward. Your work, leadership and learning are vital to the future of neighbourhood health, and it will be used. We look forward to working with you through the Community of Practice and beyond. This isn't the end, just the beginning.

With warm regards,

Sir John Oldham

Chair National Neighbourhood Health Implementation Programme Taskforce

DHSC

Dr Minal Bakhai

SRO for the National Neighbourhood Health Implementation Programme

Director of Primary Care and Community Transformation

General Practitioner

NHS England

BURY INTEGRATED CARE PARTNERSHIP

Locality Performance Report Sept 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
Mental Health & Learning Disabilities	N/A	Adult inpatients with autism	Monthly	Aug 25	2	2	→	2	N/A	N/A	N/A
	N/A	Adult inpatients with LD & LDA	Monthly	Aug 25	4	3	↗	3	N/A	N/A	N/A
	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Jul 25	21.9%	14.1%	↗	75.%	260	1,189	Inter
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Jul 25	3,500	3,470	↗	5,720	N/A	N/A	Lower
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Jul 25	76.5%	76.4%	↗	66.7%	1,881	2,459	Upper
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 3 month total)	Monthly	Jul 25	3,430	2,870	↗	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	Aug 25	6	8	↘	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Aug 25	7.7%	8.5%	↘	N/A	6	78	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Jul 25	2,165	2,070	↗	4,090	N/A	N/A	Lower
	S081a	Talking Therapies: Access Rate	Monthly	Jul 25	330	275	↗	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Jul 25	215	215	→	N/A	N/A	N/A	Lower
	S125a	Long length of stay for adults (60+ days)	Monthly	Jul 25	27.3%	23.1%	↗	0.%	15	55	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 25	70.6%	69.6%	↗	77.%	22,781	32,267	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	Jul 25	79.9%	79.8%	↗	81.4%	68,876	86,244	Inter
Quality	S042a	E. coli blood stream infections	Monthly	Jul 25	136	136	→	N/A	N/A	N/A	Upper
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Jun 25	68.9%	69.8%	↘	87.1%	N/A	N/A	Upper
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Jun 25	5.6%	5.6%	↗	10.%	5,314	95,172	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

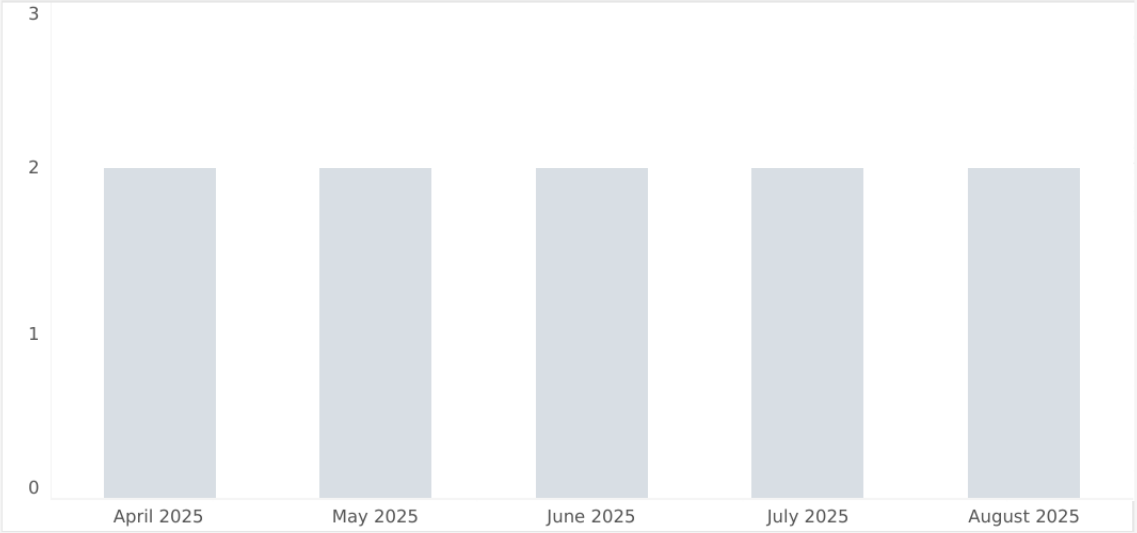
Bury

Adult inpatients with autism only

Number of adults who have autism in a specialist LD/MH bed commissioned by a ICB or Secure

Source: Local data (Monthly)

2	2	2
August 2025	July 2025	Local target



	Apr	May	Jun	Jul	Aug
2025-26	2	2	2	2	2

Latest Value GM Benchmarking

Narrative

As of August 2025, the number of adults with autism in specialist learning disability or mental health beds commissioned by an ICB or secure facility remains at 2, consistent with figures reported since April 2025.

Bury

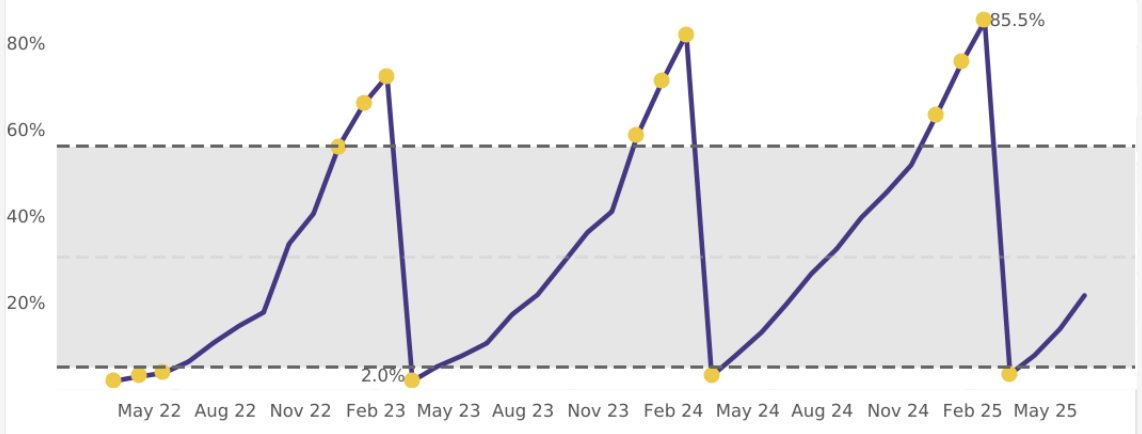
% of patients aged 14+ with a completed LD health check

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)

21.9%	14.1%	27/106	75.%
July 2025	June 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%	21.9%								

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

Latest Value GM Benchmarking

National Rank against other localities

1	Trafford	29.7%
3	Stockport	28.7%
12	Wigan	25.8%
14	Bolton	24.9%
27	Bury	21.9%
46	Rochdale	19.5%
49	Manchester	19.3%
65	Oldham	17.9%
69	Tameside	17.6%
96	Salford	14.5%
8	NHS Greater Manchester Integrated Care Board	21.6%

Narrative

- The performance metrics for LD health checks have been reset for the 2025/2026 reporting period, accounting for the significant decline observed in the latest data.
- In July 2025, 21.9% of patients aged 14 and above completed an LD health check, showing an improvement compared to 14.1% in June 2025 and 19.8% in July 2024.
- The Bury locality currently reports a rate close to the Greater Manchester (GM) average of 21.6%, ranking it 5th among GM localities.

Bury

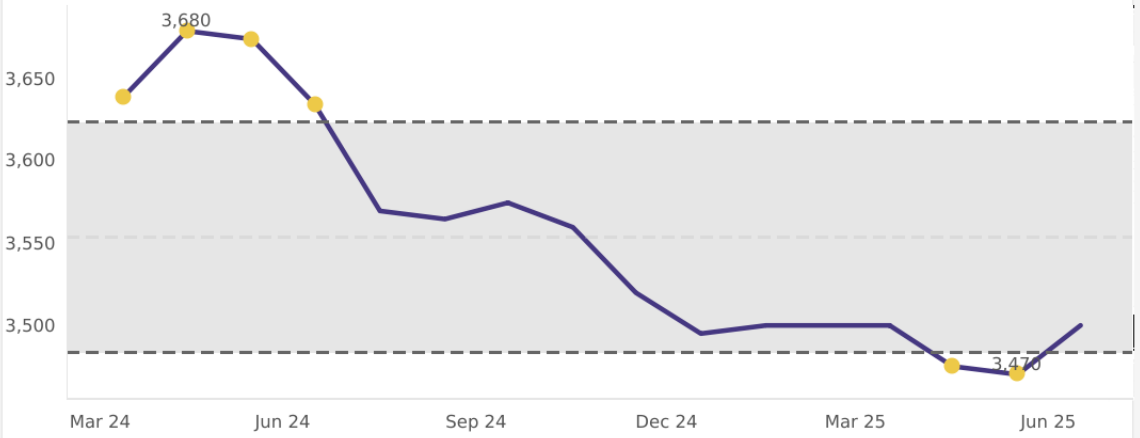
Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

3,500	3,470	94/115	5,720
July 2025	June 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	3,640	3,680	3,675	3,635	3,570	3,565	3,575	3,560	3,520	3,495	3,500	3,500
2025-26	3,500	3,475	3,470	3,500								

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

Latest Value GM Benchmarking

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

Manchester	107.2	15,840 (20)
Tameside	101.0	4,895 (70)
Trafford	89.6	4,850 (73)
Rochdale	80.6	4,740 (75)
Bury	77.3	3,500 (94)
Salford	74.0	4,880 (71)
Stockport	61.1	4,105 (84)
Wigan	60.4	4,270 (79)
Oldham	60.1	3,835 (89)
Bolton	56.9	4,380 (78)

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

Narrative

- In July 2025, there were 3,500 recorded visits to Children and Young People's Mental Health Services by patients registered in Bury. This marks a slight increase from the 3,470 visits recorded in June 2025, but a decrease compared to the 3,635 visits reported during the same period last year.
- Bury currently reports an access rate of 77.3 per 1,000 population, placing it fifth highest among the Greater Manchester localities in terms of access rate per 1,000 population.

Bury

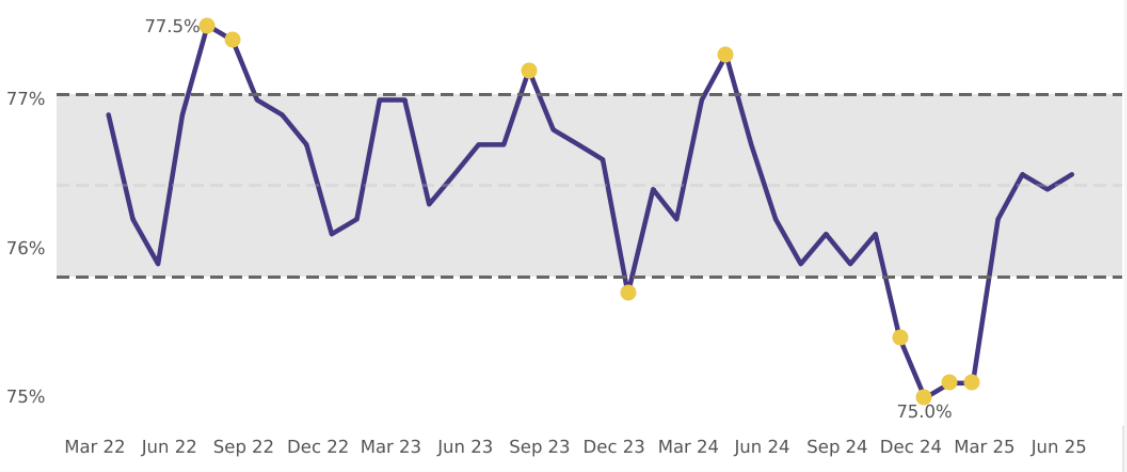
Dementia: Diagnosis Rate (Aged 65+)

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)

76.5%	76.4%	7/106	66.7%
July 2025	June 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%	76.5%								

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

Latest Value GM Benchmarking

National Rank against other localities

4	Salford	78.8%
5	Rochdale	78.6%
7	Bury	76.5%
12	Stockport	76.0%
13	Manchester	75.9%
14	Oldham	75.5%
20	Wigan	73.9%
25	Tameside	73.3%
31	Bolton	72.2%
45	Trafford	68.8%
2	NHS Greater Manchester Integrated Care Board	74.8%

Narrative

- As of July 2025, 76.5% 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 74.8%, 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

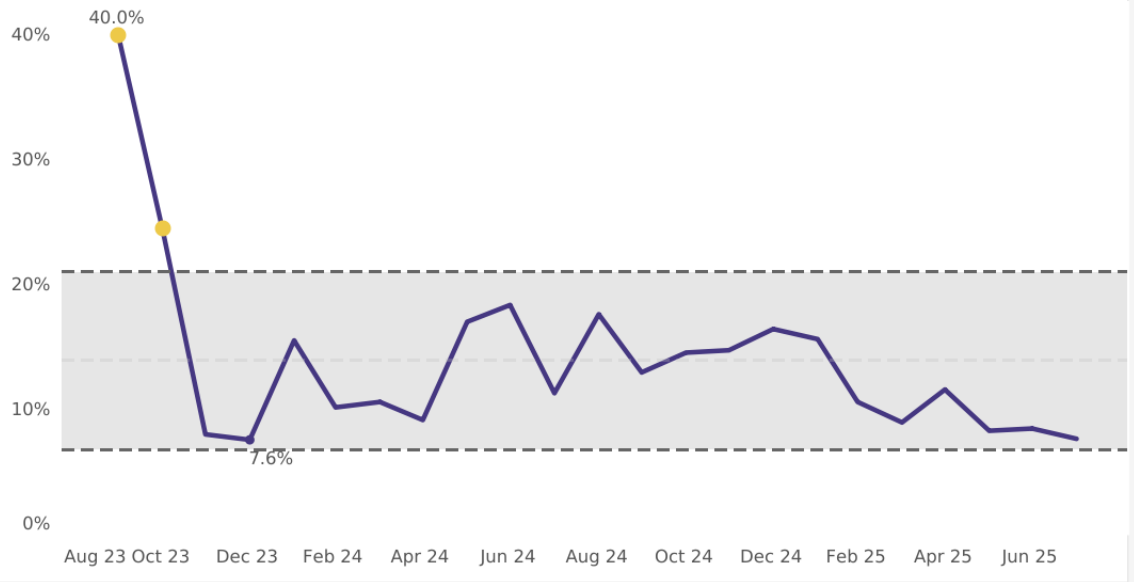
Percentage of MH patients with no criteria to reside (NCTR)
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

7.7%
August 2025

8.5%
July 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%	24.4%	8.0%	7.6%	15.6%	10.2%
2024-25	10.6%	9.2%	17.0%	18.4%	11.3%	17.6%	13.0%	14.6%	14.8%	16.5%	15.7%	10.6%
2025-26	9.0%	11.6%	8.3%	8.5%	7.7%							

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

Latest Value GM Benchmarking

Narrative

- As of August 2025, 7.7% of mental health patients in Bury with no criteria to reside (NCTR), representing a decrease from 11.3% in July 2024 and marginally down from 8.5% in July 2025.
- Bury's current percentage is lower than the Greater Manchester (GM) average, which stands at 13.3%.
- Among the GM localities, Bury ranks as having the lowest NCTR percentage.

Bury

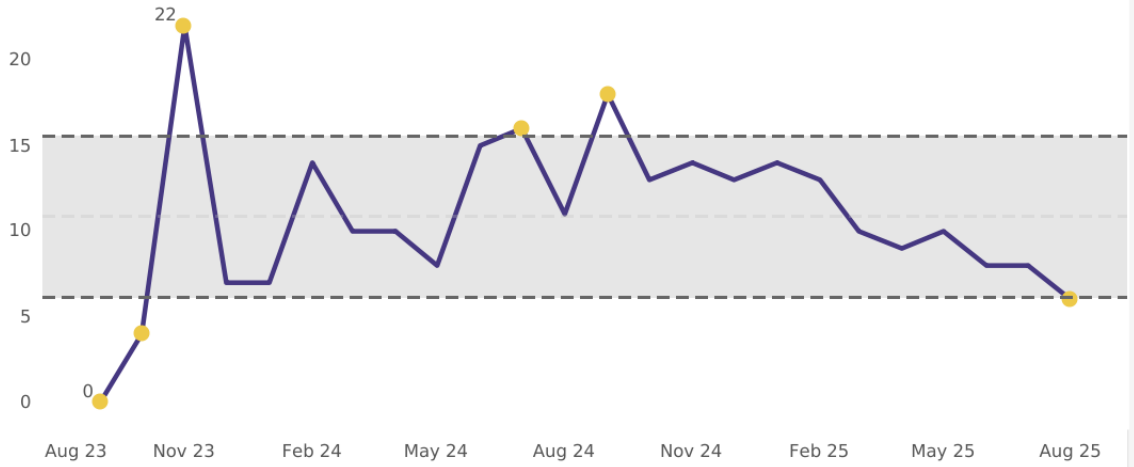
Number of MH patients with no criteria to reside (NCTR)
Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

6
August 2025

8
July 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	16	11	18	13	14	13	14	13	10
2025-26	9	10	8	8	6							

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

Latest Value GM Benchmarking
Rate per 1000 | Count

Bury	0.028	6
Bolton	0.027	9
Rochdale	0.036	9
Salford	0.028	9
Tameside	0.039	9
Trafford	0.036	9
Wigan	0.028	10
Oldham	0.048	13
Stockport	0.042	14
Manchester	0.077	58
NHS Greater Manchester Integrated Care Board	0.044	146

The rate is calculated using the registered population figure for each locality | Bury: 212,766

Narrative

- This metric is monitored on a daily basis to ensure timely oversight and responsiveness.
- In August 2025, the number of mental health patients with NCTR in Bury was 6, marking a decline from the previous month.
- Bury presently reports 0.028 NCTR patients per 1,000 people, which is close to the Greater Manchester (GM) average of 0.044. Within GM areas, Bury has the lowest reported rate.

Bury

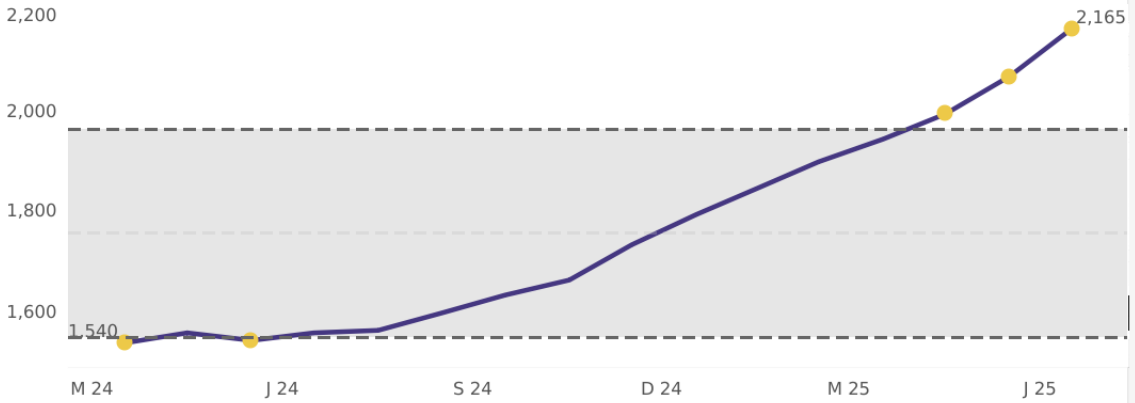
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses

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)

2,165	2,070	90/115	4,090
July 2025	June 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	1,540	1,560	1,545	1,560	1,565	1,600	1,635	1,665	1,735	1,795	1,850	1,900
2025-26	1,945	1,995	2,070	2,165								

Selected measure at July 2025 has continuously increased for 13 period(s) of time

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Salford	18.8	4,850 (52)
2	Manchester	13.6	8,160 (36)
3	Bury	13.0	2,165 (90)
4	Wigan	12.7	3,570 (65)
5	Trafford	12.3	2,395 (83)
6	Tameside	12.1	2,180 (89)
7	Bolton	10.2	2,625 (78)
8	Rochdale	9.8	1,900 (94)
9	Oldham	8.7	1,775 (97)
10	Stockport	6.6	1,725 (98)

The rate is calculated using the 18+ registered population figure for each locality | Bury: 167,023

Narrative

- In July 2025, a total of 2,165 Bury-registered patients with severe mental illness had two or more interactions with adult mental health services. This marks an increase from 1,560 contacts noted in July 2024, as well as a rise compared to June 2025, which recorded 2,070 contacts.
- Bury currently reports 13.0 contacts per 1,000 population, positioning it as the third lowest rate among the Greater Manchester (GM) localities.

Bury

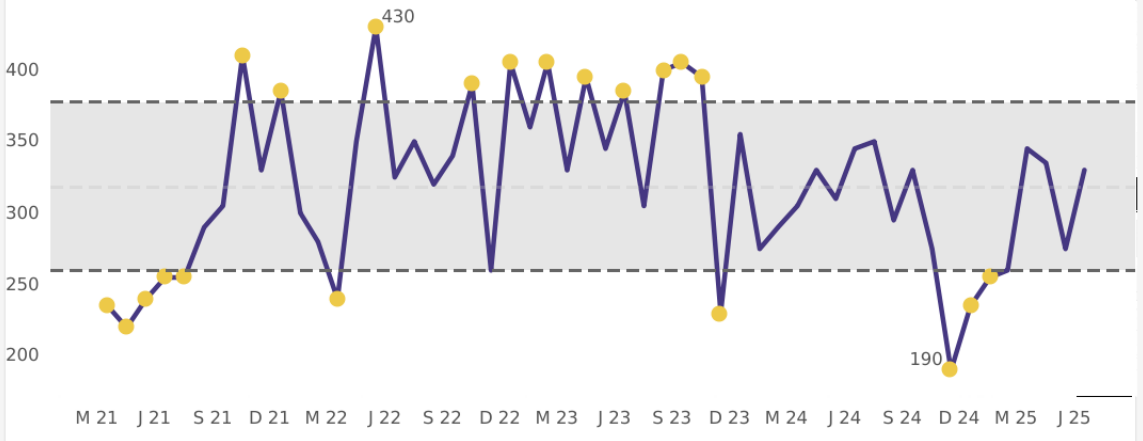
Talking Therapies: Access Rate

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)

330	275	95/111	No Target
July 2025	June 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	330								

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)

1	Salford	3.0	975 (45)
2	Manchester	2.8	2,070 (17)
3	Trafford	2.5	635 (57)
4	Stockport	1.8	585 (61)
5	Wigan	1.8	620 (58)
6	Tameside	1.7	385 (88)
7	Rochdale	1.6	395 (85)
8	Bury	1.6	330 (95)
9	Oldham	1.5	415 (82)
10	Bolton	1.5	510 (72)

The rate is calculated using the registered population figure for each locality | Bury: 212,766

Narrative

- In July 2025, there were 330 recorded accesses to NHS Talking Therapies by Bury-registered patients, lower than the same period the previous year (345).
- Bury currently reports an access rate of 1.6 per 1,000 population, which ranks as the 8th lowest among the Greater Manchester (GM) localities.
- This performance is subject to a deep dive following the ICB locality assurance meeting with Bury in September 2025.

Bury

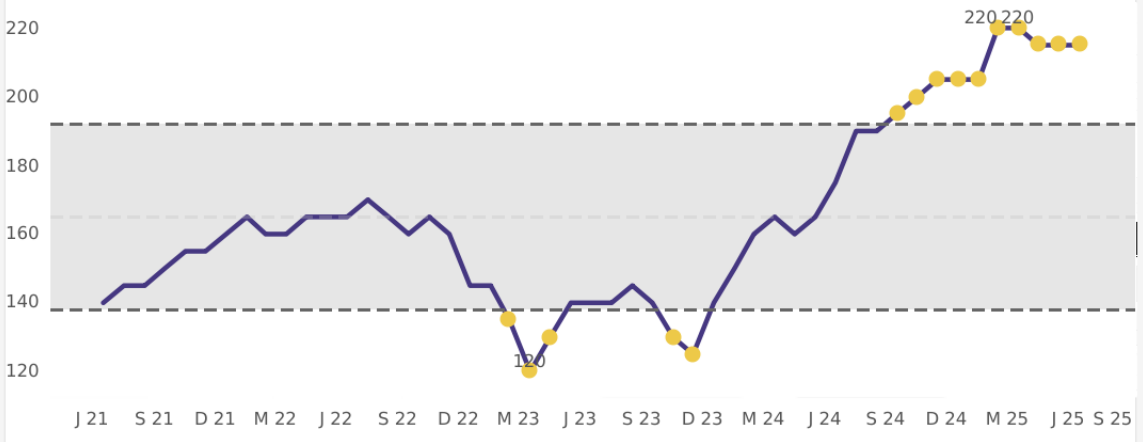
Women Accessing Specialist Community Perinatal Mental Health Services

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

Source: Published MHSDS (Quarterly)

215	215	89/107	No Target
July 2025	June 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	165	160	165	175	190	190	195	200	205	205	205	220
2025-26	220	215	215	215								

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Stockport	5.4	340 (61)
2	Bury	5.2	215 (89)
3	Tameside	4.9	225 (87)
4	Rochdale	4.8	245 (82)
5	Trafford	4.6	220 (88)
6	Oldham	4.6	255 (79)
7	Wigan	4.1	275 (74)
8	Bolton	3.7	245 (82)
9	Salford	3.3	255 (79)
10	Manchester	2.7	525 (42)

The rate is calculated using the 15-44 female population figure for each locality | Bury 41,146

Narrative

- During the 12-month period ending in July 2025, 215 women registered in Bury accessed Perinatal Mental Health Services. This represents a notable increase from 175 accesses recorded in the equivalent period ending July 2024.
- Bury currently reports an access rate of 5.2 per 1,000 population, which is the 2nd highest rate among all Greater Manchester (GM) localities.

Bury

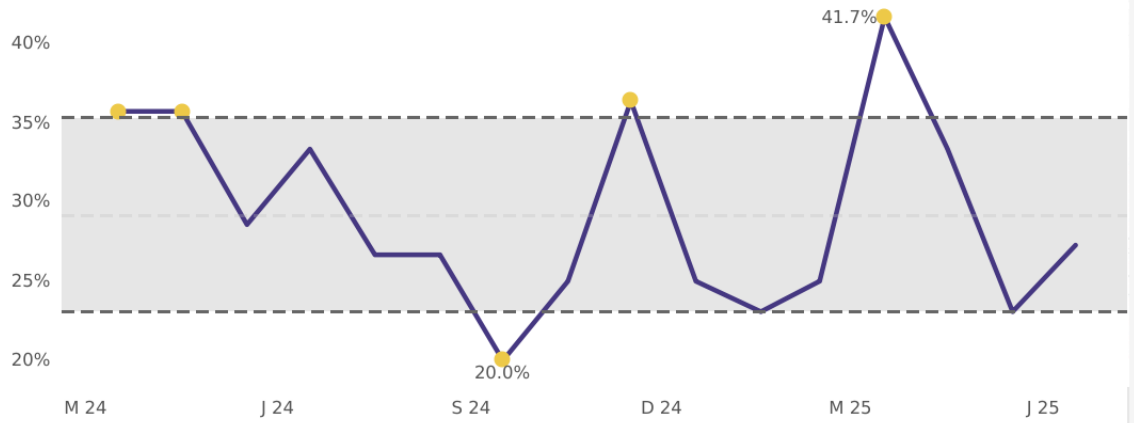
Long length of stay for adults (60+ days) - Mental Health Patients

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)

27.3%	23.1%	66/105	0.%
July 2025	June 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

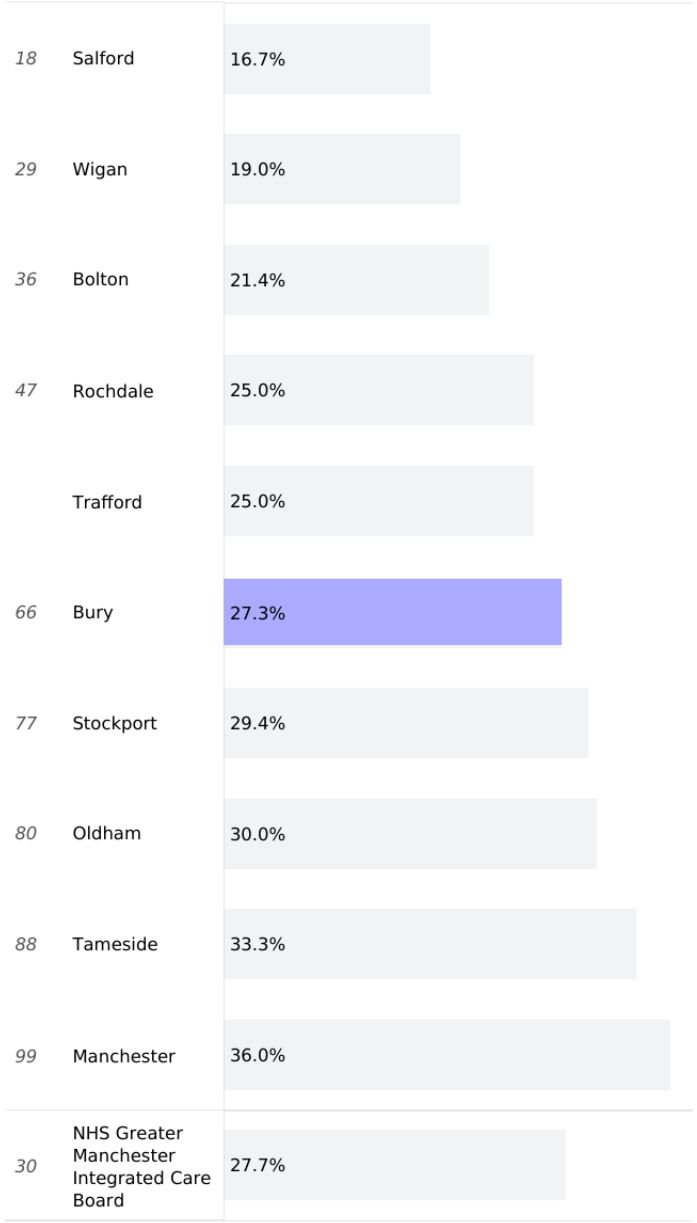


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024-25	35.7%	35.7%	28.6%	33.3%	26.7%	26.7%	20.0%	25.0%	36.4%	25.0%	23.1%	25.0%
2025-26	41.7%	33.3%	23.1%	27.3%								

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In July 2025, 27.3% of MH Patient discharges in Bury involved a long length of stay (LOS), a reduction from 33.3% recorded in July 2024.
- Bury currently has the 6th lowest proportion of long LOS discharges among the Greater Manchester (GM) localities. The GM average for the same period is 27.7%.
- Both Bury and GM exceed the national target, which is set at 0%.

Bury

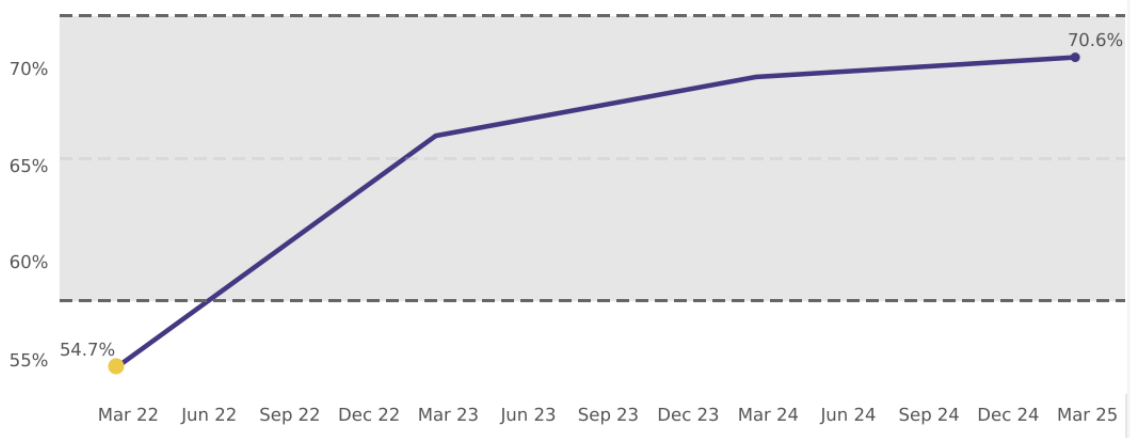
% of hypertension patients who are treated to target as per NICE guidance

% of hypertension patients who are treated to target as per NICE guidance

Source: NHS Quality Outcome Framework (Annual)

70.6%	69.6%	56/106	77.7%
March 2025	March 2024	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

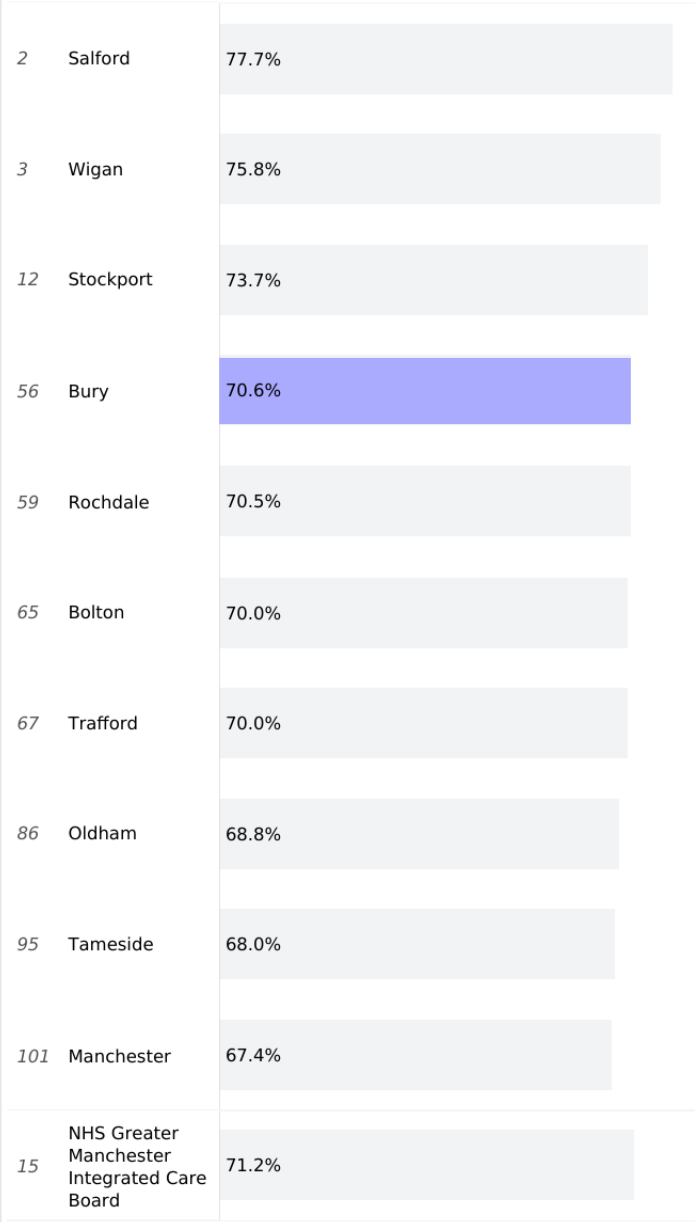


	Mar
2021-22	54.7%
2022-23	66.6%
2023-24	69.6%
2024-25	70.6%

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

This slide presents data on the percentage of hypertension patients in Bury who are treated to target as per NICE guidance. The key figures are:

- 70.6% of patients met the target in March 2025, up from 69.6% in March 2024.The national target is 77%.
- The line graph shows a steady increase from 54.7% in March 2022 to 70.6% in March 2025.
- Benchmarking against other GM localities places Bury fourth, below the GM ICB average of 71.2%.

Bury

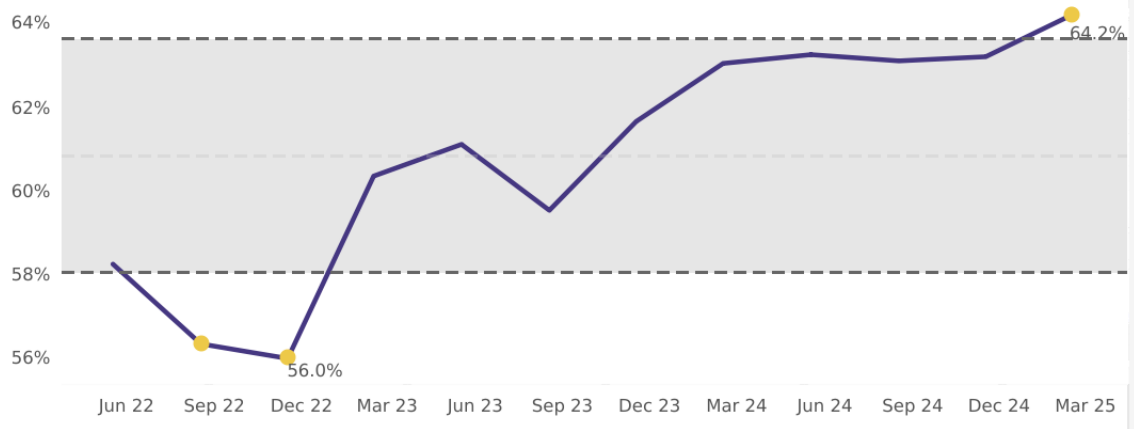
% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

% 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

- In March 2025, 64.2% of patients were identified as having a 20% or greater risk of developing CVD within 10 years, an increase from 63.2% in December 2024.
- Bury currently ranks third lowest among GM localities, with Greater Manchester having an overall proportion of 67.0%.
- Both Bury and Greater Manchester exceed the national target of 63.4%.

Bury

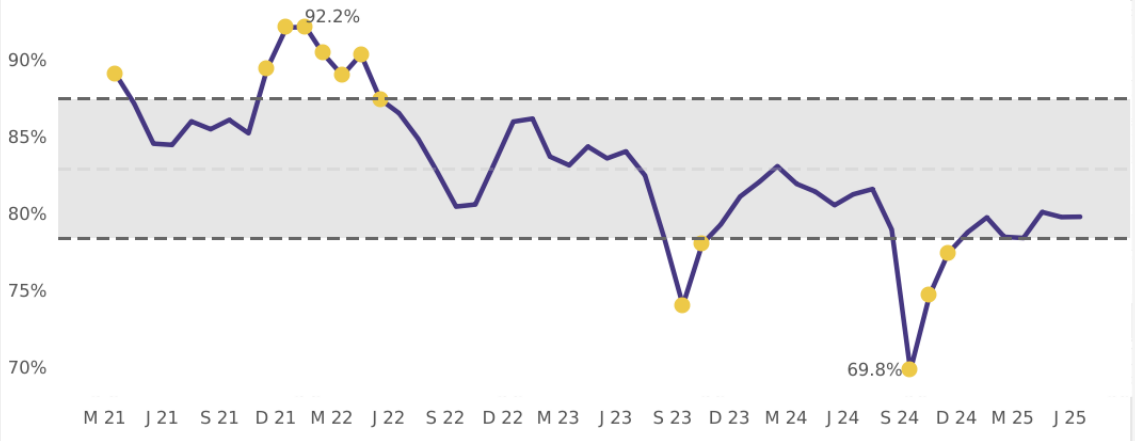
GP appointments - percentage of regular appointments within 14 days

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)

79.9%	79.8%	72/106	81.4%
July 2025	June 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%	79.9%								

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

Latest Value GM Benchmarking

National Rank against other localities

17	Manchester	86.8%
31	Rochdale	83.7%
35	Trafford	83.4%
37	Wigan	83.4%
38	Stockport	83.3%
45	Salford	82.6%
57	Oldham	81.1%
62	Bolton	80.7%
71	Tameside	79.9%
72	Bury	79.9%
14	NHS Greater Manchester Integrated Care Board	83.0%

Narrative

- In July 2025, 79.9% of GP appointments for Bury-registered patients were made within 14 days. This reflects a slight decrease compared to 81.3% in July 2024.
- Bury currently ranks as the joint ninth among the GM localities for this metric. The GM average stands at 83.0%.
- Board should note that this includes 'all' appointments, including those that can be pre booked in advance such as annual reviews, smears etc.

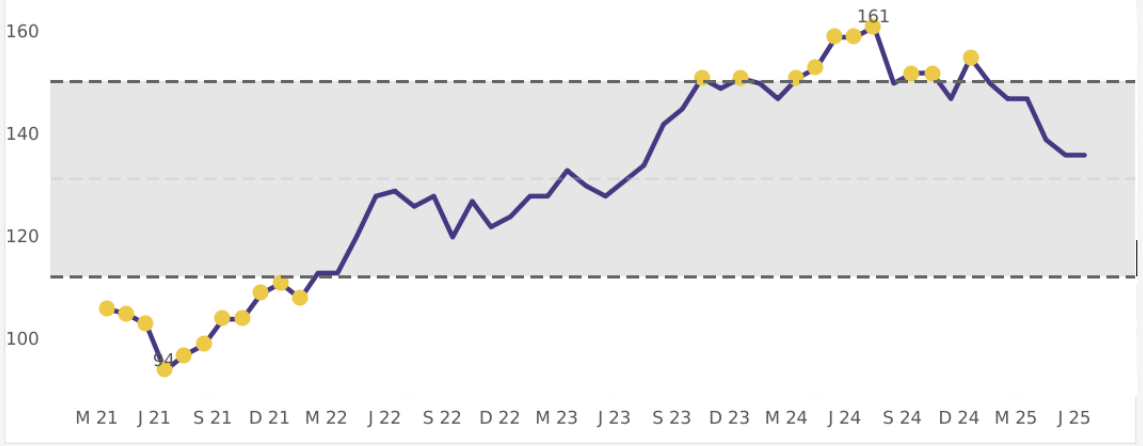
Bury

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	136	15/107	No Target
July 2025	June 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	136								

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

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

Salford	0.54	174.0 (24)
Wigan	0.54	192.0 (30)
Manchester	0.57	428.0 (66)
Rochdale	0.61	154.0 (19)
Bolton	0.62	208.0 (34)
Bury	0.64	136.0 (15)
Trafford	0.72	180.0 (26)
Oldham	0.74	198.0 (31)
Stockport	0.75	247.0 (46)
Tameside	0.96	221.0 (37)

The rate is calculated using the registered population figure for each locality | Bury: 212,766

Narrative

- In the 12-month period ending July 2025, 136 cases of E. Coli bloodstream infections were recorded among Bury-registered patients. This matches the 136 cases in June 2025 but is below the 159 cases in July 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

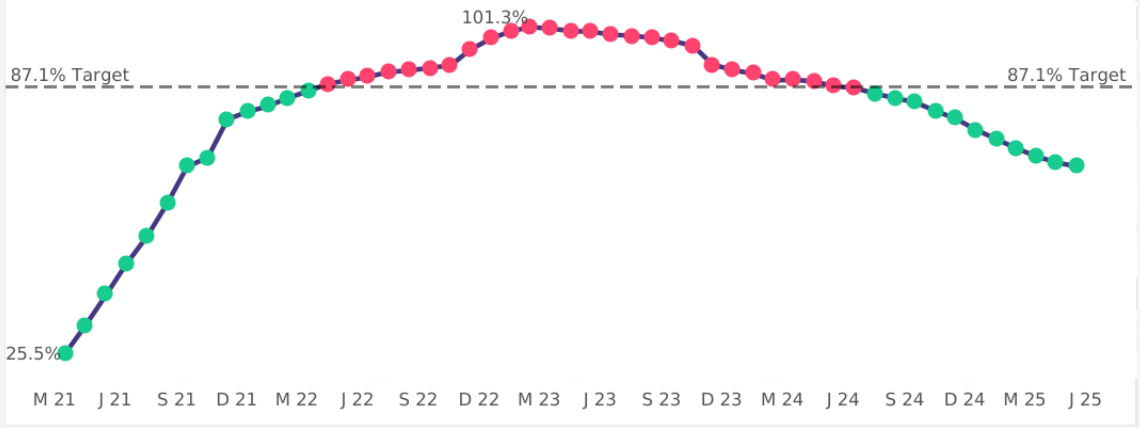
Antimicrobial resistance: total prescribing of antibiotics in primary care

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)

68.9%	69.8%	87.1%
June 2025	May 2025	National Target

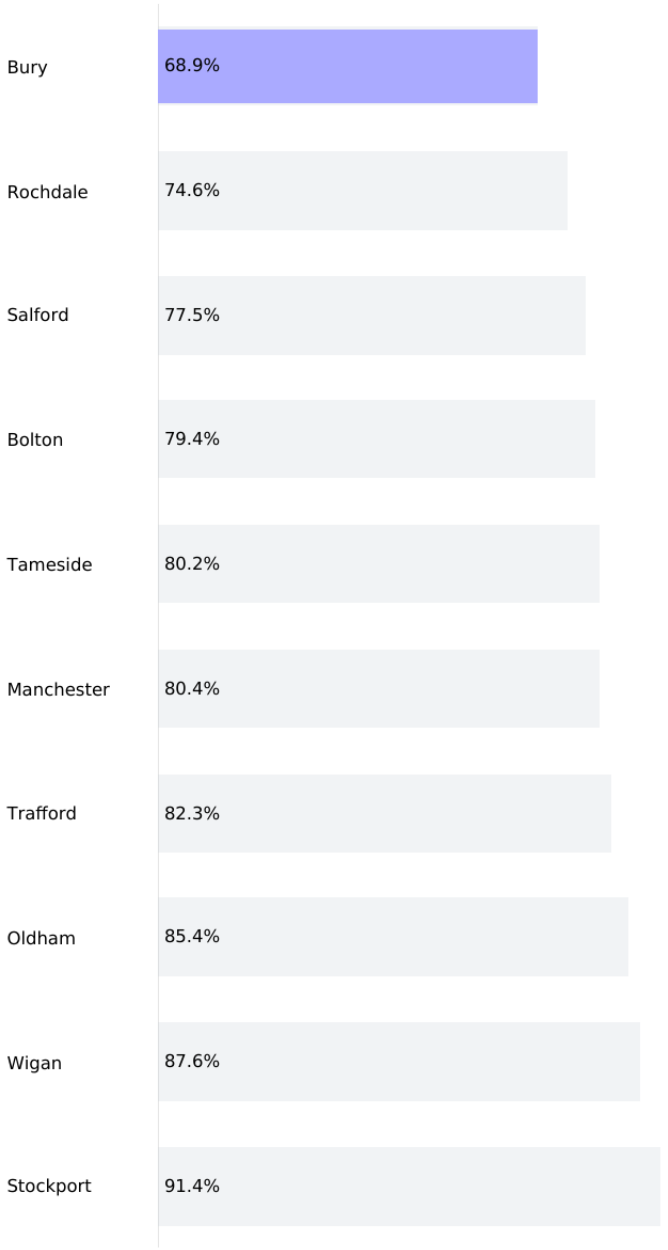
Performance Against National Target of 87.1%



	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%	68.9%									

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

Latest Value GM Benchmarking



Narrative

- In June 2025, 68.9% of total antibiotic prescribing in primary care for the Bury population met the relevant criteria. This reflects a significant improvement compared to 87.5% in June 2024.
- Bury currently reports the lowest percentage among the Greater Manchester (GM) localities and has successfully achieved the national target of 87.1%.

Bury

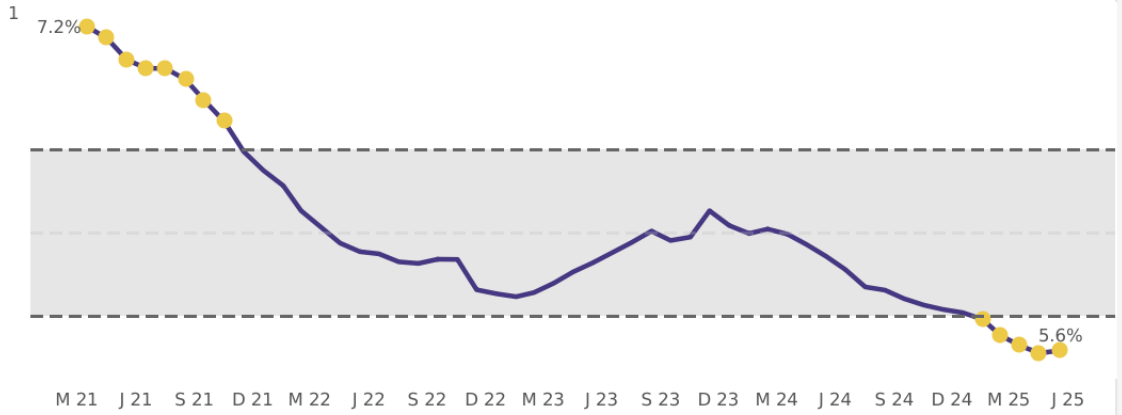
Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care

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%	15/113	10.%
June 2025	May 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean

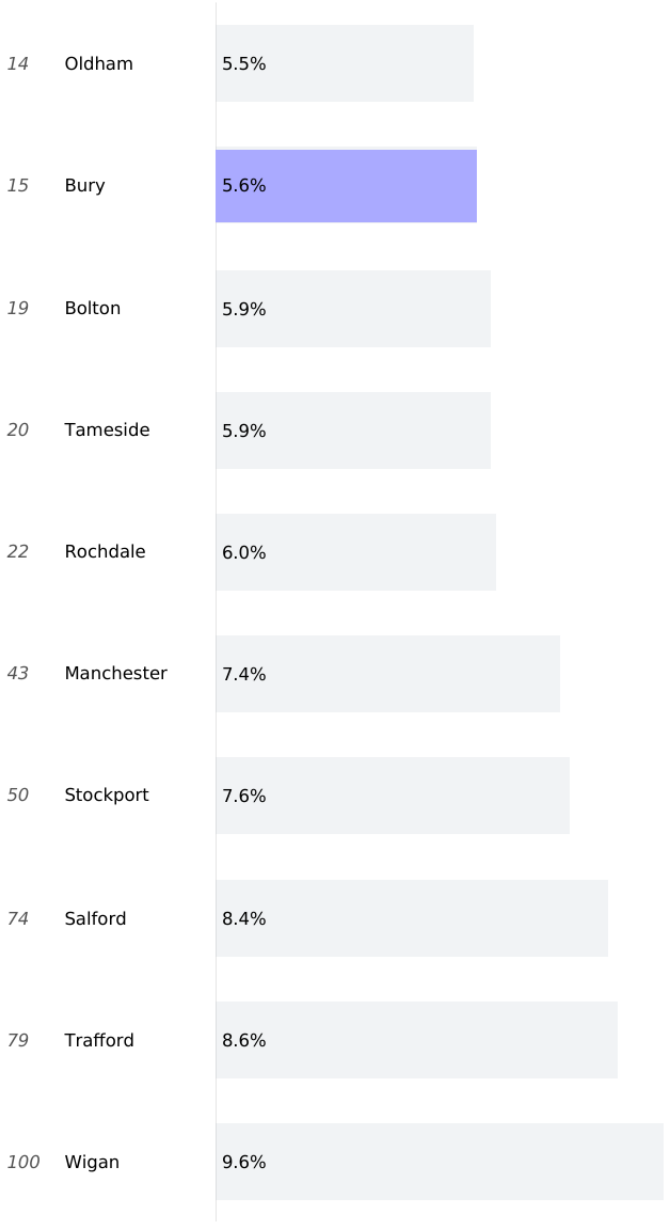


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	7.2%	7.1%	7.0%	7.0%	7.0%	6.9%	6.8%	6.7%	6.6%	6.5%	6.4%	6.3%
2022-23	6.2%	6.1%	6.1%	6.1%	6.0%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%
2023-24	5.9%	6.0%	6.0%	6.1%	6.1%	6.2%	6.1%	6.2%	6.3%	6.2%	6.2%	6.2%
2024-25	6.2%	6.1%	6.1%	6.0%	5.9%	5.9%	5.8%	5.8%	5.8%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- Bury's rate of broad-spectrum antibiotic prescribing in June 2025 is 5.6%, the same as the previous month.
- The chart shows that the selected measure has decreased continuously over the past 15 reporting periods, highlighting sustained improvement.
- Bury currently reports the 2nd lowest percentage of broad-spectrum prescribing among the Greater Manchester (GM) localities.
- This performance is within the national target threshold of less than 10%.

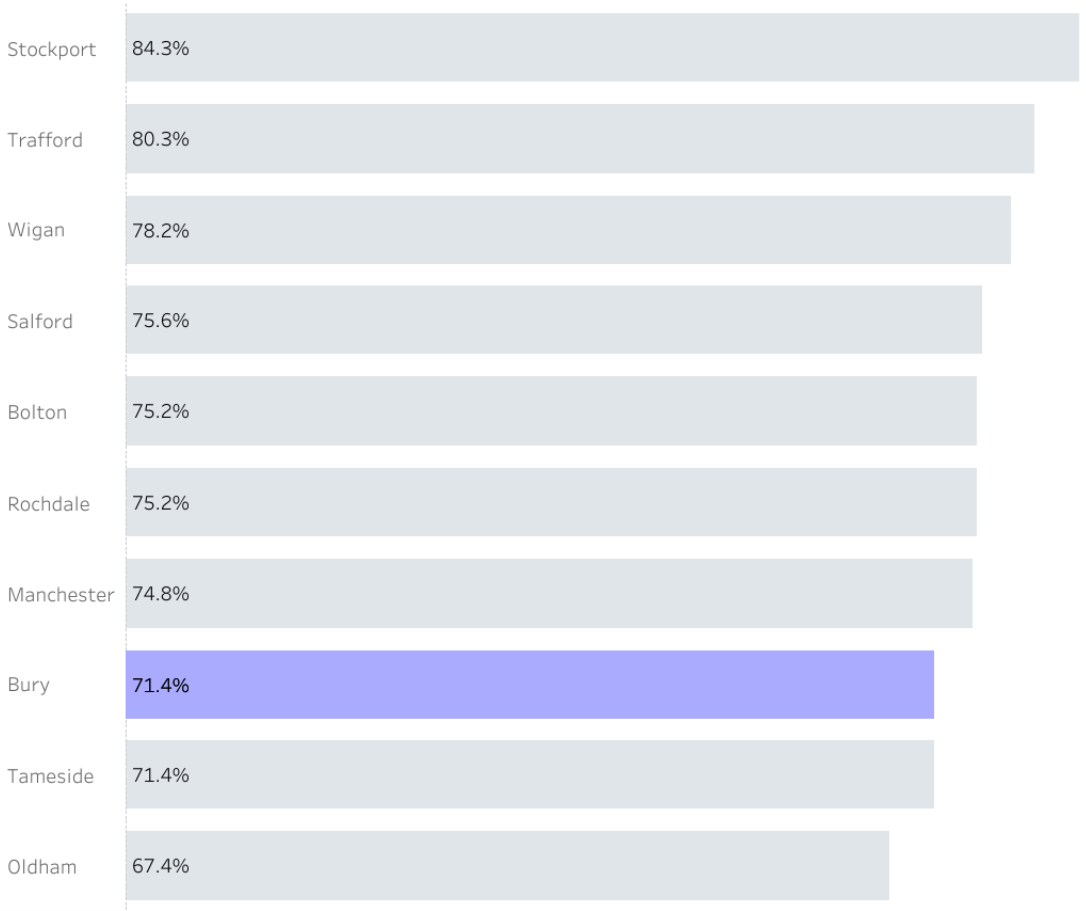
Bury

% 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	Aug 25	73.3%	75.0%	↘	78.0%	4,980	6,791	N/A
	N/A	A&E Attendances	Monthly	Aug 25	6,791.0	7,296.0	↘	N/A	6,791	N/A	N/A
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Aug 25	16.5%	16.9%	↘	N/A	1,573	9,556	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Aug 25	1,660.0	1,939.0	↘	N/A	1,660	N/A	Upper
Elective Care	EB28	Diagnostic 6ww: All	Monthly	Jul 25	10.9%	10.6%	↗	1.%	478	4,400	Upper
	EB20	RTT incomplete: 65+ week waits	Monthly	Jul 25	5.000	4.0	↗	0.	5	N/A	Upper
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Monthly	Jul 25	77.9%	79.6%	↘	80.%	859	1,103	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	Jul 25	95.5%	96.9%	↘	N/A	256	268	N/A

Bury - Sight Metrics

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

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

Bury

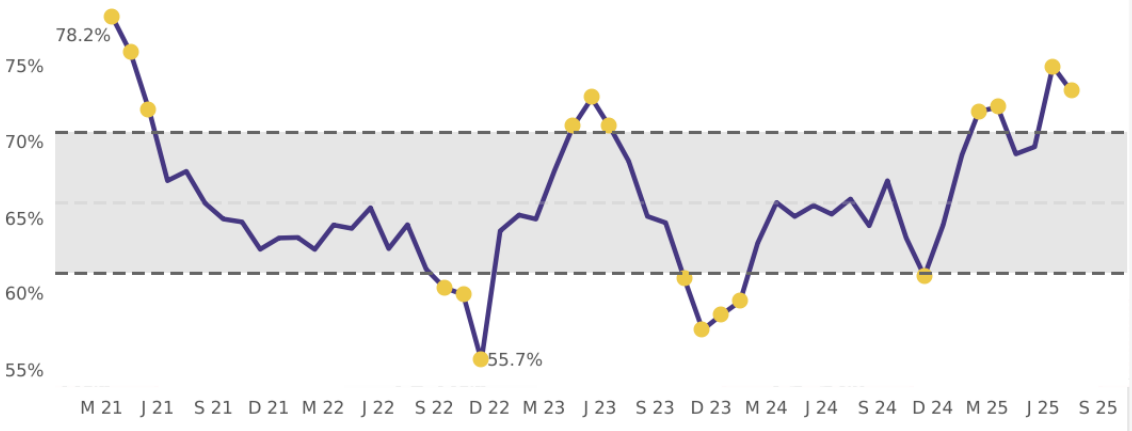
A&E 4 hour performance

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

Source: Emergency Care Dataset (ECDS) (Monthly)

73.3%	75.0%	78.0%
August 2025	July 2025	National Target

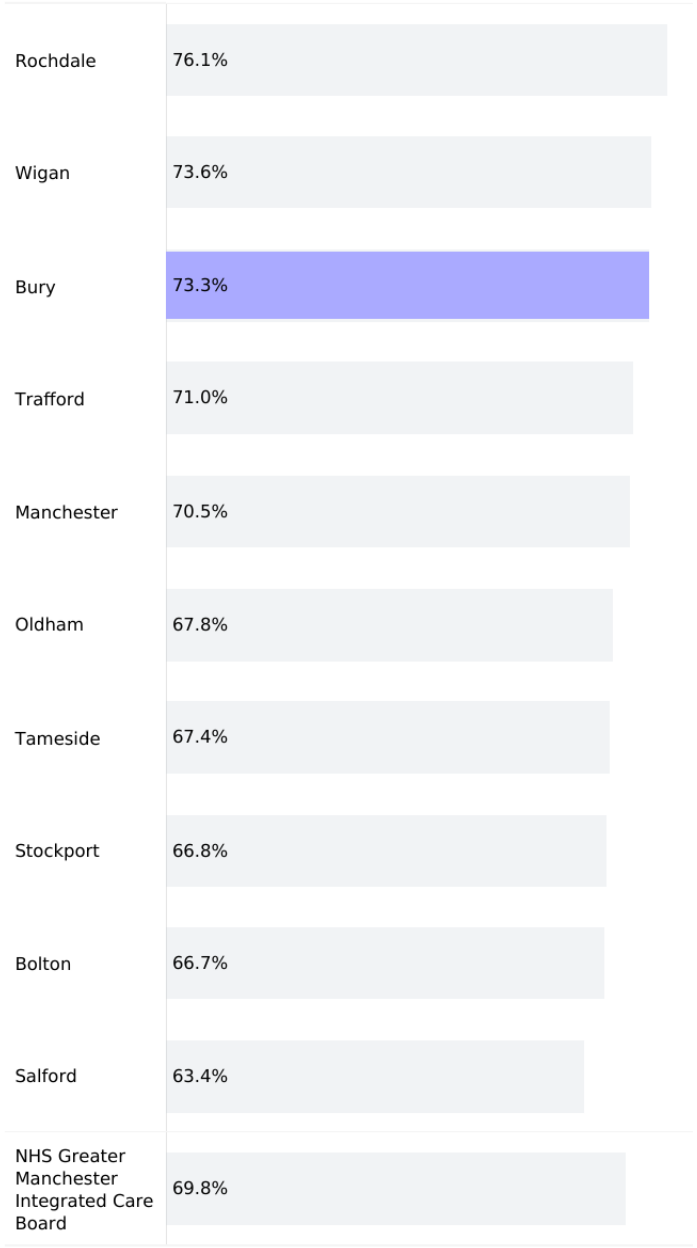
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	78.2%	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%	73.3%							

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

Latest Value GM Benchmarking



Narrative

- This metric is monitored on a daily basis to support timely performance oversight.
- In August 2025, Bury achieved a 4-hour emergency care performance rate of 73.3%, representing a decrease from 75.0% in July 2025. This also reflects a notable increase compared to 66.3% in August 2024.
- Bury's performance is currently above the Greater Manchester (GM) average of 69.8%, ranking as the 3rd highest among GM localities.

Bury

A&E Attendances

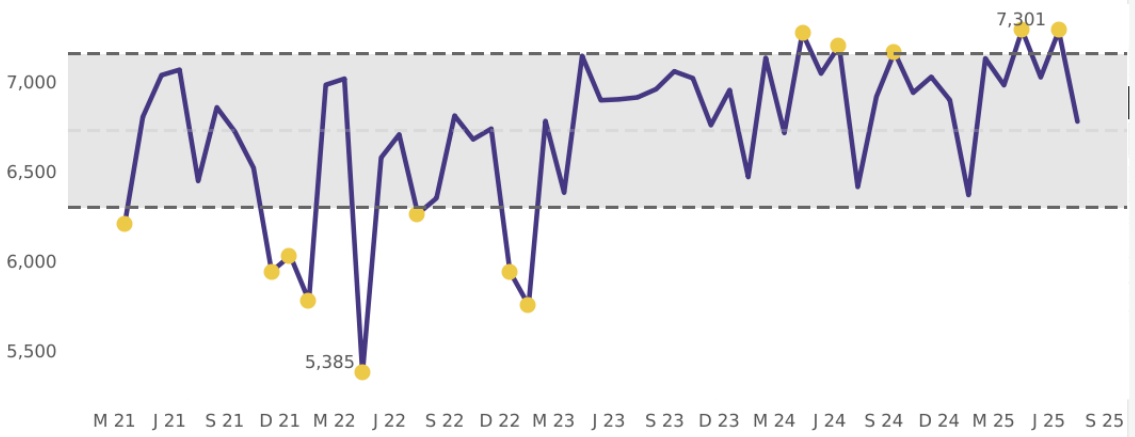
Number of attendances at A&E departments

Source: Emergency Care Dataset (ECDS) (Monthly)

6,791
August 2025

7,296
July 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	6,727	7,285	7,058	7,213	6,426	6,929	7,177	6,951	7,039	6,910	6,381	7,142
2025-26	6,993	7,301	7,037	7,296	6,791							

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

Latest Value GM Benchmarking

Attendances Rate per 1000 population & Count

The rate is calculated using the registered population figure for each locality | Bury: 212,766

Narrative

- In August 2025, there were 6,791 A&E attendances recorded for Bury-registered patients. This represents a decrease from 7,296 in July 2025 but an increase from 6,426 in August 2024.
- Bury currently reports an attendance rate of 31.9 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

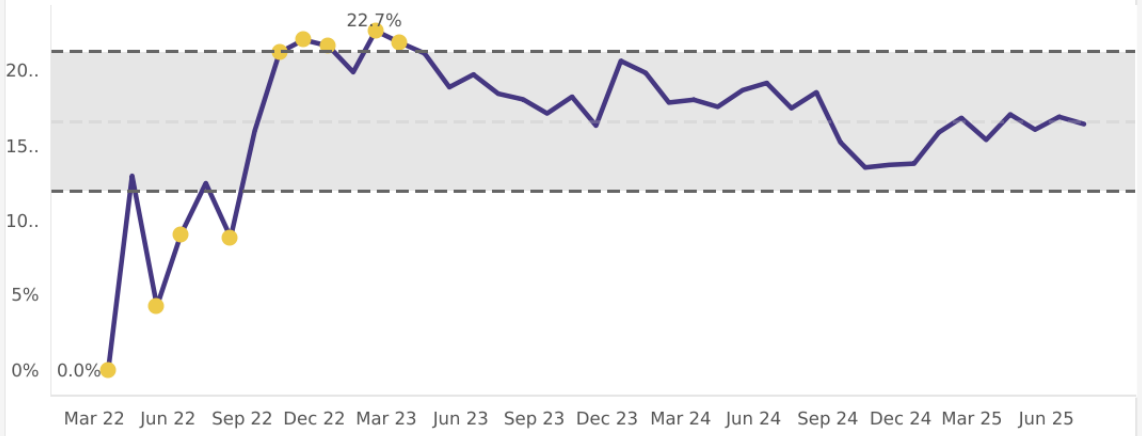
Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

Source: GM Admissions - Local (Monthly)

16.5%
August 2025

16.9%
July 2025

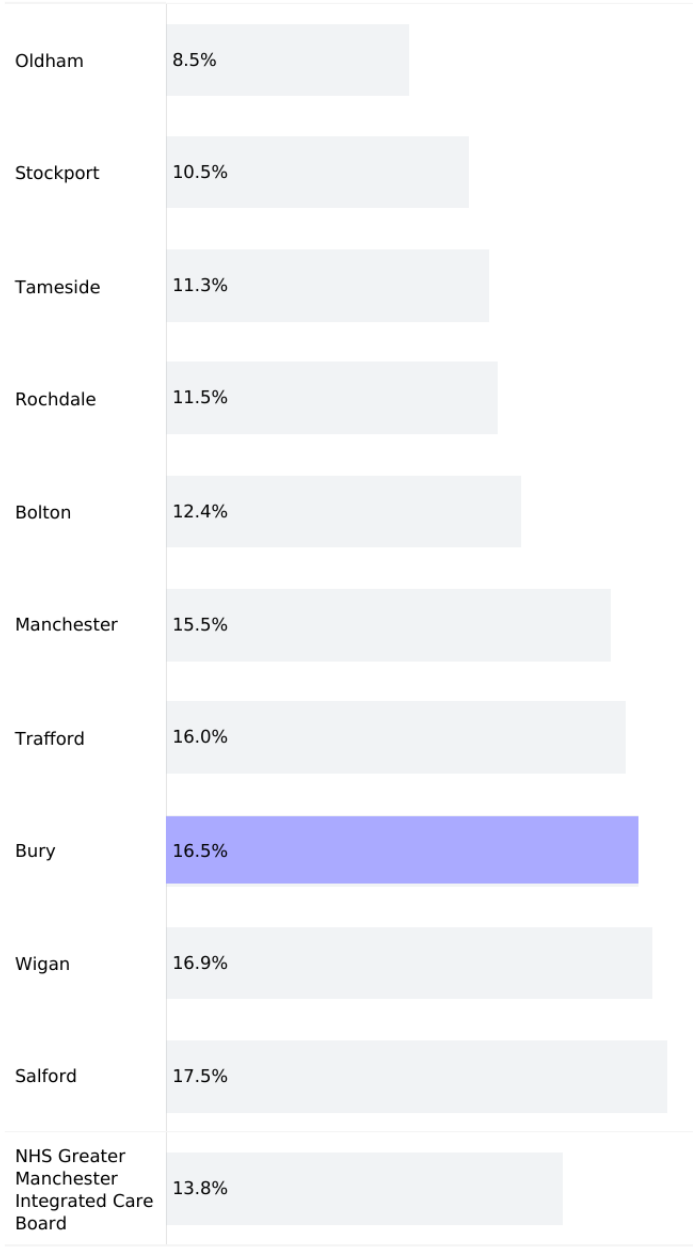
Outliers more than 1 standard deviation from the mean



	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%	16.4%	20.7%	19.9%	17.9%
2024-25	18.1%	17.6%	18.7%	19.2%	17.5%	18.6%	15.3%	13.6%	13.7%	13.8%	15.9%	16.9%
2025-26	15.4%	17.1%	16.1%	16.9%	16.5%							

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

Latest Value GM Benchmarking



Narrative

- This metric is monitored daily to support ongoing performance oversight.
- In August 2025, the NCTR percentage for Bury was 16.5%, reflecting a slight decrease from 16.9% in July 2025, but an improvement compared to 17.5% in August 2024.
- Bury's rate remains above the Greater Manchester (GM) average of 13.8% and currently ranks as the 8th lowest percentage among GM localities.

Bury

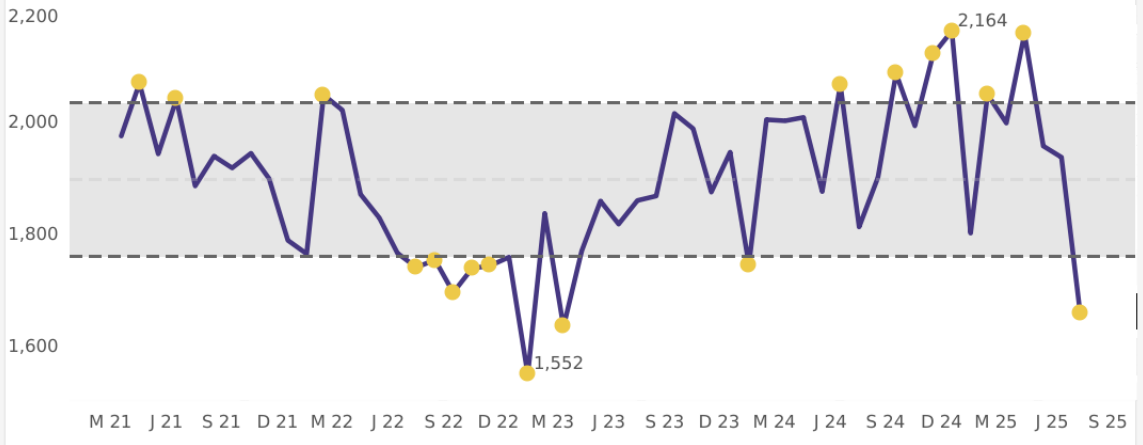
Total number of specific acute non-elective spells

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)

1,660	1,939	2/10
August 2025	July 2025	GM Rank

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	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	2,068	1,815	1,903	2,088	1,995	2,122	2,164	1,804	2,051
2025-26	2,000	2,159	1,959	1,939	1,660							

Selected measure at August 2025 has continuously decreased for 3 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: 212,766

Narrative

- In August 2025, there were 1,660 specific acute non-elective spells recorded for Bury-registered patients. This reflects a decrease from both 1,815 spells in August 2024 and 1,939 spells in July 2025.
- Bury currently ranks as having the 4th lowest rate of specific acute non-elective spells among the Greater Manchester (GM) localities.

Bury

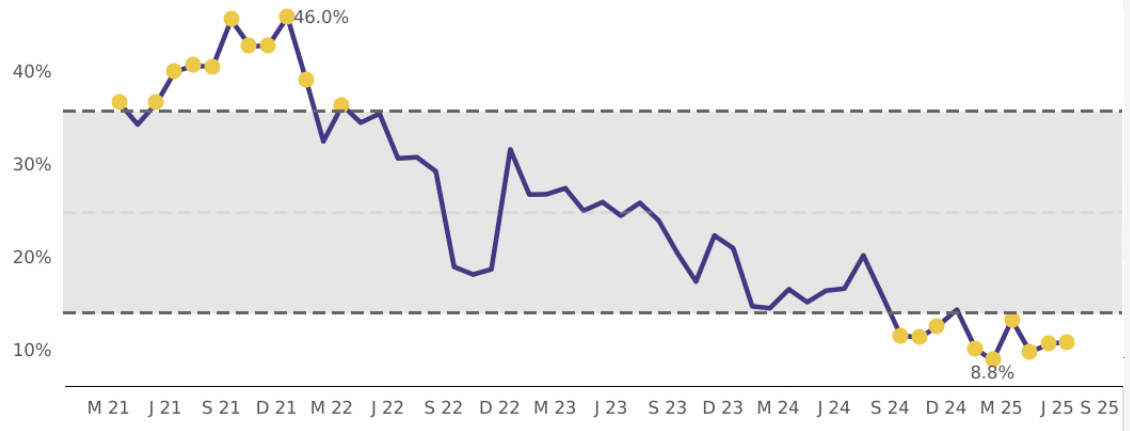
Diagnostic 6ww: All

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

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

10.9%	10.6%	23/107	1.%
July 2025	June 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean

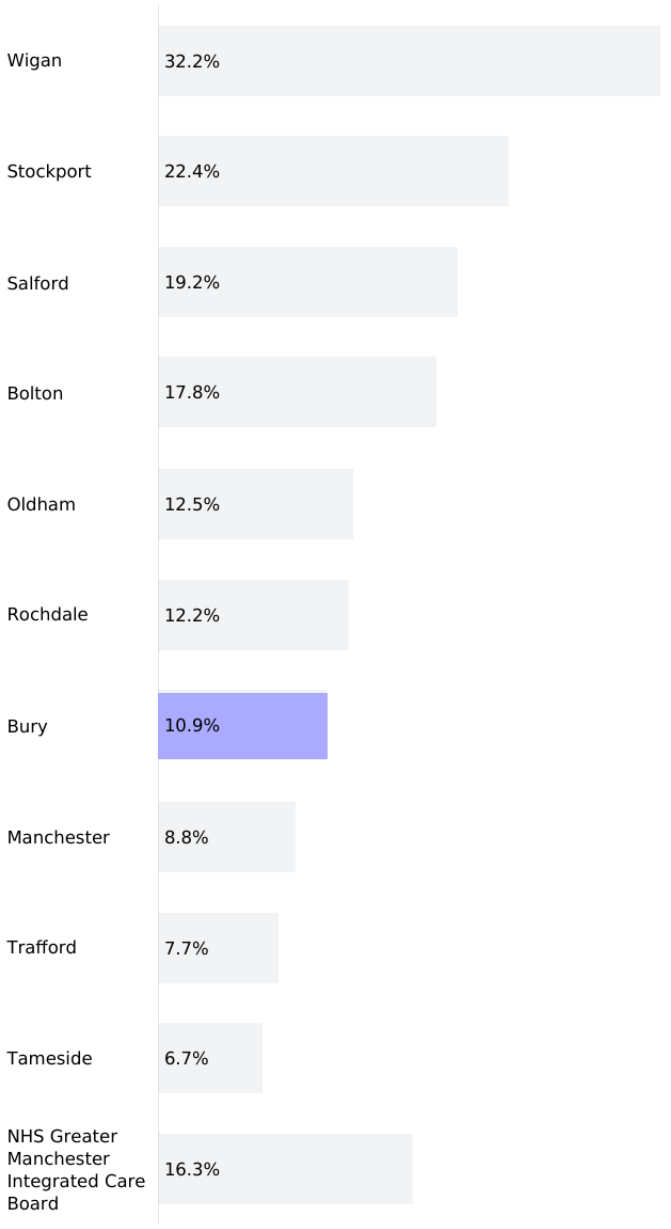


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	25.0%	26.0%	24.5%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%	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%	10.9%								

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In July 2025, 10.9% of patients in Bury were waiting more than six weeks for a diagnostic test. This represents a notable improvement from 16.6% in July 2024.
- Bury's performance is better than the Greater Manchester (GM) average, which stood at 16.3% in July 2025.
- Bury and GM are both above the less than 1% target.

Bury

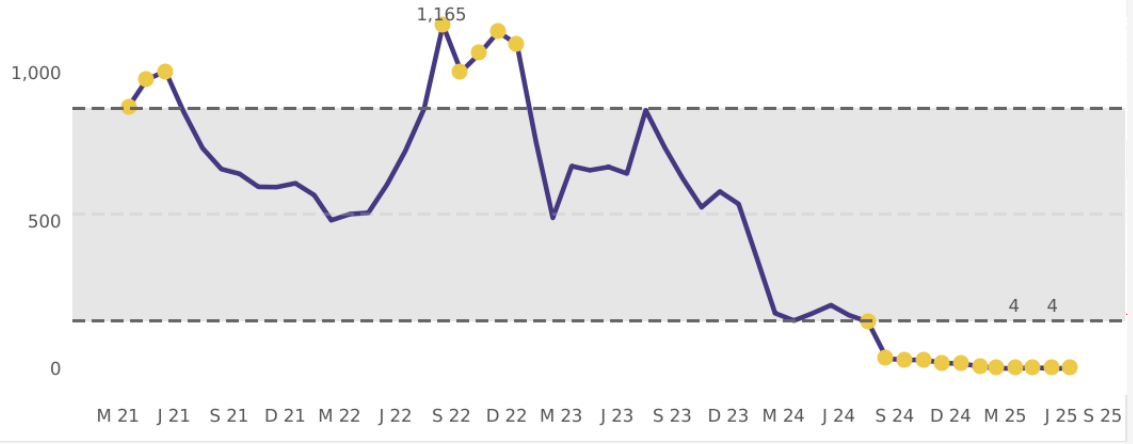
RTT incomplete: 65+ week waits

"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)

5.000	4	5/121	0.
July 2025	June 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	5								

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

Latest Value GM Benchmarking

National Rank against other localities

Narrative

- As of July 2025, there were 5 patients from Bury experiencing waits of 65 weeks or more, representing an increase from 4 patients in June 2025.
- However, this reflects a significant reduction compared to July 2024, when 184 patients were recorded—an overall decrease of 179 patients.
- Bury currently holds the position of having the 3rd lowest number of 65+ week waits among the Greater Manchester (GM) localities.

Bury

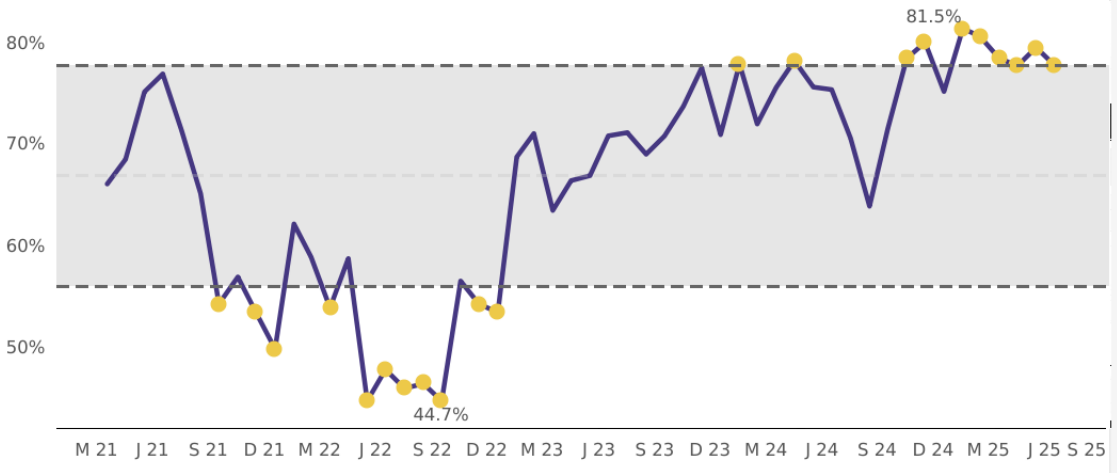
28 Day Wait from Referral to Faster Diagnosis: All Patients

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

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

77.9%	79.6%	42/106	80.%
July 2025	June 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

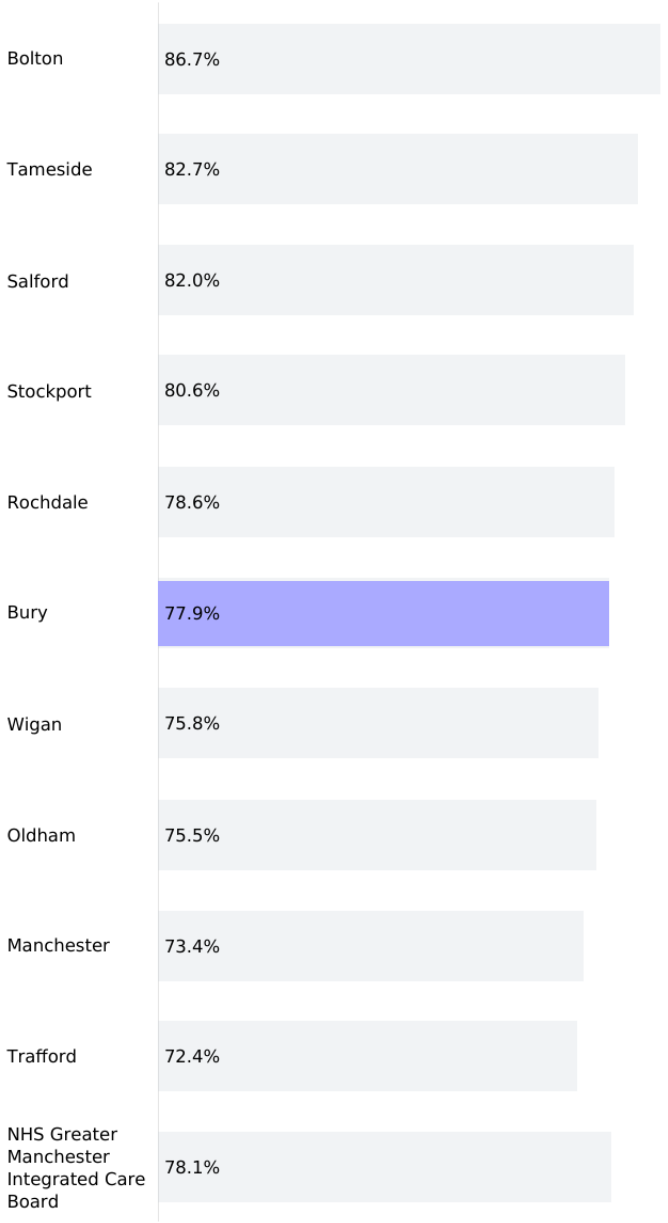


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	66.2%	68.6%	75.2%	77.0%	71.4%	65.2%	54.3%	57.0%	53.4%	49.9%	62.2%	58.9%
2022-23	53.9%	58.8%	44.7%	47.8%	46.0%	46.4%	44.7%	56.6%	54.3%	53.5%	68.8%	71.1%
2023-24	63.5%	66.5%	67.0%	70.9%	71.2%	69.1%	70.9%	73.8%	77.6%	71.0%	78.0%	72.1%
2024-25	75.7%	78.3%	75.7%	75.5%	70.7%	64.0%	71.6%	78.6%	80.1%	75.3%	81.5%	80.7%
2025-26	78.6%	77.8%	79.6%	77.9%								

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In July 2025, 77.9% of patients in Bury received their cancer diagnosis outcome within 28 days following a two-week wait (2WW) referral. This marks a decline from 79.6% in June 2025, yet an improvement compared to 75.5% in June 2024.
- Bury is currently ranked as the 6th highest performing area within Greater Manchester (GM) for this indicator.
- The GM average for June 2025 is 78.1%, which remains below the national target of 80%.
- Consequently, both Bury and the wider GM region are operating below the national standard for the timely communication of cancer diagnoses.

Bury

COVER immunisation: MMR2 Uptake at 5 years old

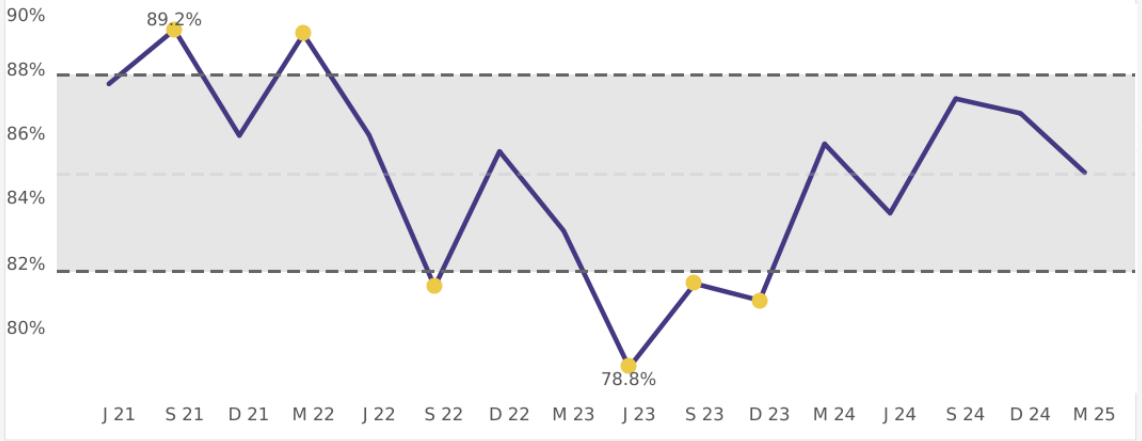
Population vaccination coverage – MMR for two doses (5 years old)

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

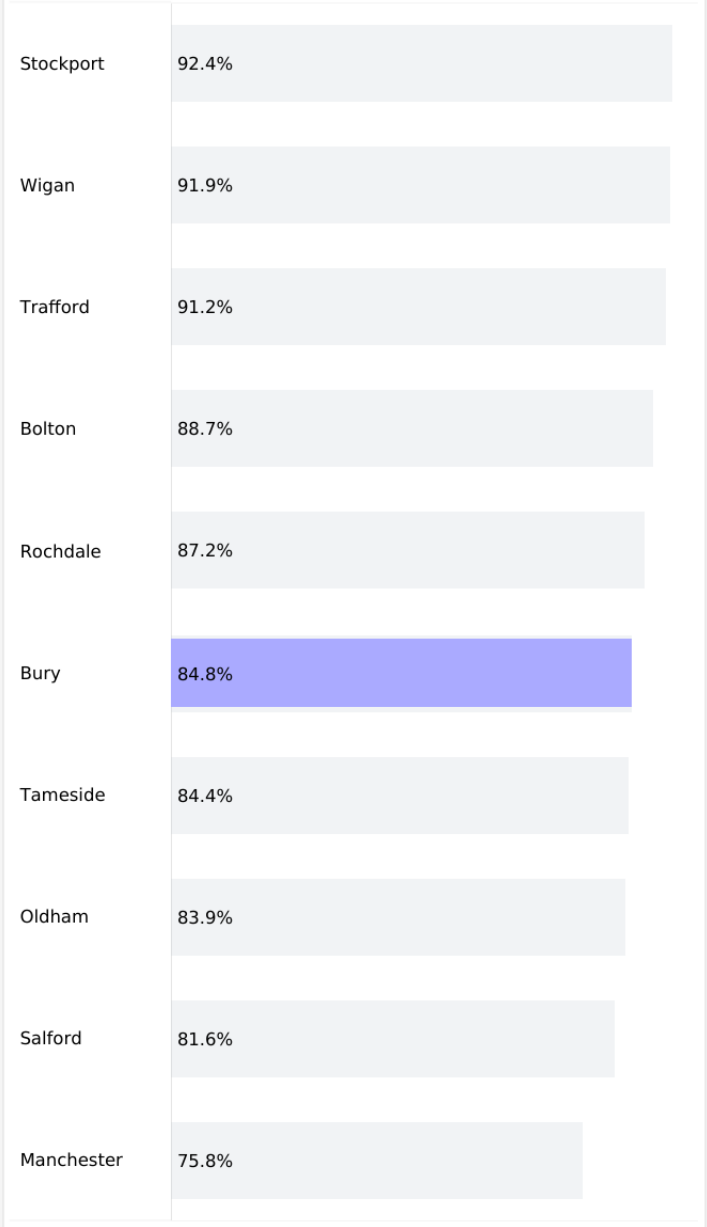


	Jun	Sep	Dec	Mar
2021-22	87.6%	89.2%	86.0%	89.1%
2022-23	86.0%	81.3%	85.5%	83.0%
2023-24	78.8%	81.4%	80.9%	85.7%
2024-25	83.6%	87.1%	86.7%	84.8%

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

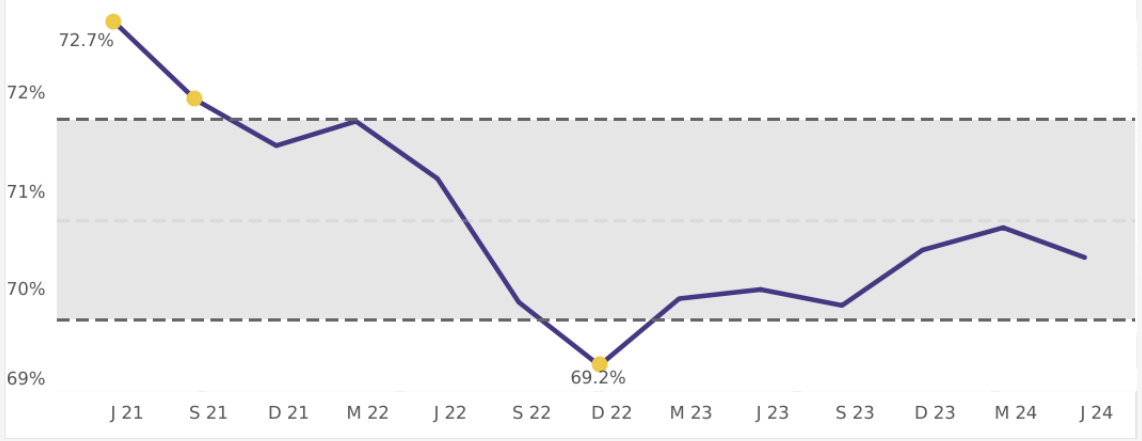
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

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

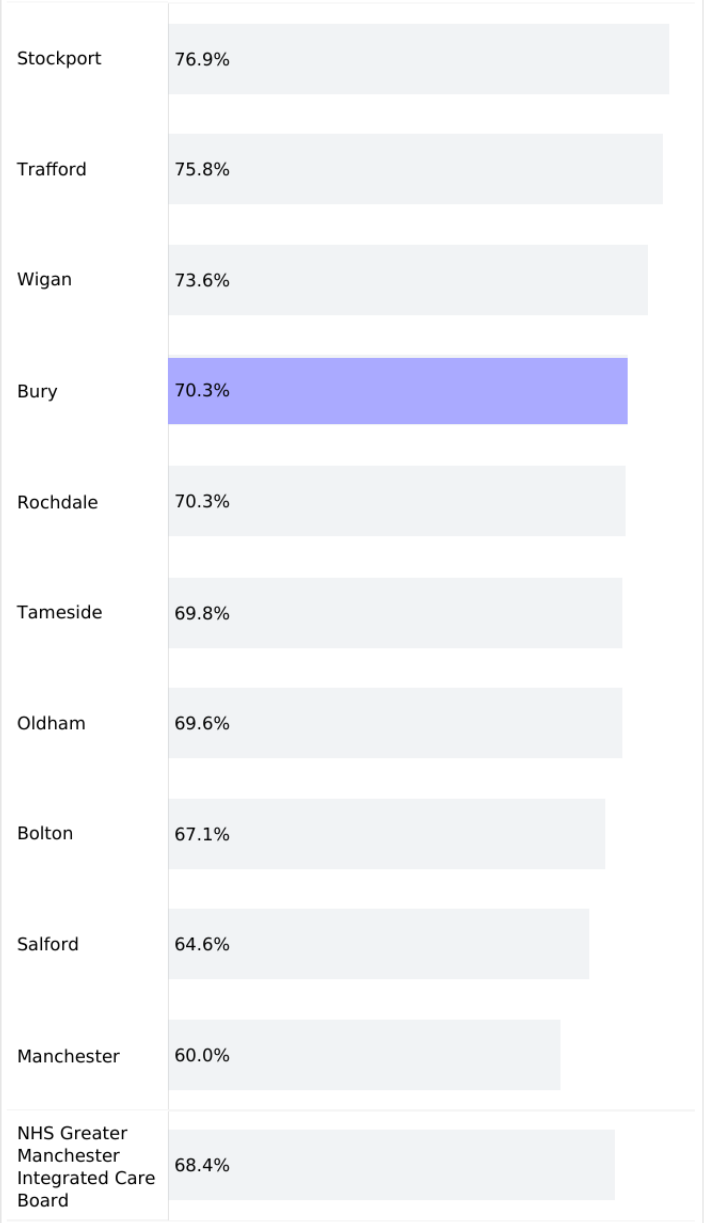


	Jun	Sep	Dec	Mar
2021-22	72.7%	71.9%	71.5%	71.7%
2022-23	71.1%	69.9%	69.2%	69.9%
2023-24	70.0%	69.8%	70.4%	70.6%
2024-25	70.3%			

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 July 2025 was 68.9% among individuals aged 24 to 49 years, and 74.1% among those aged 50 to 64 years.
- Both figures fall below the efficiency target of 80%.

Bury

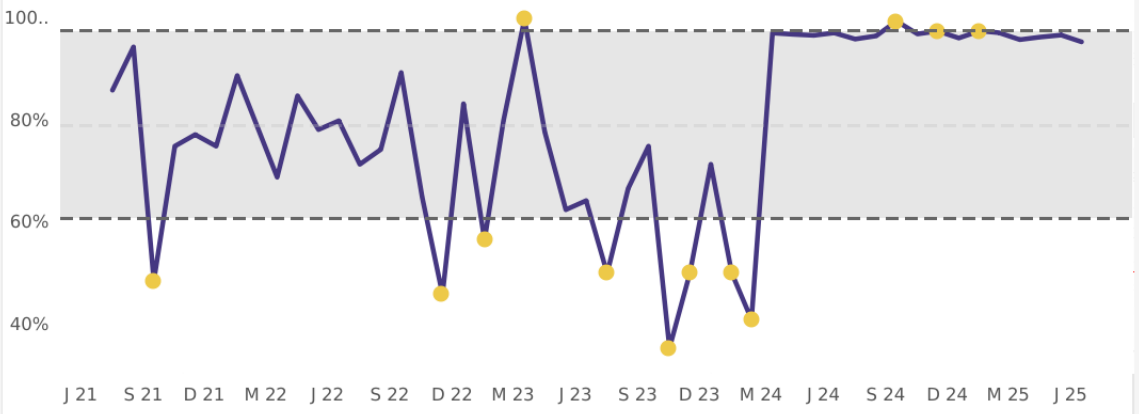
% 2-hour Urgent Community Response (UCR) first care contacts

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)

95.5%	96.9%	70%
July 2025	June 2025	National Target

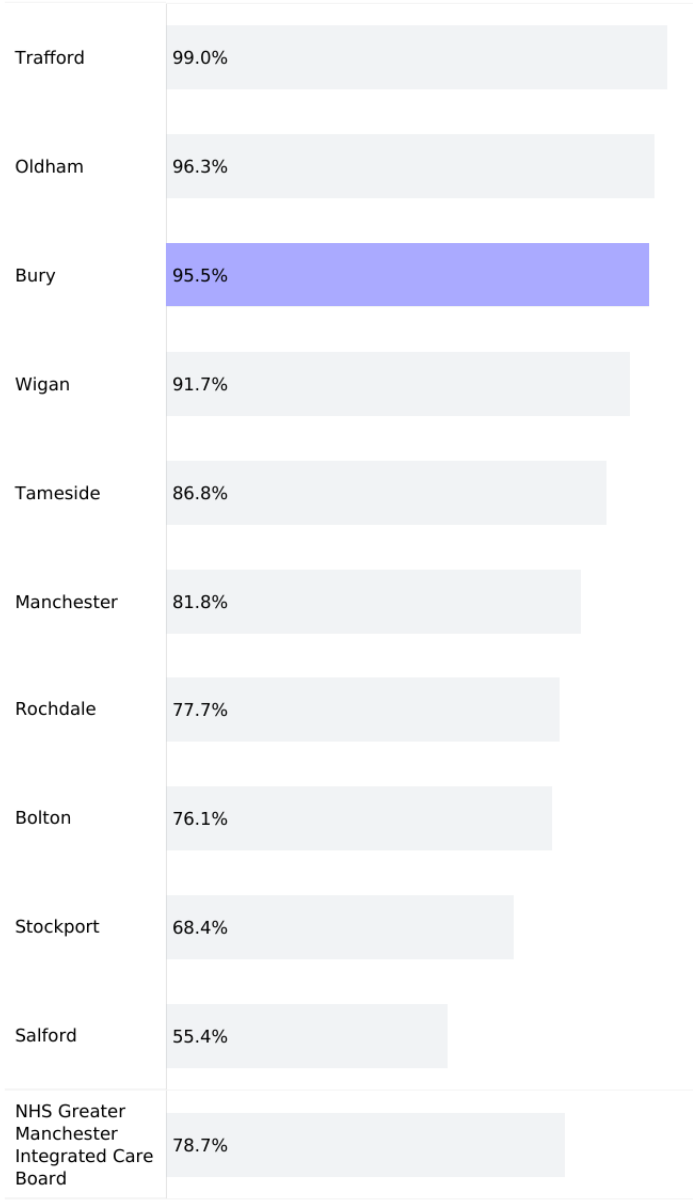
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22					86.0%	94.5%	48.5%	75.0%	77.3%	75.0%	88.9%	79.4%
2022-23	68.9%	84.9%	78.3%	80.0%	71.4%	74.4%	89.5%	65.0%	45.8%	83.3%	56.5%	80.0%
2023-24	100.0%	77.8%	62.5%	64.3%	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%	96.9%	95.5%								

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

Latest Value GM Benchmarking



Narrative

- In July 2025, 95.5% of Urgent Community Response (UCR) referrals for Bury-registered patients received a response within the two-hour standard. This represents a slight decrease from 96.9% in June 2025.
- Bury currently holds the third-highest performance among the Greater Manchester (GM) localities and exceeds the national target of 70%.

Oversight Metrics Glossary

Domain	Code	Measure	Description	Data Source	Frequency	Latest	Updated	RAG rated against	Desired Direc
	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	Jul 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	Jul 25	2nd Thursday	No Target	Increase
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Jul 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	Jul 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 with severe mental illnesses, in a rolling 12 month period	Published MHSDS	Monthly	Jul 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	Jul 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	Jul 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	Jul 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	Aug 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	Aug 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 25	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	Jul 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 location of onset	Monthly	Jul 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	Jun 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	Jun 25	2nd Thursday	National Target	Decrease

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	Jul 25	54.0%	48.0%	↗	50.%	105	194	Upper
	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	Jul 25	63.4%	62.5%	↗	75.%	130	205	Lower
	EH02	Talking Therapies: 18 Week Waits	Monthly	Jul 25	100.0%	97.5%	↗	95.%	205	205	Inter
	EH21	Talking Therapies: Second Treatment Waits	Monthly	Jul 25	19.5%	24.4%	↘	10.%	40	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	Jul 25	165	150	↗	283	N/A	N/A	Inter
	N/A	Percentage of CYP receiving Autism assessment within 18 weeks of referral	Monthly	Jul 25	0.0%	13.3%	↘	N/A	0	7	N/A
	N/A	Percentage of CYP receiving ADHD assessment within 18 weeks of referral	Monthly	Jul 25	0.0%	10.0%	↘	N/A	0	25	N/A
	N/A	Autism average wait in weeks from referral to first assessment	Monthly	Jul 25	103	80	↗	N/A	N/A	N/A	N/A
	N/A	ADHD average wait in weeks from referral to first assessment	Monthly	Jul 25	102	92	↗	N/A	N/A	N/A	N/A
Community	ET02	Total Patients on the CHS Waiting Lists (NCA)	Monthly	Jul 25	18,203	18,197	↗	N/A	N/A	N/A	N/A
	ET02a	Total CYP on the CHS Waiting Lists (NCA)	Monthly	Jul 25	6,622	6,263	↗	N/A	N/A	N/A	N/A
	ET02b	Total Adults on the CHS Waiting Lists (NCA)	Monthly	Jul 25	11,581	11,934	↘	N/A	N/A	N/A	N/A
	N/A	Total Patients Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Jul 25	948	911	↗	N/A	N/A	N/A	N/A
	ET09b	Total Adults Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Jul 25	356	339	↗	N/A	N/A	N/A	N/A
	ET09a	Total CYP Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Jul 25	592	572	↗	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	Jul 25	86,244	80,731	↗	207,488	N/A	N/A	Lower
	S001a	Number of GP appointments per 10,000 weighted patients	Monthly	Jul 25	405.2	379.3	↗	503	86,244	212,825	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	Sep 25	1,311	1,311	→	N/A	N/A	N/A	N/A
	N/A	Number of people in Home Care	Weekly	Sep 25	1,477	1,482	↘	N/A	N/A	N/A	N/A
	N/A	Percentage of Care Homes rated Good or Outstanding	Monthly	Aug 25	90.0%	90.0%	→	N/A	45	50	N/A
	N/A	Care home beds vacancy rate	Weekly	Sep 25	14.9%	14.9%	↘	N/A	229	1,540	N/A
	N/A	Number of vacant care home beds	Weekly	Sep 25	229	230	↘	N/A	N/A	N/A	N/A

Bury

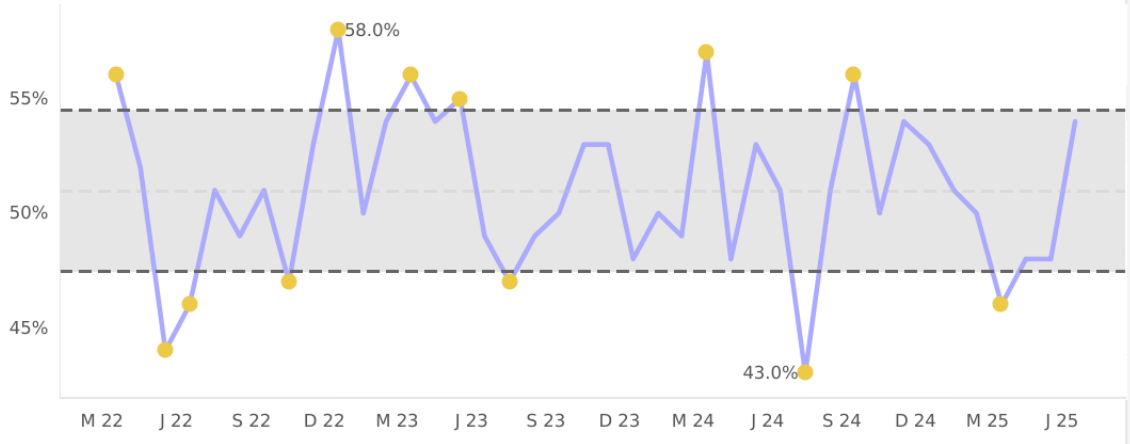
Talking Therapies: Recovery Rate

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

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

54.0%	48.0%	20/111	50.%
July 2025	June 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean

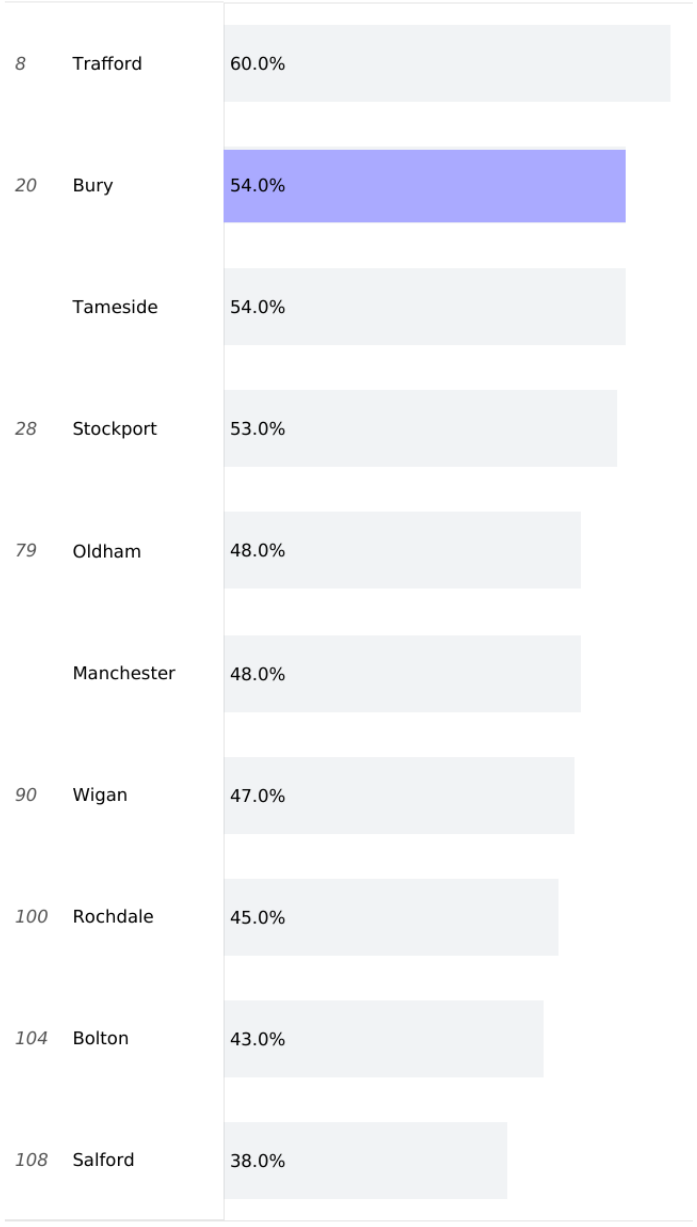


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	56.0%	52.0%	44.0%	46.0%	51.0%	49.0%	51.0%	47.0%	53.0%	58.0%	50.0%	54.0%
2023-24	56.0%	54.0%	55.0%	49.0%	47.0%	49.0%	50.0%	53.0%	53.0%	48.0%	50.0%	49.0%
2024-25	57.0%	48.0%	53.0%	51.0%	43.0%	51.0%	56.0%	50.0%	54.0%	53.0%	51.0%	50.0%
2025-26	46.0%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- July 25 data shows a Talking Therapies recovery rate with 54.0%, an increase on the previous month.
- This is higher than the performance in the same period last year, which was 51.0%.
- Currently, Bury ranks as the 2nd highest among the Greater Manchester (GM) localities in terms of Talking Therapies recovery rate.
- This performance is subject to a deep dive following the ICB locality assurance meeting with Bury in September 2025.

Bury

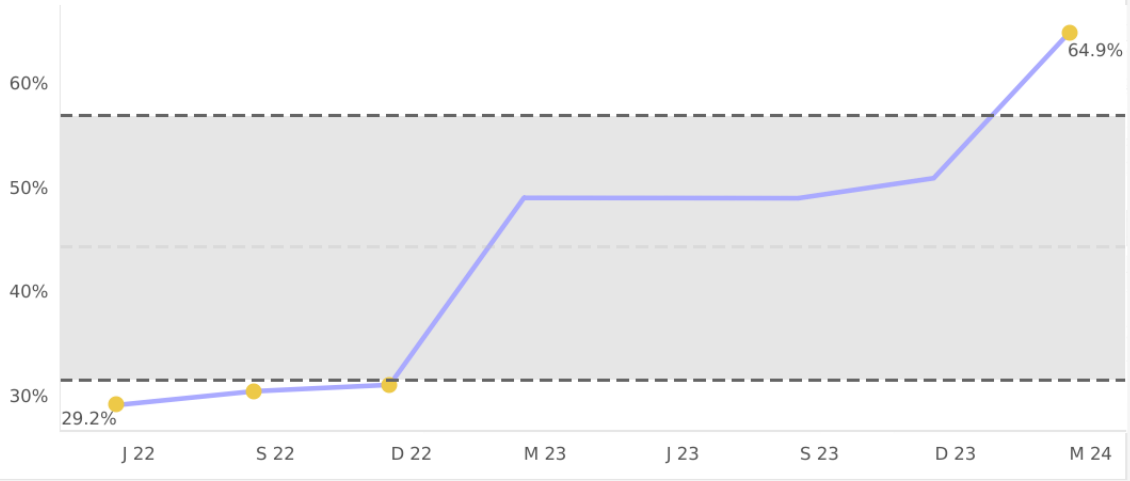
% of people with SMI to receive all six physical health checks in the preceding 12 months. - Mental Health Patients

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

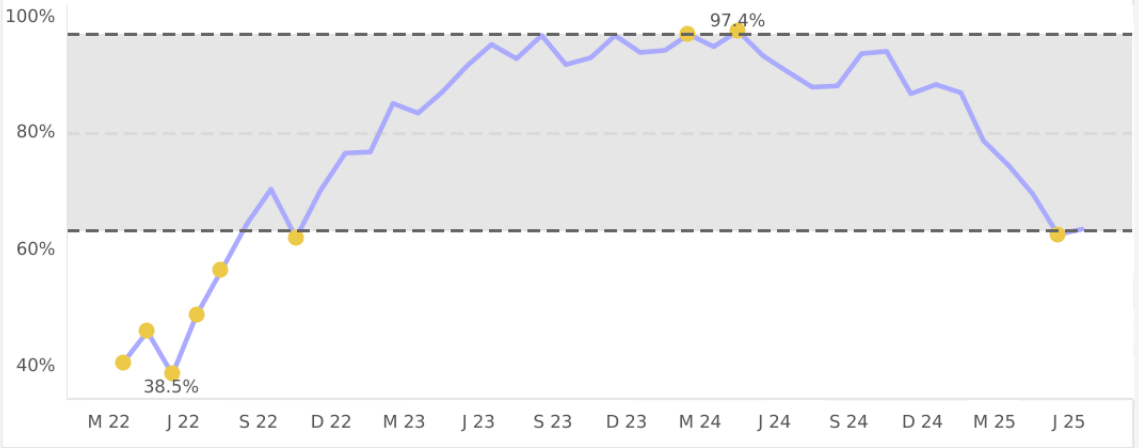
Talking Therapies: 6 Week Waits

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)

63.4%	62.5%	106/111	75.%
July 2025	June 2025	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean

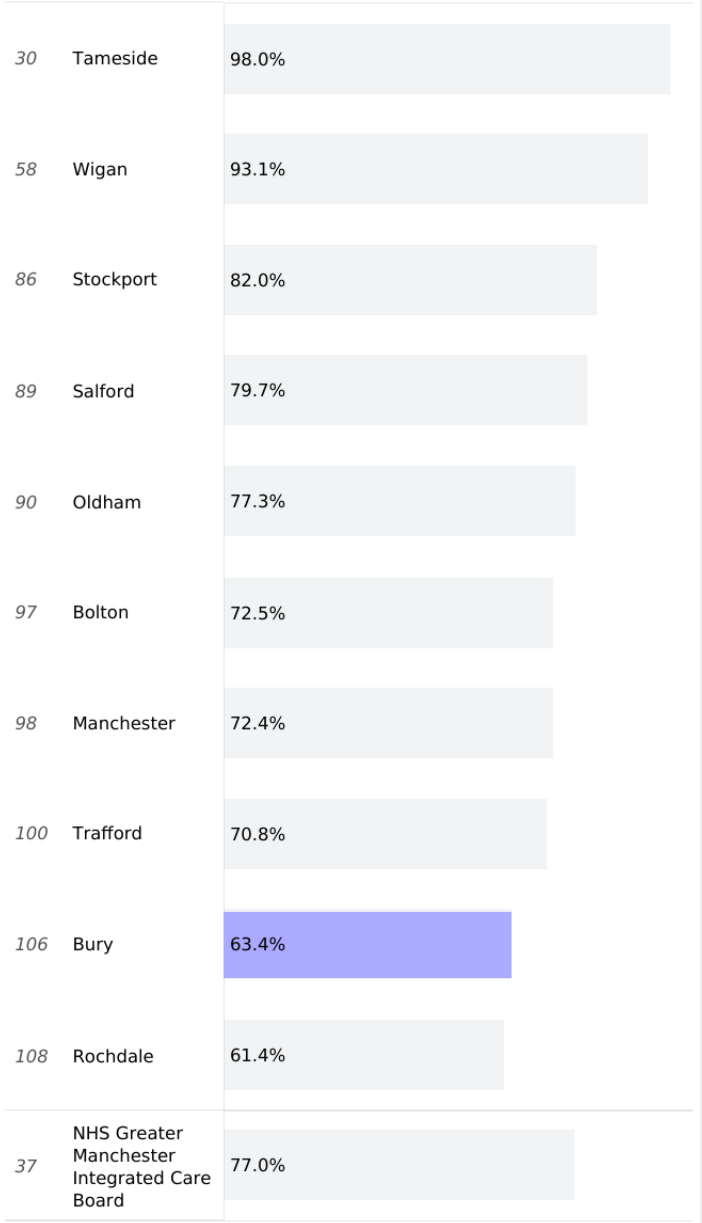


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	40.5%	45.8%	38.5%	48.7%	56.4%	64.3%	70.3%	61.9%	70.0%	76.5%	76.7%	85.0%
2023-24	83.3%	87.0%	91.5%	95.1%	92.7%	96.7%	91.7%	92.9%	96.7%	93.8%	94.1%	96.9%
2024-25	94.7%	97.4%	93.2%	90.5%	87.8%	88.0%	93.5%	93.9%	86.7%	88.2%	86.8%	78.6%
2025-26	74.4%	69.4%	62.5%	63.4%								

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In July 2025, 63.4% of patients waited six weeks or less from referral to starting IAPT treatment, marking an improvement from 62.5% the previous month. However, this remains a decline compared to July 2024, when the performance was 90.5%.
- Bury's current performance falls below both the Greater Manchester (GM) average of 77.0% and the national target of 75%.
- While Bury did not meet the national target of 75%, Greater Manchester succeeded in achieving it.
- This performance is subject to a deep dive following the ICB locality assurance meeting with Bury in September 2025.

Bury

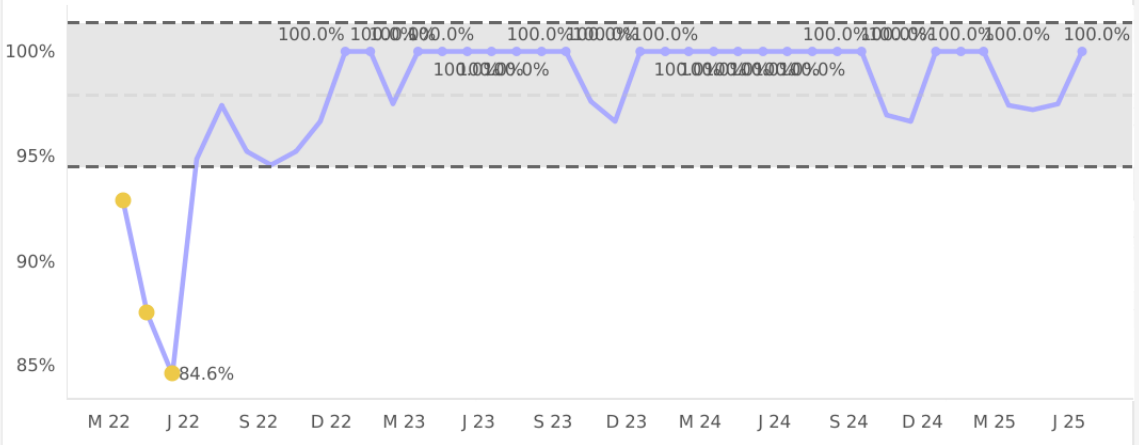
Talking Therapies: 18 Week Waits

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)

100.0%	97.5%	6/111	95.%
July 2025	June 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	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%	100.0%								

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

Latest Value GM Benchmarking

National Rank against other localities

6	Bury	100.0%
	Oldham	100.0%
	Salford	100.0%
	Stockport	100.0%
	Tameside	100.0%
91	Manchester	98.4%
94	Wigan	98.3%
98	Trafford	97.9%
100	Rochdale	97.7%
110	Bolton	82.6%
42	NHS Greater Manchester Integrated Care Board	97.1%

Narrative

- In July 2025, there were 100% of patients that waited 18 weeks or less from referral to entering IAPT treatment. This represents a marginal increase from 97.5% in June 2025.
- Bury's performance remains above the national target of 95% and is also higher than the Greater Manchester (GM) average of 97.1%.
- Bury ranks as one of the highest among the GM localities.

Bury

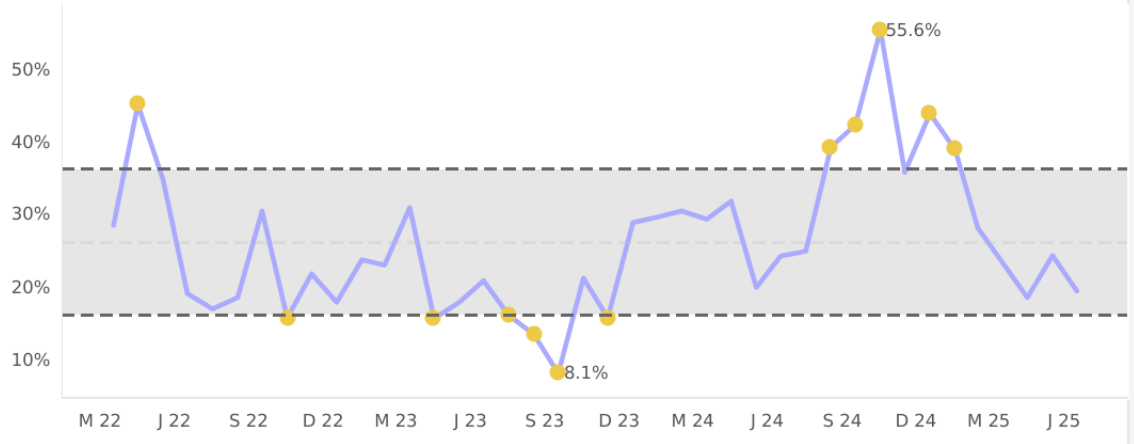
Talking Therapies: Second Treatment Waits

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)

19.5%	24.4%	40/102	10.%
July 2025	June 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

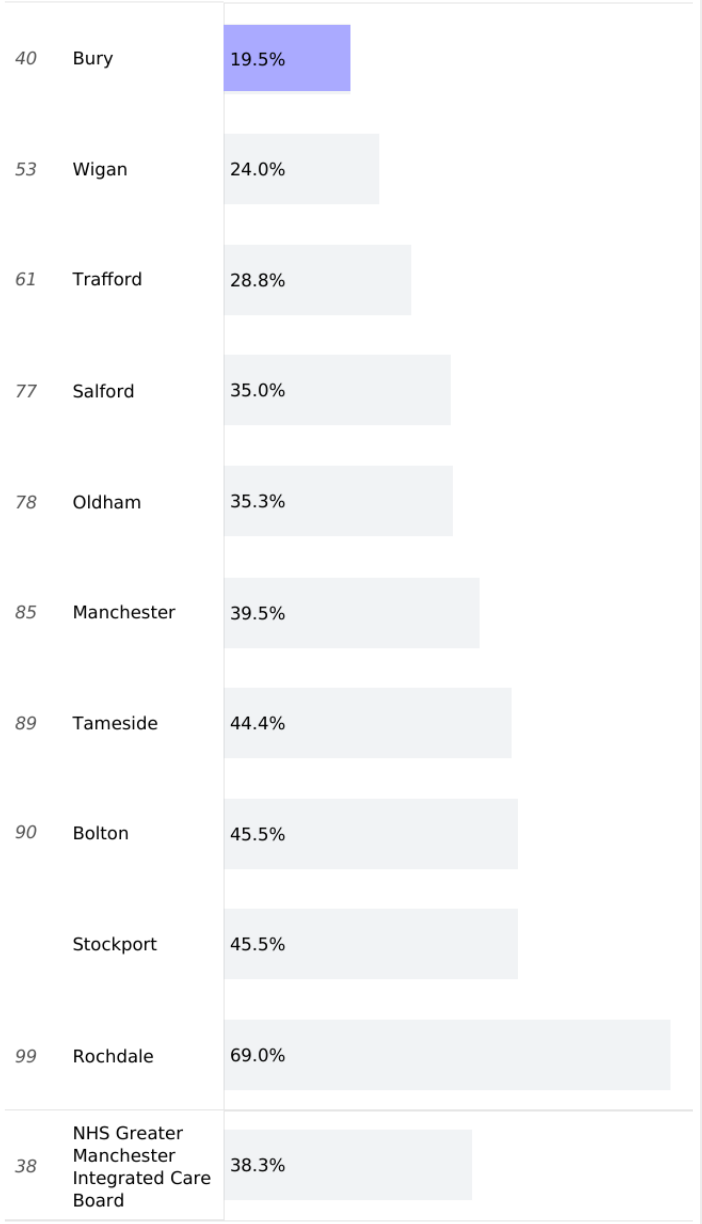


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	28.6%	45.3%	34.9%	19.1%	17.0%	18.6%	30.6%	15.8%	21.9%	17.9%	23.8%	23.1%
2023-24	31.0%	15.7%	17.9%	20.9%	16.1%	13.5%	8.1%	21.3%	15.8%	28.9%	29.7%	30.6%
2024-25	29.4%	31.9%	20.0%	24.3%	25.0%	39.4%	42.4%	55.6%	35.9%	44.0%	39.0%	28.2%
2025-26	23.3%	18.6%	24.4%	19.5%								

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In July 2025, 19.5% of patients in Bury attended their second appointment within 90 days of their first, reflecting a decrease since June 2025 (24.4%).
- This performance is below the Greater Manchester (GM) average of 38.3% 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%

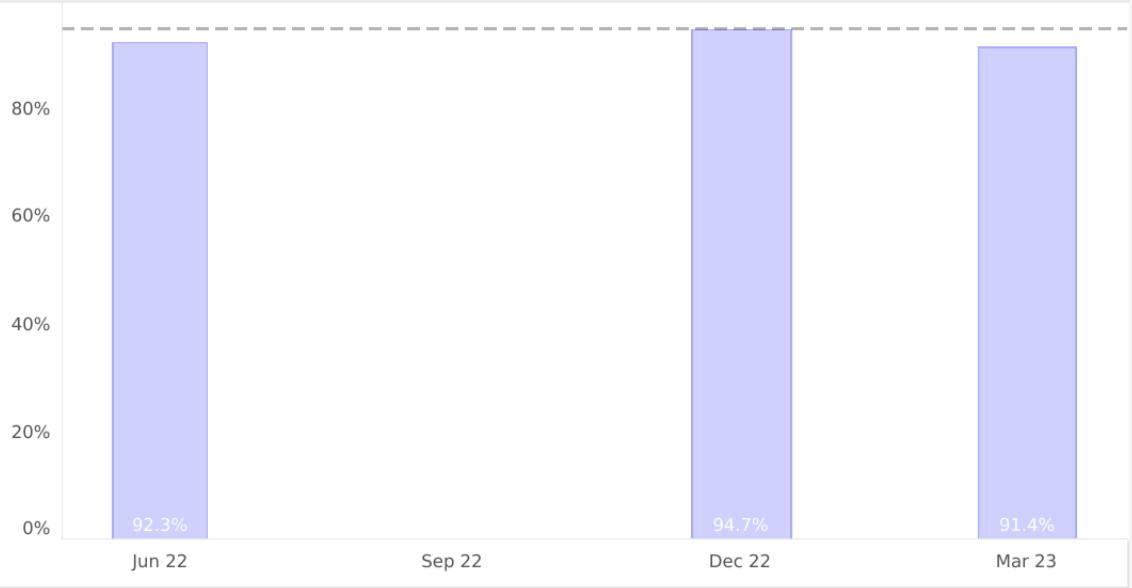
Bury

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 36% of patients with routine eating disorders in the Children and Young People (CYP) category were seen within four weeks during July 2025. Specifically, 4 out of 11 patients received care within the four-week target timeframe.

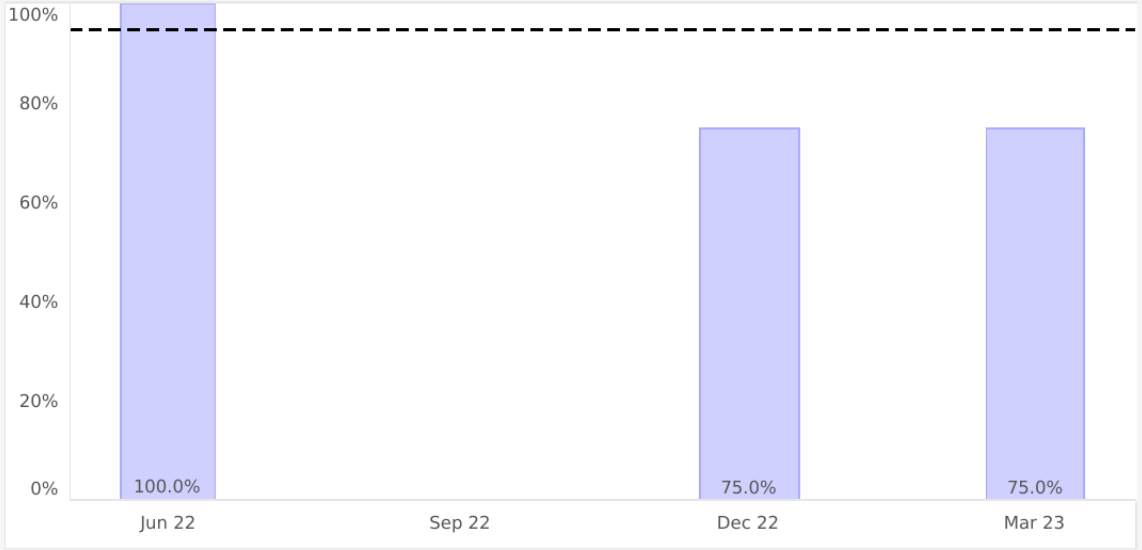
Bury

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

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

Narrative

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

Bury

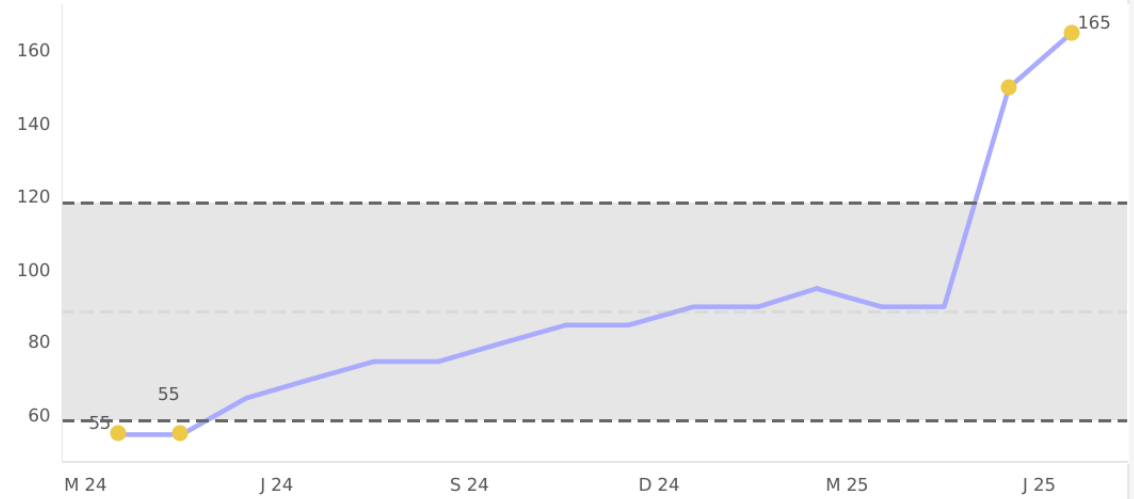
Access to Individual Placement and Support Services - Mental Health Patients

Access to Individual Placement and Support Services

Source: Published MHSDS (Monthly)

165	150	78/106	282.5
July 2025	June 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	85	85	90	90	95
2025-26	90	90	150	165								

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

Latest Value GM Benchmarking

Rate Per 1000 | Count (National Rank)

Salford	1.30	410 (38)
Trafford	0.89	220 (62)
Stockport	0.84	275 (54)
Tameside	0.80	180 (71)
Bury	0.78	165 (78)
Wigan	0.78	270 (55)
Rochdale	0.76	190 (68)
Oldham	0.69	185 (69)
Manchester	0.67	490 (32)
Bolton	0.62	205 (66)

Narrative

- The number of individuals accessing Individual Placement and Support (IPS) Services rose to 165 in July 2025, compared to 150 in June 2025 and 70 in July 2024.
- Bury presently records an access rate of 0.78 per 1,000 population, placing it fifth among the localities within Greater Manchester.

Bury

Percentage of CYP receiving Autism assessment within 18 weeks of referral

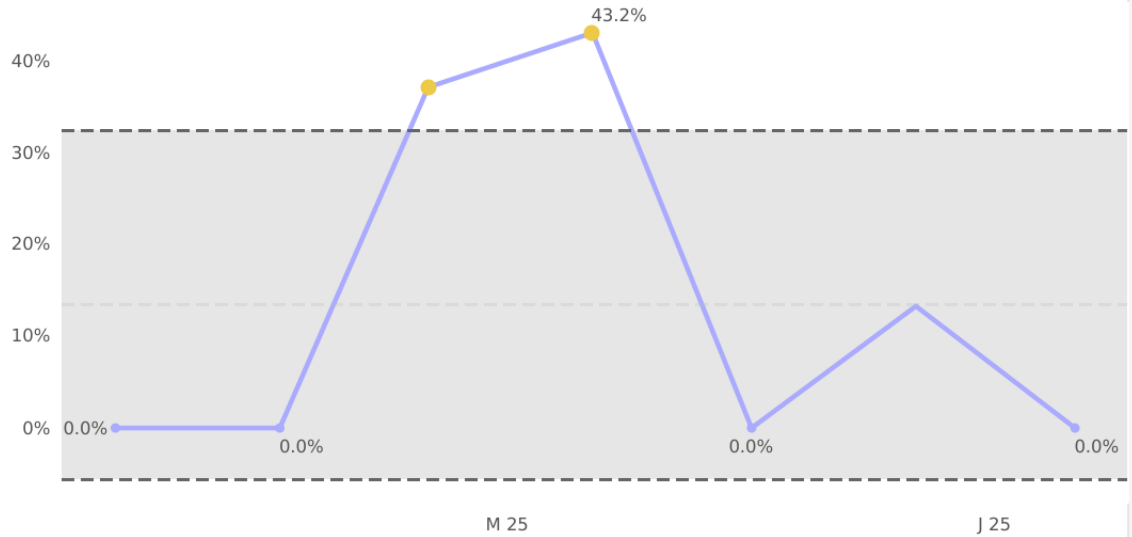
Percentage of CYP receiving Autism assessment within 18 weeks of referral

Source: Local Autism_ADHD Submission (Monthly)

0.0%
July 2025

13.3%
May 2025

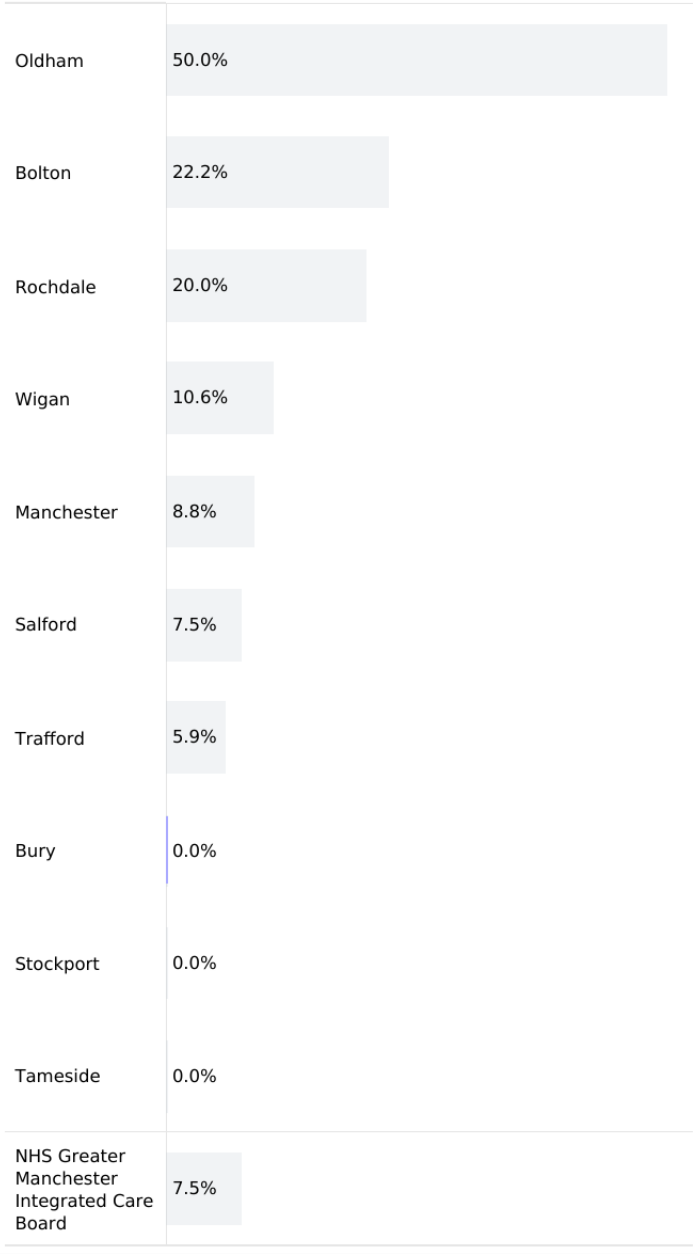
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Jan	Feb	Mar
2023-24							
2024-25					0.0%	0.0%	37.3%
2025-26	43.2%	0.0%	13.3%	0.0%			

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

Latest Value GM Benchmarking



Narrative

- In July 2025, 0% of CYP received an autism assessment within 18 weeks of referral, down from 13.3% the previous month.

- Please note: Figures may be different to those reported locally due to differences in methodology between NHS England and local providers. A paper is being drafted to explore solutions.

Bury

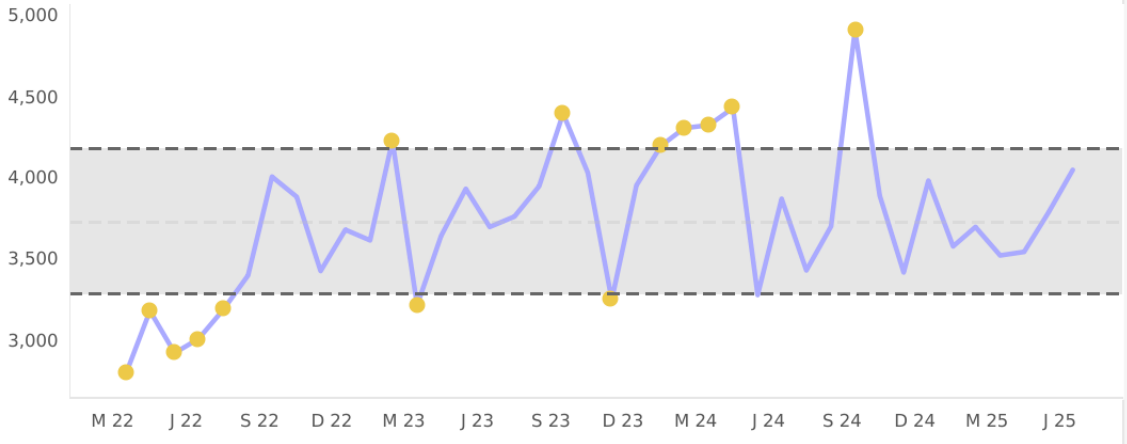
Number of GP appointments per 10,000 weighted patients

Number of general practice appointments per 10,000 weighted patients

Source: Appointments in General Practice (Monthly)

405.2	379.3	103/106	502.9
July 2025	June 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	301.1	319.1	340.2	401.1	388.7	342.9	368.4	361.8	423.3
2023-24	321.7	364.5	393.6	370.1	376.5	395.2	439.9	403.5	325.1	395.8	420.2	431.0
2024-25	432.9	443.5	328.1	387.4	343.3	370.5	491.5	389.4	342.0	398.6	358.1	370.0
2025-26	352.5	354.7	379.3	405.2								

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

Latest Value GM Benchmarking

National Rank against other localities

Narrative

- In July 2025, the number of GP appointments per 10,000 weighted patients was 405.2, equating to a total of 86,244 appointments.
- This represents an increase from June 2025, when the rate was 379.4 per 10,000 weighted patients, with 80,731 appointments recorded.

Bury

Number of prescriptions dispensed per 1000 patients

Number of prescriptions dispensed per 1000 patients

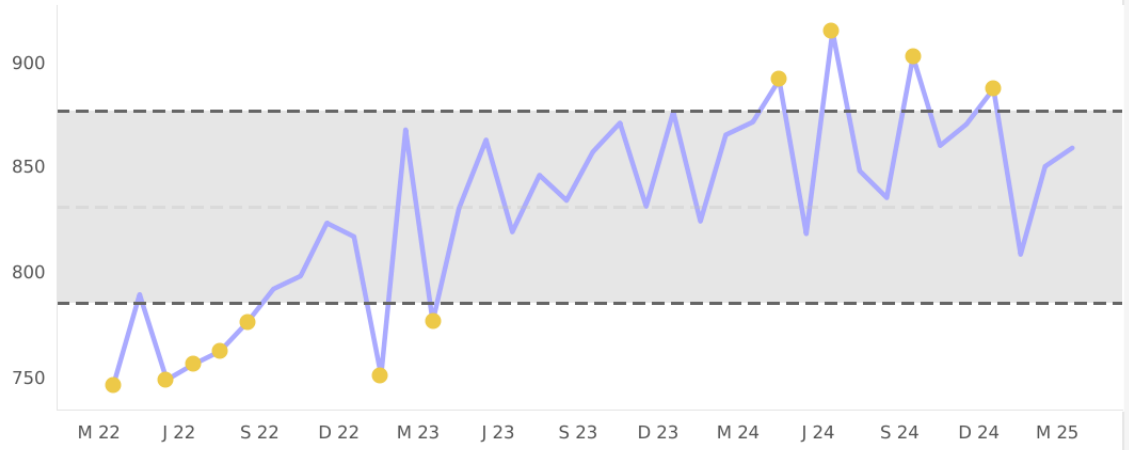
Source: Patient Level Prescribing Data (Monthly)

859.6
April 2025

850.8
March 2025

110/117
National Rank
Lower Quartile

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

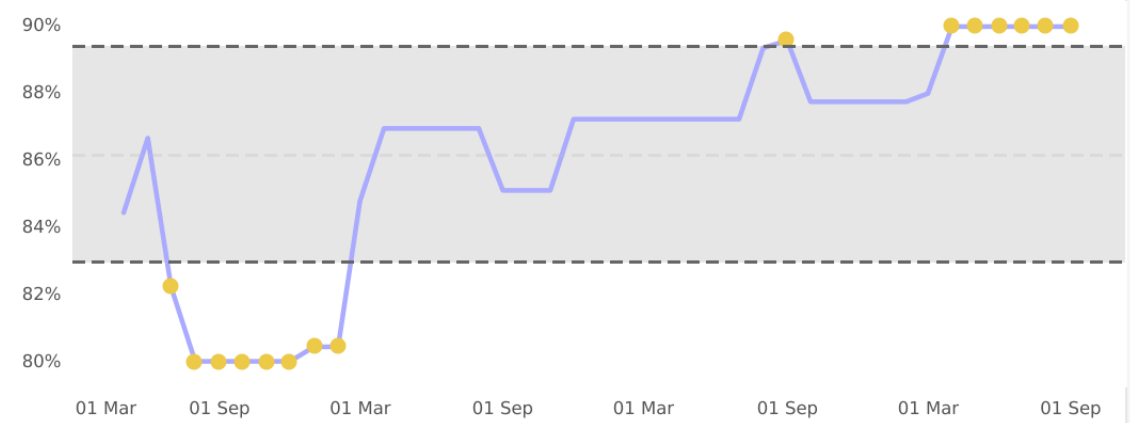
Percentage of Care Homes rated Good or Outstanding

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

Source: CQC (Monthly)

90.0%	90.0%
Aug 25	Jul 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	94.3%
2	Bury	90.0%
3	Trafford	88.5%
4	Oldham	85.0%
5	Bolton	83.9%
6	Manchester	81.1%
7	Salford	80.0%
8	Stockport	73.3%
9	Rochdale	69.8%
10	Tameside	68.6%

Narrative

- In August 2025, 90% of care homes received ratings of 'Good' or 'Outstanding', maintaining the same level as the previous month.
- Bury holds the position of second highest among the Greater Manchester areas for this indicator.

Bury

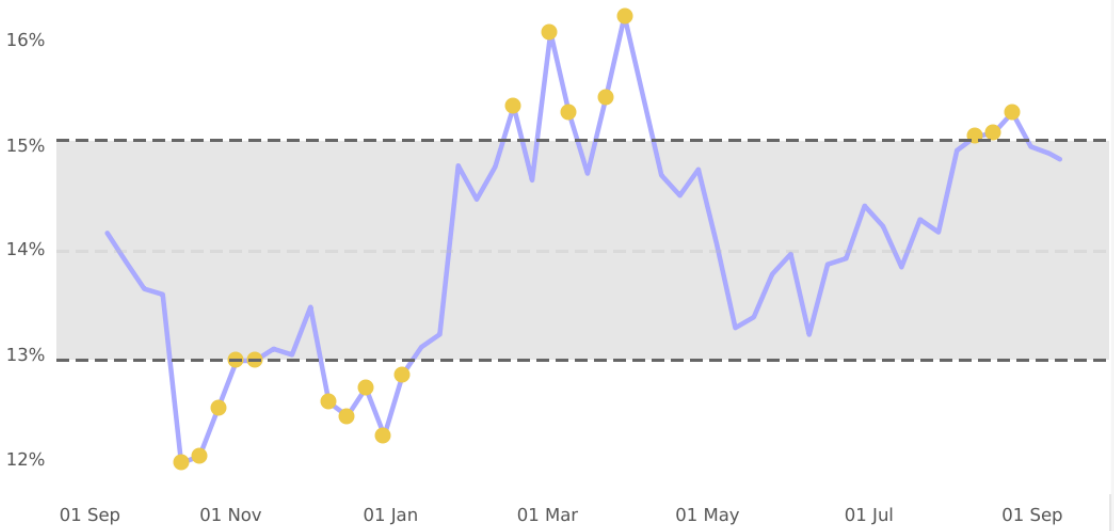
Care home beds vacancy rate
% of care home beds that are vacant

Source: NECS Capacity Tracker (Weekly)

14.9%
11 Sep

14.9%
06 Sep

Outliers more than 1 standard deviation from the mean



22 Jun	29 Jun	06 Jul	13 Jul	20 Jul	27 Jul	03 Aug	10 Aug	17 Aug	24 Aug	31 Aug	07 Sep	11 Sep
13.9%	14.4%	14.2%	13.8%	14.3%	14.2%	15.0%	15.1%	15.1%	15.3%	15.0%	14.9%	14.9%

Latest Value GM Benchmarking
Rank against other localities

1	Bury	14.9%
2	Oldham	11.5%
3	Bolton	11.3%
4	Trafford	11.3%
5	Manchester	10.7%
6	Rochdale	9.8%
7	Tameside	9.6%
8	Wigan	8.9%
9	Salford	8.3%
10	Stockport	7.8%
1	NHS Greater Manchester Integrated Care Board	10.2%

Narrative

- In the week commencing 11th September, 14.9% of care home beds were reported as unoccupied, consistent with the figure from the prior week.
- Bury presently records the highest care home vacancy rate within the Greater Manchester area, surpassing the Greater Manchester average of 10.2%.

Bury

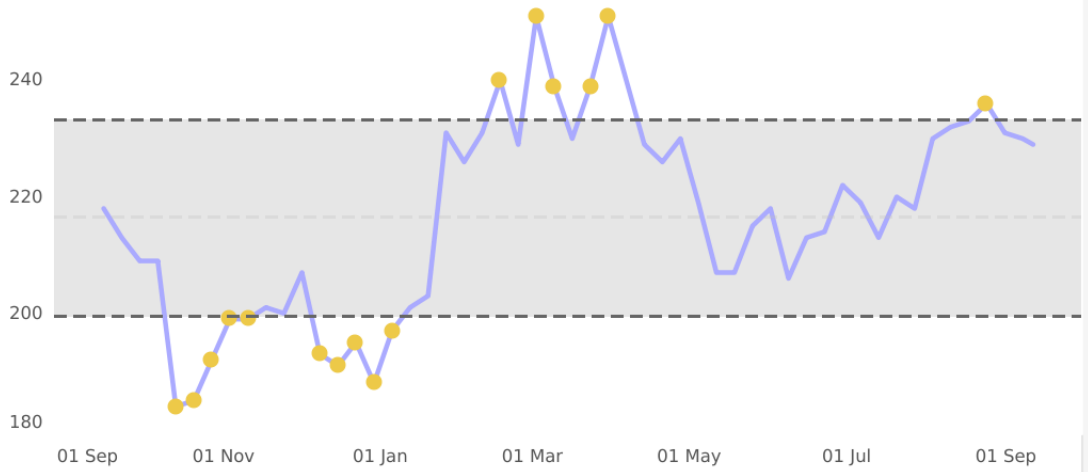
Number of vacant care home beds
Number of vacant care home beds

Source: NECS Capacity Tracker (Weekly)

229
11 Sep

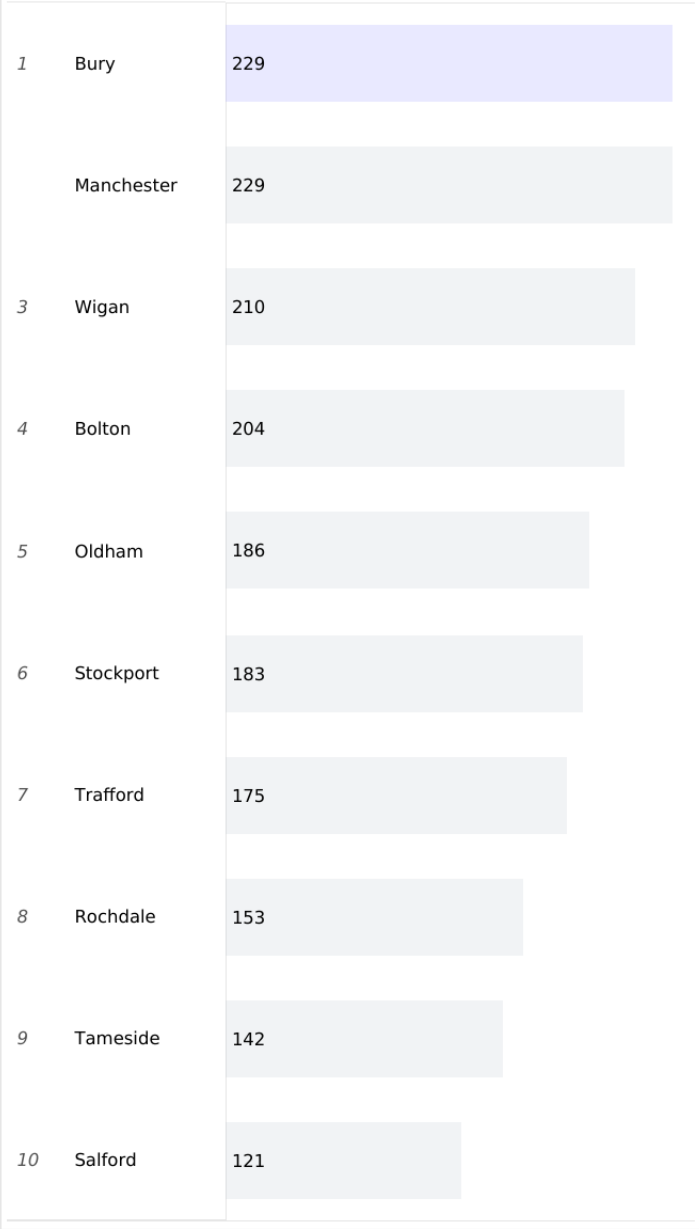
230
06 Sep

Outliers more than 1 standard deviation from the mean



22 Jun	29 Jun	06 Jul	13 Jul	20 Jul	27 Jul	03 Aug	10 Aug	17 Aug	24 Aug	31 Aug	07 Sep	11 Sep
214	222	219	213	220	218	230	232	233	236	231	230	229

Latest Value GM Benchmarking
Rank against other localities



Narrative

- In the week commencing 11th September, there were 229 unoccupied care home beds, a figure consistent with previous weeks.
- Bury currently holds the highest number among the Greater Manchester localities.
- It should be noted, however, that as this figure represents an absolute count rather than a rate, direct comparisons between localities may have limited relevance.

Meeting:			
Meeting Date	06 October 2025	**Action**	Receive
Item No.	13	**Confidential**	No
Title	Bury ICP Strategic Risk Report (Risks above 15)		
Presented By	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		
Author	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury) & Ian Trafford, Bury Integrated Delivery Collaborative		
Clinical Lead	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		

Executive Summary

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

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

Recommendations

The Board is asked to discuss and consider the risks and make recommendations to the Risk and Scrutiny Group to ensure robust transparency, oversight and mitigation of locality strategic and performance risks.

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

Links to Locality Plan priorities

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

Bury ICP Strategic Risk Report

1. Introduction

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

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

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

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

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

2. Risk Descriptors

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

KEY

No	Theme	Risk description	Initial score						Risk movement	Risk target	Assurance
			2024.25				2025.26				
			Q1	Q2	Q3	Q4	Q1	Q2			
1	Strategy and transformational change Further change anticipated due to national policy affecting NHSE and ICBs during 2025-26.	BECAUSE of the partnership-wide, organisational and GM ICP breadth of transformational ambition, THEN there is a risk that there is insufficient finance, capacity and focus to deliver health and care strategic change locally.	16	16	16	16	16		↔	8	Local governance structures reflect ICB governance. Generic Communications and Engagement Strategy which supports the public messages and campaigns. Finalised locality budget annually. Locality Board operation agreed by GM March 2023 with relevant delegated authority. Operational planning guidance received in February for 2025-26. Bury 2030 'Let's Do It' strategy embedded and refreshed regularly. Scrutiny on delivery in place at Strategic Finance Committee, System Assurance Committee, IDCB and Locality Board. Relevant prioritised workstreams with programme leadership in place.
2	Finance: System Finance Position	BECAUSE of the risk that the financial position of all partners and the statutory requirement to achieve a break-even position versus budgets set and deliver in year savings / CIP targets THEN there is a risk that this challenges the model of partnership working in the Bury Integrated Care Partnership by inducing	16	16	16	16	16		↔	8	Commissioning oversight through Commissioning Oversight Group (COP). Commissioning intentions developed for GMICB for 2025-26. Locality Finance and Scrutiny committee oversight. Saving planning meetings in place. QIPP management and oversight. Improvement work carried out since last quarter means that there is vastly improved clarity on

		actions that effectively cost shunt within the system.								budgets. PwC support across range budgets.
3a	Finance: Locality Healthcare budgets *25/26 only*	BECAUSE 2025/26 delegated budget are over £2m less than 2024/25 actual expenditure (due to the significant locality overspend in 2024/25), including 4% CIP and the underlying drivers remain, and the overall NHS GM position and that of statutory partners in Bury being very challenged THEN there is a high risk that financial balance will not be achieved.	16	16	15	15	15		↔	8	1.Bury System Finance Group. 2. Monthly Locality assurance meetings with NHS GM. 4.Weekly finance and complex care meetings. 5. Projects to drive down costs. 6.Saving planning meetings. 7.QIPP management and oversight. 8.Programme leads in place, monthly formal scrutiny. 9.Programme leads active management CIP targets. 10. Finance Locality Assurance Meetings (LAMs) monthly.
3b	Finance: Locality Healthcare budgets *Recurrent position*	BECAUSE 2025/26 delegated budget are over £2m less than 2024/25 actual expenditure (due to the significant locality overspend in 2024/25), including 4% CIP and the underlying drivers remain, and the overall NHS GM position and that of statutory partners in Bury being very challenged, leaving little opportunity for transformatory change to reduce system wide costs	16	16	16	16	16		↔	8	1.Bury System Finance Group. 2.System wide workshops being set up. 3.Monthly Locality assurance meetings with NHS GM. 4.Weekly finance and complex care meetings. 5. 7 Projects to drive down costs. 6. Saving planning meetings. 7. QIPP management and oversight. 8. Programme leads in place, monthly formal scrutiny. 9. Programme leads active management CIP targets.

		THEN there is a high risk that financial balance will not be achieved								10. Finance Locality Assurance Meetings (LAMs) monthly.
4	Finance: Locality Operating costs budgets	The RBMS funding situation has now been resolved with the removal of the savings target of £120k therefore this can be closed.	16	16	16	16	8		↓	8	1. Escalated to NHS GM re RBMS and dialogue remains ongoing 2. Saving planning meetings. 3. QIPP management and oversight. 4. Work to reconcile the RBMS function and costs.
5	Data, insight and intelligence (DII)	BECAUSE of a loss of locality analytics and data sharing solutions since the formation of the ICB, THEN there is a risk that data and insights are not adequately shared and used across all partners and sectors, resulting in a lack of ability to make real time and longer-term changes and improvements for the benefit of our communities.	16	16	16	16	16		↔	4	Working with GM ICB analytics team on some projects to gain insights. Using data from Tableau and other sources where available. Local data sharing work rounds in place between NCA and ICB. Datasets now more readily available and shared informing programmes of accurate timely data. Futures platform developing.
6	Urgent and Emergency Care	BECAUSE of limited flow of patients out of the ED and hospital, the number of patients in ED can be greater than the staff's capacity to manage within targets, THEN there is a risk that this could lead to a compromised quality of care given to patients. Also, IF the number of	16	16	16	16	16		↔	8	FGH failed the 4 hour target in 2024-25. However, the site is on an improvement trajectory and has seen improved performance month on month since December 2024. This improvement is currently set to continue in May 2025. Further work continues into 2025 - 26 including: • Front door streaming review

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

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

											be fully mobilised by October 25. GM ADHD consultation on adult pathway changes is ongoing. Developing (GM) work is ongoing to address reduction in CAMHS waiting lists. Locally focus activity continues to address aspects of the pathway that are under significant pressure. Pathway mapping of the first 1001 days, and the potential roll-out of family hubs. Launch parenting strategy and early years proposition with oversight by the Children's Strategic Partnership Board. February 2025 – feedback following monitoring visit, positive improvements evidenced.
9	Sustainable General Practice	IF: the apportionment of delegated PC monies is not sufficient enough to cover local elements unique to Bury (such as dementia diagnosis, ring pessaries, bloods etc) THEN: services may need to be stopped limiting what general practice support/deliver LEADING TO: Wider provider pathway pressures which cost more and possible poorer outcomes for the patients of Bury	16	16	16	16	12	12	↔	12	Additional investment supported by GM Board for 25/26 and whilst this hasn't fully addressed the variability goes some way to increasing investment and therefore service delivery/improvement over a phased period. Several services including Dementia Diagnosis are funded through LCS investment. Depending on the financial value attributed to further GM standardisation 1st April 2026 these locality specific services may be at risk. This has been flagged through various committees both

											locally and centrally in GM.
10	The delivery of the Uplands practice estate solution	BEAUSE an affordable scheme cannot be achieved to enable move of Uplands practice from current premises, THEN there is a risk that patients will have a poor experience of healthcare due to the condition of the estates. The current facility is becoming increasingly difficult to maintain to an acceptable level and is already impacting on patient experience and staff within the practice.	16	16	16	12	12	12	↔	8	Work continues to secure a variable alternative Health Centre. Financial and contractual discussions are progressing well with all parties. National approval has been secured for capital to deliver the scheme on the ex-library site – work now progressing to tender construction works and secure planning approval. Current estimates propose start on site September 2025 with new facility operational around 12-18 months later depending on tendered construction period.
11	Mental health programme	If patient flow is not improved in MH inpatient wards this will lead to delayed discharge of patients to more appropriate placements, drive demand for inappropriate Out of Area Placements and increase the risk of 12-hour breaches in ED	16	16	16	16	16	12	↔	8	Risk score reduced due to progress made. Month on month since April 2025 the number of bed days occupied on acute MH wards by Bury Patients who are clinically ready for discharge has been below target. The YTD position in the last reported month [July] was 529 bed days lost against a target of 636. GM, PFT and locality level improvement plan in place. Weekly locality and GM MADE meetings to support flow in MH wards.

											GM crisis programme to increase / improve community-based crisis provision and pathways. Actively monitored through Bury MH Programme Board.
12	Mental health programme	If Bury (and the other NES localities) are unable to commission a provider of adult ASD assessment and ADHD assessment and treatment (2025.26) there will be complete reliance on the right to choose pathway resulting in: • inability to implement a managed pathways of care. • reliance on right to choose with the associated inequality in access and cost pressures. • ongoing reputational impact.	16	16	16	16	16	8 Closed	↓	8	Risk closed as target score reached. Contract with Optimise now in place for 2025.26.
13	Mental health programme	If the number of referrals for adult neurodevelopmental assessments via the right to choose pathways continues to increase this will lead to potentially inequitable provision and significant financial pressures on the locality	16	16	16	16	16	16	↔	8	Expenditure is significantly up on the same period last year. GPs have been made aware of right to choose eligibility criteria. The eligibility of providers to receive right to choose referrals is checked when invoice is received.

		budget.								Right to choose spend is closely monitored. Agreement to commission limited assessment capacity and transitions pathway from Optimise for 2025.26 - mobilisation in process. GP proposals to implement triage gateway for adult ADHD assessments may limited number of right to choose assessment referrals. GMICB are setting activity caps on right to choose providers and implementing standard specifications which may reduce the number of new referrals.
14	Mental health programme	If demand and waiting times for CYP neurodevelopmental assessments are not reduced this will lead to continued delays in diagnosis and follow up treatment and support for children and families, and risk of further poor OFSTED / CQC inspection outcomes.	16	16	16	16	16	16	↔	8	Waiting times remain long – further work required to ensure standard routine reporting of waiting times. Progress monitored as part of the SEND improvement programme PCFT CAMHS have implemented: - routine check-ins with families on waiting list. - waiting list initiatives. GM triage / prioritisation criteria for ADHD / ASD assessments due to be implemented within CAMHS as part of a wider neurodevelopment transformation programme.

											Plans in place to pilot Bury ND Hub to provider early help and support which may reduce demand for full assessment in the longer term.

15	Mental health programme	If Bury (and the other NES localities) are unable to commission a provider of adult ASD assessment and ADHD assessment and treatment (2025.26) there will be complete reliance on the right to choose pathway for new assessments and risk to the continuity of care for patients on medication resulting in: • Inability to implement managed pathways of care e.g., for CYP transition to an adult service. • Potential disruption to prescribing to patients. • Increased potential for GPs to refuse to enter into shared care agreements. • Reliance on right to choose with the associated inequality in access and cost pressures. Ongoing reputational impact.						16	NEW	8	Right to choose pathway is in place & GPs have previously been provided with information. Panel meets to look at any individual patients flagged by GPs or other H&SC professionals. Spreadsheet of LANC UK legacy patients is being maintained & validated by cross-referencing with known right to choose referrals. Agreement to commission limited assessment capacity and transitions pathway from Optimise for 2025.26 - mobilisation in process.

4 Recommendations

4.1 None.

5 Actions Required

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

BURY INTEGRATED CARE PARTNERSHIP

UEC Plan Refresh, Current Performance Update and Bury Winter Planning 2025-26

Part of Greater Manchester Integrated Care Partnership

Summary

Given the refresh of the Bury Care Organisation Collaborative programmes of work and recent planning guidance, it is timely to review our urgent care change programme. The refreshed plan has considered:

- 10 year plan and the national neighbourhood planning guidance
- National and GM UEC planning guidance
- The previous BCO Collaborative work plan and the BCO Performance Improvement Plan and A-TED report
- Live Well: Whitefield Exemplar

The plan on the following slide demonstrates the change work to be undertaken. In addition to this we need ensure our system is resilient over the winter period. There are also core commissioning decisions that we may also need to make over this time period eg OOH contract

Neighbourhood and BCO plan

Neighbourhood Domain	Existing work prog.	Priority change work
Population health management using risk stratification	HWBB Plan	• Risk stratification • Live Well
Modern General Practice	GP Board – LCS contract	• Work of MC Board – CVD and diabetes • Early cancer identification
Standardising community health services	6 progs change – NC A Mental health community transformation	• Service connectivity to neighbourhoods- mental and physical (including children's) • Reducing duplication • Falls/frailty review • Rochdale pathways
Neighbourhood Multi-disciplinary Teams	ACM and existing arrangements	• Neighbourhood development plan – adults and children • HIU's • Care homes • EPAAC implementation • Consultant outreach
Integrated intermediate tier with a 'home first ' approach	Rapid response performance Hospital at home utilisation DKAF Falls pick up	• Review of IMC bed capacity • Empower review of reablement
Urgent neighbourhood services	Rapid response performance Falls pick up Hospital at home utilisation and relationships to SDEC ICCC and call before convey	• Front door streaming

BCO workstream	Programme of work
Neighbourhood delivery	Neighbourhood work plan including the 6 domains
Stroke "Rehab -Right Place, Right Time	Length of Stay Number of Escalation beds/ assessment beds/outliers/waits in ED DKAFH numbers Capacity and Demand – hospital and community services
7 Day Working "More People Home Same Day"	Admission Avoidance (on site) Robust Staffing Model - Hospital and Community services LOS TTO's
Understanding Length of Stay Wards Why not home? why not today?	Earlier discharge Ward processes >21 days LOS DKAFH Principles and Care Delays Long LoS Reviews My Next Patient

Mental Health capacity on site - TBC

BURY INTEGRATED CARE PARTNERSHIP

Method of delivery

	Lead	Governance
Population health management using risk stratification	Jon Hobday	Population Delivery Group / HWBB
Modem General Practice	Zoe Alderson / Kiran Patel	Bury GP Board
Standardising community health services	Karen Richardson / Nina Parekh Ian Trafford/ Sarah Preedy	4LP Steering Group / Bury Elective and Community Board Mental Health Programme Board
Neighbourhood Multi-disciplinary Teams	Ian Trafford / Nina Parekh	Neighbourhood Development and Delivery Group
Integrated intermediate tier with a 'home first ' approach	Adrian Crook / Katy Alcock	UEC Board
Urgent neighbourhood services	Adrian Crook / Katy Alcock	UEC Board
BCO collaborative	Kelly McLellan	BCO Collaborative Programme Board / UEC Board

*Quarterly neighbourhood delivery collaborative workshops to be held to bring together teams working on delivery of Different components

Current Performance Update and Bury Winter Planning 2025 - 26

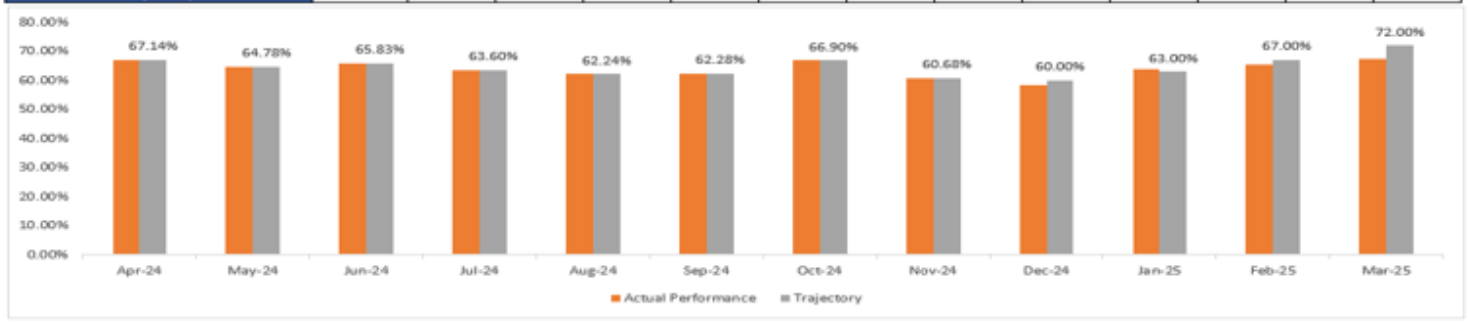
BURY INTEGRATED CARE PARTNERSHIP

Current Performance Update

(Performance at the FGH not just Bury registered patients as, reported by NCA)

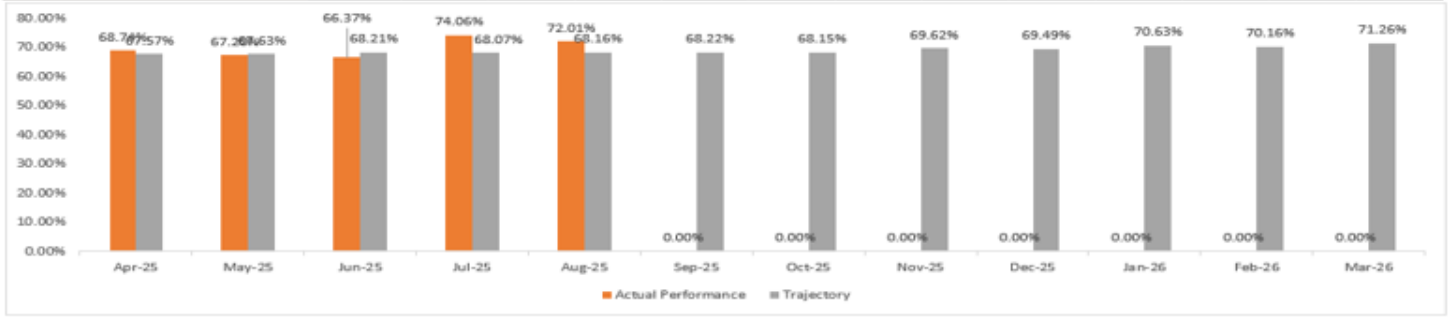
4 Hour Performance 2024/25

NCA - Fairfield General Hospital	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	YTD
Breaches Over 4 Hours	2222	2571	2372	2537	2452	2542	2382	2748	2972	2578	2208	2333	64.02%
Total Attendance	6978	7468	7275	7359	6870	6952	7381	7287	7318	7145	6348	7179	
Actual Performance	67.14%	64.78%	65.83%	63.60%	62.24%	62.28%	66.90%	60.68%	58.16%	63.92%	65.23%	67.50%	
Trajectory	67.14%	64.78%	65.83%	63.60%	62.24%	62.28%	66.90%	60.68%	60.00%	63.00%	67.00%	72.00%	



4 Hour Performance 2025/26

NCA - 4 Hour Fairfield General Hospital	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD
Breaches Over 4 Hours	2183	2416	2399	1917	1981								69.68%
Total Attendance	6983	7365	7134	7391	7077								
Actual Performance	68.74%	67.20%	66.37%	74.06%	72.01%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Trajectory	67.57%	67.63%	68.21%	68.07%	68.16%	68.22%	68.15%	69.62%	69.49%	70.63%	70.16%	71.26%	



4 Hour Performance (All FGH Patients)

National Target (78% or less)

- Year to date improvement for every month compared to the same period in the previous year,
- Performance ahead of trajectory for the last two months,
- July 74.06% - Improved performance in month of 8%,
- August 72.01% but circa 4% above trajectory,

Current Performance Update and Bury Winter Planning 2025 - 26

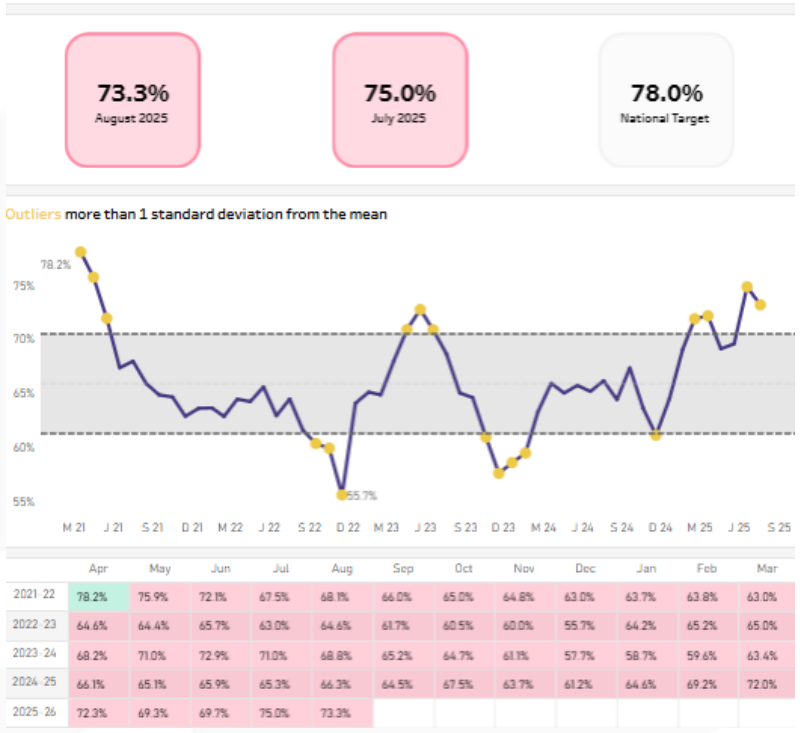
Current Performance Update

(Performance for any Bury patient anywhere in the country, as reported in the Locality Board Report)

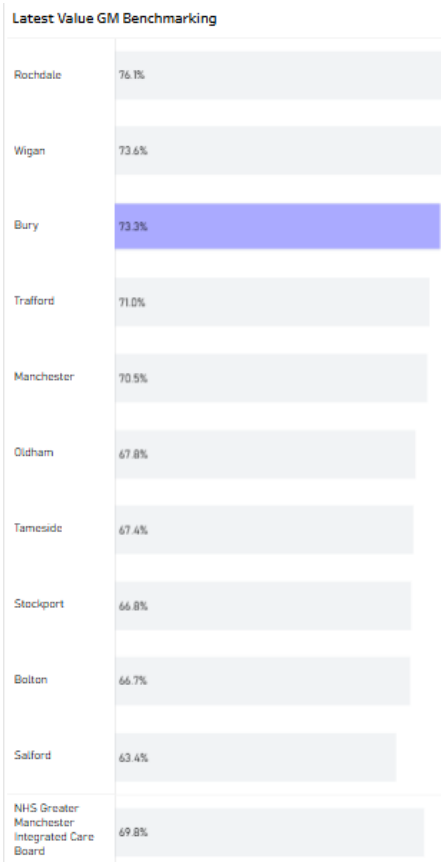
A&E 4 hour performance

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)



	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%	73.3%							



4 Hour Performance (Bury patients anywhere)

National Target (78% or less)

- Year to date improvement for every month compared to the same period in the previous year,
- Discounting Rochdale Bury is the second best performing locality in GM.
- July 75%,
- August 73.3%,
- August performance is 3.5% ahead of the GM average.

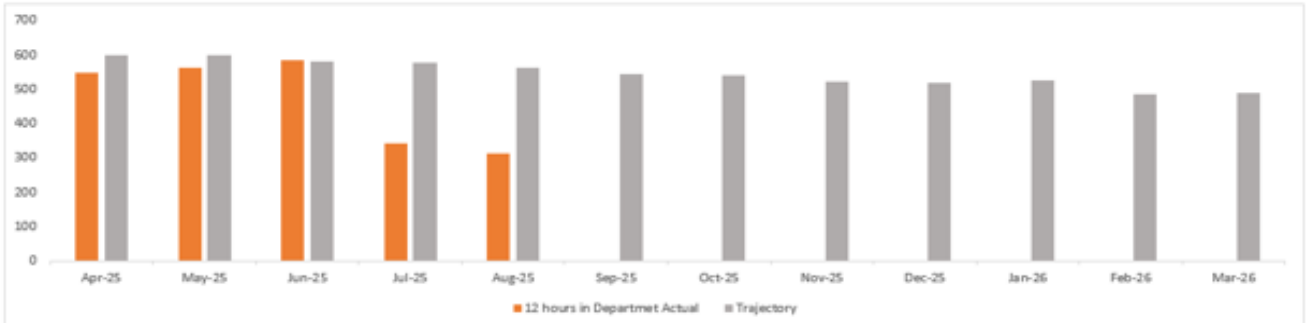
Current Performance Update and Bury Winter Planning 2025 - 26

Current Performance Update

(Performance at the FGH not just Bury registered patients, as reported by NCA)

FGH 12 Hours in Department

NCA - Fairfield General Hospital	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD
12 hours in Departmet Actual	548	562	586	341	314								2351
Trajectory	600	601	580	577	564	546	540	523	517	525	486	490	6549



	April	May	June	July	August (MTD)
Fairfield	8.1%	8%	8.9%	4.8%	4.3%
Oldham	13.4%	11.4%	13.1%	11.1%	10.1%
Salford	16.4%	14.9%	15%	14.6%	16.8%

FGH 12 Hours in Department

National Target and GM Ambition (10% or less)

- Actual performance is below trajectory for four out of the 5 months reported.
- FGH reported figures show significant reduction in numbers for the last 2 months, July and August.
- FGH percentage of patients in the department for 12 hours or more is best for NCA Type 1 A&E Departments.
- Actual percentage performance is achieving below the national/GM ambition year to date.

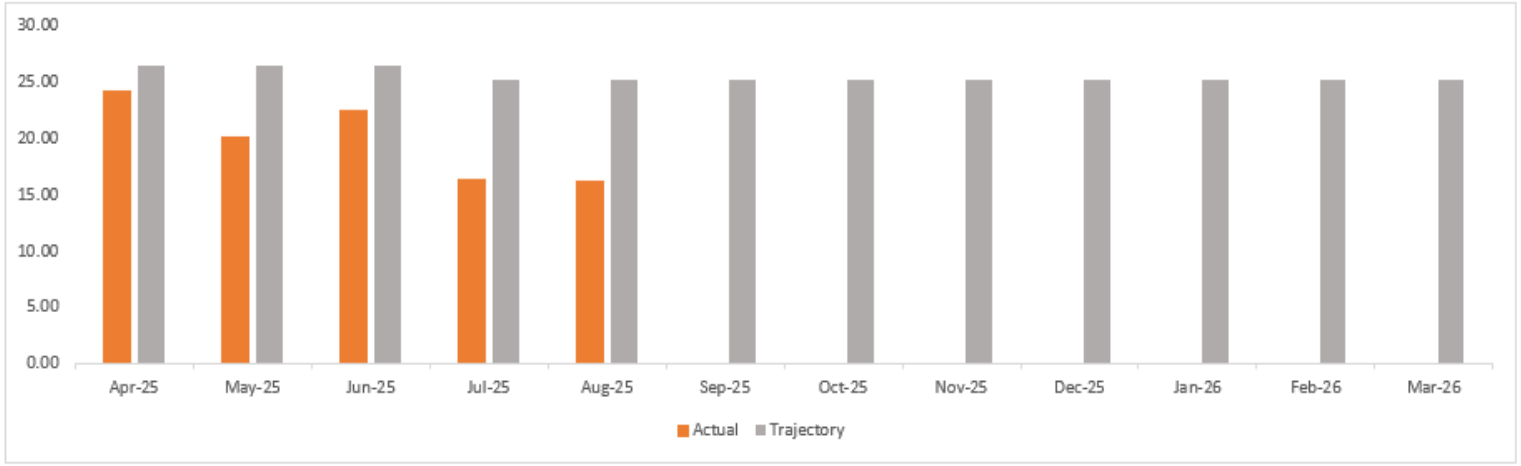
Current Performance Update and Bury Winter Planning 2025 - 26

Current Performance Update

(Performance at the FGH not just Bury registered patients, as reported by NCA)

Release to Rescue – Ambulance Handover Performance

NCA - Fairfield General Hospital - NWAS Hand Over	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Actual	24.27	20.12	22.52	16.28	16.25							
Trajectory	26.43	26.43	26.43	25.28	25.28	25.28	25.28	25.28	25.28	25.28	25.28	25.28



Release to Rescue – Ambulance Handover Performance

National Target (35 minutes or less)
GM Ambition (25minutes 24 seconds or less)

- FGH has achieved the nation target every month this year to date.
- FGH has achieved the GM ambition every month this year to date.
- FGH has been below trajectory every month to date in 2025-26.

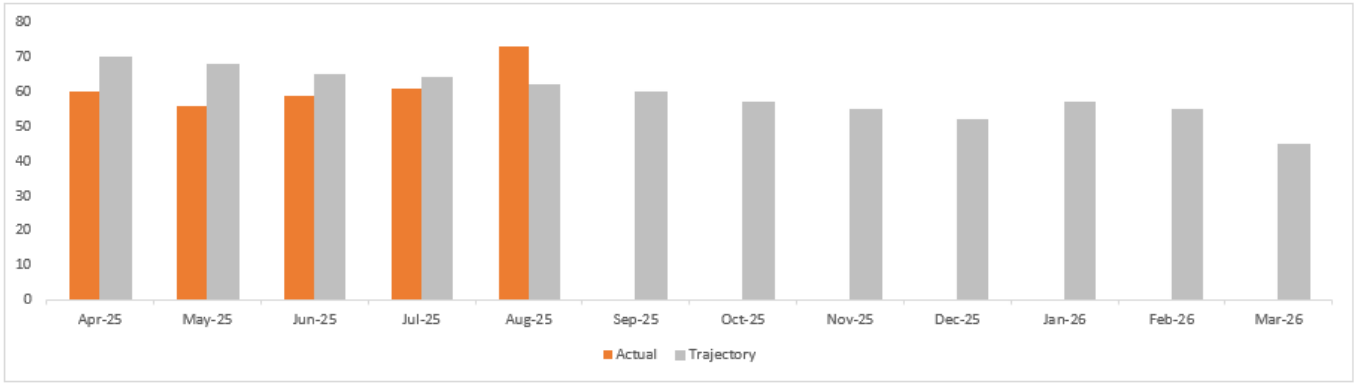
Current Performance Update and Bury Winter Planning 2025 - 26

Current Performance Update

(Performance at the FGH not just Bury registered patients, as reported by NCA)

21 Days LOS

NCA - Fairfield General Hospital > 21 Days	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Actual	60	56	59	61	73							
Trajectory	70	68	65	64	62	60	57	55	52	57	55	45

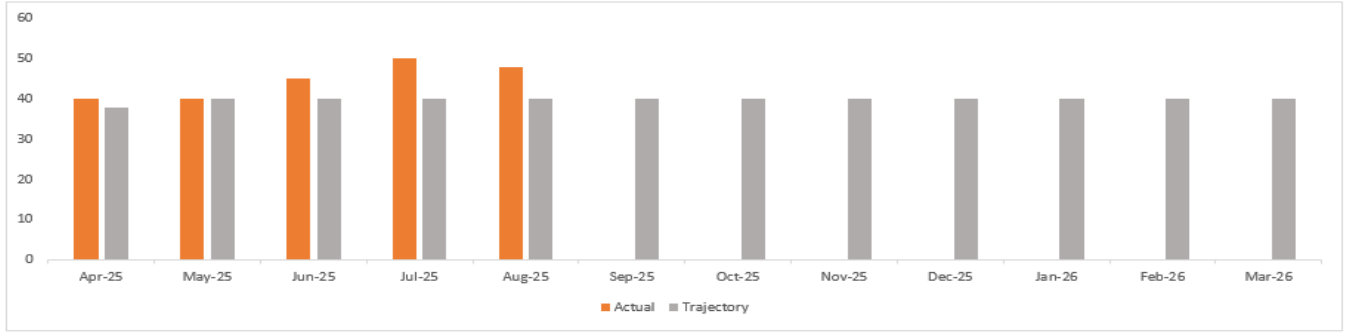


21 Days LOS

- Achieved Trajectory for April, May 2025, June and July 2025, Slight increase for August.

DKAFH

NCA - Fairfield General Hospital - DKAFH	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Actual	40	40	45	50	48							
Trajectory	38	40	40	40	40	40	40	40	40	40	40	40



DKAFH - Commentary

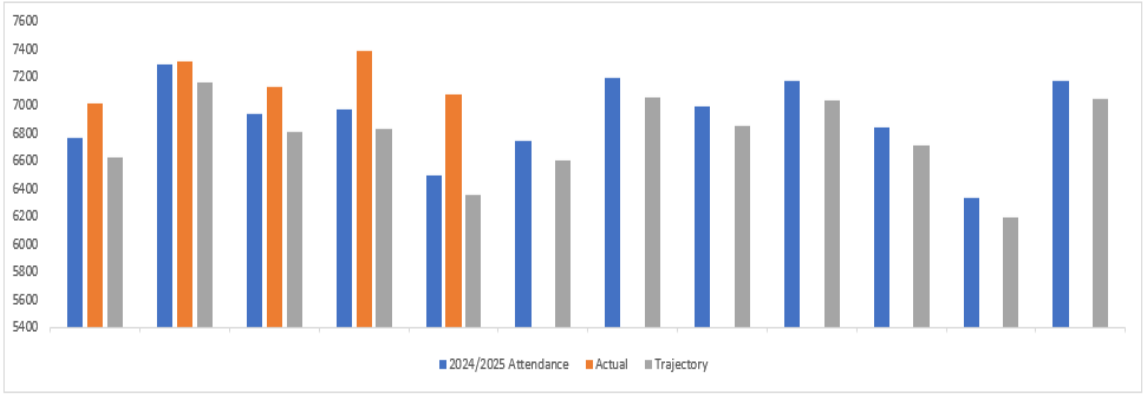
- Trajectory not achieved in August
- Numbers remain lower than August last year and slight improvement on July figure
- Days lost to DKAFH high but largely due to 1 long stay patient (200+ days, Court of Protection Issue)
- Shift to Home First model continues to put pressure on Reablement/Home Care services but transformation work has commenced within service

Current Performance Update and Bury Winter Planning 2025 - 26

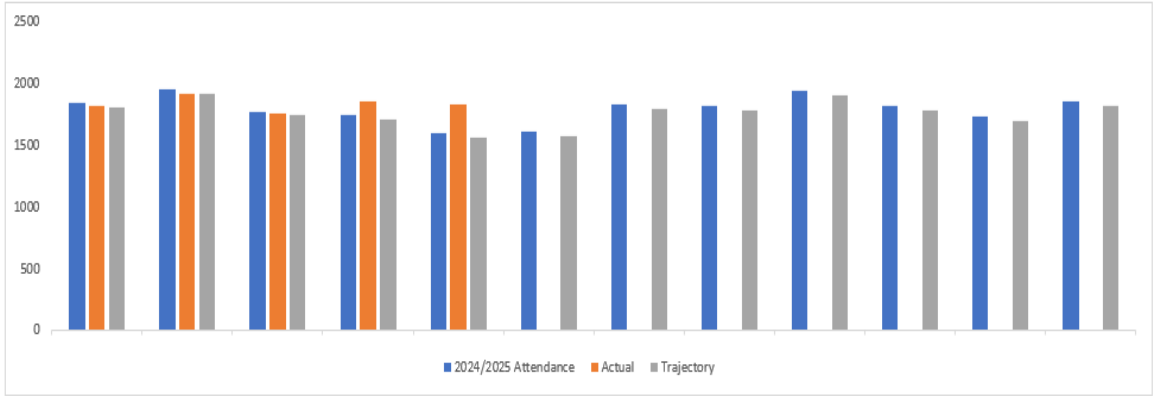
BURY INTEGRATED CARE PARTNERSHIP

FGH 2% reduction attendance and admissions

NCA - Fairfield General Hospital 2% reduction in Attendance													YTD
2024/2025 Attendance	6762	7299	6942	6970	6493	6740	7197	6989	7176	6845	6330	7179	82922
2025/2026 Attendance	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD
Actual	7011	7316	7134	7391	7077								
Trajectory	6624	7161	6804	6832	6355	6602	7059	6851	7038	6707	6192	7041	81266



NCA - Fairfield General Hospital 2% reduction in Admissions													
2024/2025 Attendance	1846	1953	1778	1742	1596	1616	1830	1818	1948	1817	1734	1853	21531
2025/2026 Attendance	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD
Actual	1823	1915	1761	1857	1830								
Trajectory	1810	1917	1742	1706	1560	1580	1794	1782	1912	1781	1698	1817	21099



Current Performance Update and Bury Winter Planning 2025 - 26

Bury Locality Winter Plan 2025 - 26

NW Regional winter Planning

- NW Regional Winter Planning Event: Monday 8th September 2025
    - Bury attended with a multi-partner team
    - Scenario based session, 3 scenarios to test winter preparedness
    - Themes identified for further work, communications, paediatric attendance and transfers and escalations

GM Winter Planning Event

- GM Winter Planning Event set for 3.10.2025
- Team of 6 senior leads to attend from Bury
- Details of the event to follow

NCA Winter Planning Submissions

Microsoft Word
97-2003 Documen

Current Performance Update and Bury Winter Planning 2025 - 26

NCA Locality Winter Plan 2025 – 26 - Background

- The Chair and Chief Executive are required to sign off a Board Assurance Statement to ensure the Trust's Board has oversight that all key considerations have been met.
- The Assurance Statement is to be submitted to NHSE by 30th September 2025.
- The Assurance Framework requires the NCA Board to be assured that winter preparedness plans have been developed with the involvement of partner organisations in the local health and care systems.
- Surges in demand can impact the organisation at different periods across the year. The most sustained period of demand is generally from October – March. This demand presents in waves and is largely driven by three key pathways; **paediatrics, respiratory and trauma**.
- Our Winter preparedness must focus on creating capacity to deal effectively and safely with this additional demand recognising that winter escalation capacity is dependent upon our people availability.
- Keeping our staff healthy and in work will be essential to delivery of our plan. Vaccination is the single best preventative measure against the flu virus that circulates each winter.
- Ensuring we keep our staff in work reduces the financial burden that the winter period often brings. We must ensure that we continue to improve our absence rates in order to deliver on our winter plans, keep our patients safe and support our performance and financial recovery.
- Our plans have been developed with partners across our localities and with the North West ambulance service. The plan have been tested at a NW Region-led event and will be tested further at in an EPPR NCA exercise focussing on the key pathways where demand is likely to rise.

Current Performance Update and Bury Winter Planning 2025 - 26

NCA Locality Winter Plan 2025 – 26 - Structure

- The NCA plan is structured to take account of NCA wide actions, Care Organisation specific actions (inclusive of locally developed system plans), and those specific to corporate functions such as vaccination, Infection Prevention Control, Workforce wellbeing, and Diagnostics and Pharmacy.
- The plan is structured into the following;
    - Planning and preparation activities and pre-winter implementation – this includes services or interventions that have been put in place since the previous winter, and any data planning and prep that may have been done in your care Orgs or systems.
    - Daily rigour – these are the activities we have in place to manage flow and sites on a daily basis
    - Escalation interventions – this includes policies and activities we undertake when escalating/in escalation
    - Scheduled developments – these are being introduced over the winter period
- Following the NW Winter Aegis exercise on 8th September, additional themes and activities have been identified where we could strengthen our plans and responses. This includes use of retrospective data to support surge prediction, and strengthening support for paediatrics.
- Further stress testing of the plans will take place across the NCA on 3rd October.
- Financial provision has been aligned to the winter plan, specifically for staffing of escalation areas when in high Opel scores and for our vaccination programme. Risks and mitigations have been outlined and continued attention must be paid to the actions outlined to control those risks.
- A full QIA and EIA has been approved by the CMO and Deputy CNO ahead of Quality assurance committee.

Current Performance Update and Bury Winter Planning 2025 - 26

NCA Locality Winter Plan 2025 – 26 – Key Content

- **Vaccination** – Plan to increase workforce flu vaccination rates by >18% this year. Our midwives are actively engaged in offering our women who are >28 weeks pregnant the RSV vaccine to prevent respiratory syncytial virus which is a key cause of paediatric demand surge.
- We have modelled the **capacity and demand** based upon previous years to support our planning. Surge commencement dates are predictable and we are modelling bed capacity on 10/20/30% increase in admissions. Staffing in key areas and key roles has been expanded to cover Bank Holiday periods, and key winter months.
- A focus on **safe discharge** back to peoples own homes with community support forms significant content including reduction on Days Kept Away from Home, and a reduction in length of time in specific specialities of Respiratory, General Medicine and Geriatric Medicine.
- **Hospital at Home (virtual ward)** pathways will be expanded to include Paediatrics and Cardiology/Heart Failure, in the first instance.
- **Infection Prevention and Control** has a specific focus including strengthened support and visibility on our wards, our bed meetings, and weekend on-call. Our cohorting policies, daily patient reviews, microbiology and pharmacological support, staff hand hygiene and PPE are all key enablers to maintaining good patient flow, prevention of cross infection and reduced length of hospital stay.
- **Escalation policies and activities** to support surge demand are included including Full Capacity Protocol, increasing Long LoS meetings, User of Mental Health Action Cards and increased Executive level safety meetings and resolution discussions with PCFT and GMMH are included.
- Admission avoidance through the use of **Call Before Convey** to support paramedics to make best use of admission options is established across all NCA localities and continuous monitoring and improvement of the scheme is ongoing.
- Increasing **Frailty/Same Day Emergency Care** is an essential part of our winter preparedness, as is the testing and implementation of a **Care By Appointment** model for people attending A&E with minor injuries, who can safely return to hospital the following day.
- Additional support to community based **Respiratory Hubs** is reflected, whilst these are delivered by primary care, they are a key part of surge management of Respiratory conditions, and the admission avoidance and discharge pathways for secondary care.

Current Performance Update and Bury Winter Planning 2025 - 26

Bury Locality Winter Planning Sub-Group 2025 - 26

- Winter System Planning falls within the remit of the Bury Urgent and Emergency Care Locality System Board

- **The Board has established a Winter Planning Sub-Group**
  - First meeting on Friday 19.9.25
  - The group will meet util it is no longer required (usually early December)
  - Oversight for the implementation of the new GM Escalation Process
  - Co-ordination of Winter related National and GM returns where a system response is required
  - Sharing of national and GM guidance as received
  - Co-ordinating the review and refresh Bury NHS111 Directory of Service
  - Review and refresh Bury system partners OPEL cards
  - Review and refresh Burys list of Alternative to Admissions Schemes
  - Review and refresh OPEL 4 Escalation cards as required
  - Agree OPEL escalation triggers
  - On Call Manager Winter Training as required
  - System planning for Christmas holiday pressure point days including pre-planned conference calls
  - Produce a Christmas Period UEC System Guide
  - Ensure attendance and feedback from GM and Regional Winter Events (co-ordinated so far)
    - NW Exercise Aegis (8.9.25)
    - NW Winter Event (3.10.25)

- **Daily System Resilience Management**
  - Bury System Bronze (operational) Tuesday at 8.30am (increased frequency if required)
  - Bury System Bronze Update (operational) (if required) 1.30pm (Mon-Fri if required)
  - Bury System Operational (part of the GM Escalation Policy if Acute or Community close too or at OPEL 4)
  - GM Tactical (GM led if any Pillar at OPEL 4)

Meeting:			
Meeting Date	06 October 2025	**Action**	Receive
Item No.	16.1	**Confidential**	No
Title	System Finance Group Update – October 2025		
Presented By	Simon O'Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities)		
Author	Simon O'Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities)		
Clinical Lead			

Executive Summary

The purpose of this report is to update the locality board on the financial position of all partners, with specific focus upon the budgets delegated to the locality board by NHS Greater Manchester (GM) in 2025/26.

Bury council have reported a quarter 1 forecast out turn overspend of £4.15m, with pressures across both Childrens and Adults services. This overspend is intended to be mitigated via increased savings delivery or use of reserves if these increases are not delivered.

Due to the timing of the meeting month 4 data is available from NHS GM. At month 4 NHS GM is reporting a £73.3m deficit versus a planned deficit of £63.5m, giving a £9.7m adverse unplanned variance. This position is driven by pressures in NHS providers, driven mainly by pay pressures associated with industrial action and the 2025/26 pay award. In non provider budgets there are pressures associated with ADHD / ASD assessments, section 117 after care costs and all age continuing care (CHC) but these are currently being offset by underspends in other areas.

Within this position the Bury locality budgets, for which this board is responsible for are £2.9m overspent at m4 and are forecasting to be £2.5m overspent at year end, this position is driven by non recurrent pressures brought forward of £1.7m, plus pressures in CHC, ADHD / ASD assessments and in estates. It should also be highlighted that the forecast out turn for 2025/26 is £72.2m and the actual forecast out turn for 2024/25 was £72m for the same range of budgets. The locality has been asked to produce a deficit recovery plan for 2025/26 and it is the incorporation of this that allows the delivery of the £72.2m position. Delivery to break even is not possible as this would take the locality below 2024/25 out turn and this is not possible given inflationary and activity driven pressures.

The Northern Care Alliance (NCA) have a £21.1m deficit at month 4 versus a deficit plan of £16.2m and have forecast to achieve their agreed deficit of £110m. Pennine Care NHS Foundation Trust (PCFT) are reporting a £5m deficit at month 1 versus a £5.8m deficit plan, and have forecast to achieve their agreed deficit of £17.5m.

The overall efficiency target for NHS GM for 2025/26 is £656m, split £175m non providers and £481m GM providers. As at Month 4 providers are £3.3m ahead of the YTD plan with non providers £4.7m behind plan with fully delivery of overall plan of £656m forecast. The CIP delivery plan for the locality delegated budgets is £2.79m, which is full identified and full delivery is forecast, with delivery to month 4 being £1.9m or 40%.

In the July meeting the locality board gave delegated authority to the Place Based Lead to agree the

locality health care budgets but not the operating costs budgets, as further work was required. This work has now been completed, a non recurrent solution found and a recurrent solution is being sought. The operating cost budget for 2025/26 is £3.76m and the current forecast out turn is £3.74m and the locality board is asked to approve the acceptance of this budget and give delegated authority to the Place Based Lead to sign these off on behalf of the board.
Recommendations
Locality board members are asked to: • Note the updates on financial positions for 2025/26 • Note the requirements of the deficit recovery plan for the locality • Approve the 2025/26 operating cost budget and give delegated authority the Place Based Lead to agree these on behalf of the board.

Links to Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	☐
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	☐
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	☐
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	☒
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	☐

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

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

System Finance Group Update – October 2025

1. Introduction

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

2. Background

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

3.1 Bury Council

3.1.1 Bury council have reported a quarter 1 forecast out turn overspend of £4.15m, with pressures across both Childrens and Adults services. This overspend is intended to be mitigated via increased savings delivery or use of reserves if these increases are not delivered.

3.2 NHS Greater Manchester

3.2.1 NHS GM is in receipt of £200m of Deficit Support Funding (DSF) in 2025/26, which recognises that the organisation would not have been able to keep within it's original allocation in this financial year. This money is paid out quarterly on the basis that the organisation is not off target financially, both year to date and forecast, and if it is then the money is withheld for all quarters that this is the case. NHS GM has received the quarter 1 and quarter 2 tranches of the DSF but needs to remain on target to ensure that this funding continues to flow in the final 2 quarters of the year.

3.2.2 Due to the timing of the meeting month 4 data is available from NHS GM. At month 4 NHS GM is reporting a £73.3m deficit versus a planned deficit of £63.5m, giving a £9.7m adverse unplanned variance. This position is driven by pressures in NHS providers, driven mainly by pay pressures associated with industrial action and the 2025/26 pay award. In non provider budgets there are pressures associated with ADHD / ASD assessments, section 117 after care costs and all age continuing care (CHC) but these are currently being offset by underspends in other areas.

Table 1

Month 4 2025/26 ICS Surplus/(Deficit) £m	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Full Year Actual	Full Year Variance
GM NHS Providers	-£61.0	-£70.8	-£9.7	£7.5	£7.5	-£0.0
NHS GM	-£2.5	-£2.5	£0.0	-£7.5	-£7.5	£0.0
ICS Total	-£63.5	-£73.3	-£9.7	£0.0	£0.0	-£0.0

3.2.3 The overall efficiency target for NHS GM for 2025/26 is £656m, split £175m non providers and £481m GM providers. As at Month 4 providers are £3.3m ahead of the YTD plan, with non

providers £4.7m behind plan, with fully delivery of the overall plan of £656m forecast..

3.3 NHS GM – Bury Locality

3.3.1 The Bury locality budgets, for which this board is responsible for are £2.9m overspent at m4 and are forecasting to be £2.5m overspent at year end, this position is driven by non recurrent pressures brought forward of £1.7m in Mental Health and Complex Care (£0.5m and £1.2m respectively), plus in year pressures in CHC, ADHD / ASD assessments and in estates. These are shown below in table 2.

Table 2

Bury Locality Month 4 Financial Position						
Row Labels	**Annual Budget**	**YTD Budget**	**YTD Actual**	**YTD Variance**	**Forecast Outturn**	**Forecast Variance**
Acute	£2,225,323	£741,776	£741,219	-£557	£2,225,323	£0
Complex Care	£21,366,753	£7,122,251	£8,939,486	£1,817,235	£23,805,259	£2,438,506
Community	£18,867,222	£6,289,067	£6,307,890	£18,823	£18,912,222	£45,000
Mental Health	£19,235,545	£6,446,533	£7,509,566	£1,063,033	£19,154,492	-£81,053
Other	£1,538,439	£527,135	£556,074	£28,939	£1,649,140	£110,701
Primary Care	£6,448,104	£2,149,368	£2,150,725	£1,357	£6,448,104	£0
Grand Total	**£69,681,387**	**£23,276,130**	**£26,204,961**	**£2,928,831**	**£72,194,541**	**£2,513,154**

3.3.2 The pressures in ADHD / ASD assessments are common to all NHS GM localities and indeed there are national pressures and are reported in the Mental Health directorate. The estates pressure is reported in the Other directorate and work is ongoing with the GM central estates team to understand what has led to this pressure.

3.3.3 The annual CIP plan for the locality is £2.79m and this has been fully identified and delivery at month 4 is £1.9m or 40%. Further detail is shown below in graph 1.

Graph 1

3.3.4 It should also be highlighted that the forecast out turn for 2025/26 is £72.2m and the actual forecast out turn for 2024/25 was £72m for the same range of budgets. The locality has been asked to produce a deficit recovery plan for 2025/26 and it is the incorporation of this that allows the delivery of the £72.2m position. Delivery to break even is not possible as this would take the locality below 2024/25 out turn and this is not possible given inflationary and activity driven pressures.

3.3.2 Delivery of a forecast out turn position of £72m in 2025/26 is the deficit recovery plan of the locality. This will be done through further scrutiny of all expenditure and specific pieces of work where it is understood that there are opportunities to reduce expenditure in the 2nd half of the year to take the locality from it's current m4 position to the forecast position. A monthly update will be brought with regard to progress on delivery of this deficit recovery plan.

3.4 Northern Care Alliance and Pennine Care

3.4.1 The Northern Care Alliance (NCA) have a £21.1m deficit at month 4 versus a deficit plan of £16.2m and have forecast to achieve their agreed deficit of £110m. Pennine Care NHS Foundation Trust (PCFT) are reporting a £5m deficit at month 1 versus a £5.8m deficit plan and have forecast to achieve their agreed deficit of £17.5m.

4 2025/26 Bury locality operating costs delegated budget sign off

4.1 In the July meeting the locality board gave delegated authority to the Place Based Lead to agree the locality health care budgets but not the operating costs budgets, as further work was required. This work has now been completed, a non recurrent solution found and a recurrent solution is being sought.

4.2 The operating cost budget for 2025/26 is £3.76m and the current forecast out turn is £3.74m and this is made up as can be seen below in table 3.

Table 3

Directorate	Annual Budget	M5 Forecast Outurn	Variance
Locality Leadership	£640,416	£609,334	-£31,082
CHC Assessment & Support	£857,434	£962,518	£105,084
Safeguarding	£504,247	£603,335	£99,088
Locality Administration	£233,654	£191,414	-£42,240
Primary Care - Local Delivery	£370,939	£399,110	£28,171
Service Transformation	£872,564	£713,628	-£158,936
Referral Booking	£274,005	£258,265	-£15,740
Corporate Estates Contribution	£6,549	£6,549	£0
Total	**£3,759,808**	**£3,744,153**	**-£15,655**

4.3 The locality board is asked to approve the acceptance of this budget and give delegated authority to the Place Based Lead to sign these off on behalf of the board.

6.0 Conclusion

6.1 Locality board members are asked to:

- Note the updates on financial positions for 2025/26
- Note the requirements of the deficit recovery plan for the locality
- Approve the 2025/26 operating cost budget and give delegated authority the Place Based Lead to agree these on behalf of the board.

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

Meeting: Bury Locality Board			
Meeting Date	06 October 2025	**Action**	Receive
Item No.	17	**Confidential**	No
Title	Population Health update		
Presented By	Jon Hobday – Director of Public Health		
Author	Jon Hobday – Director of Public Health		
Clinical Lead	N/A		

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

Population Health and Wellbeing update

1. Introduction

1.1. This paper sets out recent population health updates and discussions from key meetings locally and in Greater Manchester (GM).

2. GM Population Health Committee

3.1 A GM Population Health Committee meeting was held on 19th August. Key items discussed included an update from the Public Health Advisory Group, a presentation on system leadership for population health in changing times presentation and a forward look at the delivery plan for the coming year.

4 Bury Health and Wellbeing Board

4.1 The health and wellbeing board took place on 4th September. Key items for discussion at the included an update on the anti-poverty update, an overview of the work in Bury to address smoking including details of the recently launched Bury tobacco alliance and the targeted work which is aimed at reducing inequalities, an update on the Greater Manchester winter well campaign, the Bury Pharmacy Needs Assessment – (which is now out to consultation), the Bury, Oldham and Rochdale Child Death Overview Panel (CDOP) annual report, an update on the SEND agenda, A better Care Fund (BCF) update and a discussion around the Bury prevention framework.

Jon Hobday
Director of Public Health
j.hobday@bury.gov.uk
October 2025

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	06 October 2025	**Action**	Receive
Item No.	18	**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 September 2025.
Recommendations
The Locality Board is asked to receive the report and share any feedback to the Clinical and Professional Senate for action.

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

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

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

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

Clinical and Professional Senate Highlight Report – September 2025

1. Introduction

This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place on 24 September 2025.

2. Headlines from the Clinical and Professional Senate

The meeting was declared not quorate. There were a number of late apologies provided on the day of the meeting. The meeting Chair therefore made the decision to suspend the agenda, however it was decided that agenda items 5, 10 and 12 would be discussed.

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

- Not discussed due to the agenda being suspended considering the number of apologies.

2b. Medicines Optimisation Update – Salina Callighan

- Salina Callighan shared the GMMMG update, covering formulary changes, NICE guidance updates, and two proposed SOPs. The first SOP standardises prescribing for malnutrition and oral nutritional supplements, aiming to reduce inappropriate use and cut costs. The second SOP supports switching eligible diabetes patients from Novorapid to Trurapi insulin biosimilars, requiring practice-level agreement. Both SOPs are pending Senate approval unless objections are raised by Senate members within a week.

2c. NHS Reforms

- Not discussed due to the agenda being suspended considering the number of apologies.

2d. Partner Update

- NCA – Dr Vicki Howarth & Richard Bulman
  - Not discussed due to the agenda being suspended considering the number of apologies.
- Pennine Care
  - Not discussed due to the agenda being suspended considering the number of apologies.
- GP Update – Dr Cathy Fines
  - Not discussed due to the agenda being suspended considering the number of apologies.

2e. Dermatology Update

- Damian Aston provided an update on the dermatology community services procurement, noting challenges with provider transitions, referral platforms, and the extension of bridging arrangements. Two bidder challenges during the standstill period prompted NHS GM to extend the timeline, with contracts now running until 30th November 2025 to allow for provider exit and mobilisation of new services from 1st December 2025. Dr Cathy Fines raised concerns about two-week wait referrals, leading to ongoing data analysis and the formation of a new group to review local performance metrics.

2f. GM & East Cheshire Strategic Networks 2024-2025 Impact Report

- Not discussed due to the agenda being suspended considering the number of apologies.

2g. Advice & Guidance Update

- Dr John Patterson presented an update on the Advice and Guidance (A&G) programme rollout across Greater Manchester, including the upcoming launch of the Consultant Connect tool on 1st October 2025. He outlined the programme's aims to reduce waiting times, improve communication between primary and secondary care, and shift funding accordingly. Bury's current low usage was attributed to system and coding issues. The group discussed coding standards and retrospective claims, with Zoe Alderson and Dr Sanjay Kotegaonkar agreeing to support local implementation. A webinar and practice visits are planned to promote uptake, and parallel developments in ERS and GM procurement were acknowledged, with both systems to run concurrently for now.

2h. AOB

- Dr Sanjay Kotegaonkar reported on the LIMS pathology system rollout in Bury, noting technical issues, particularly browser compatibility, that has affected practices in Bury, Rochdale, and Oldham. While a workaround has been found, unresolved problems remain, prompting a new engagement approach between the testing team and practices. Key stakeholders include Alan Hudson, the NCA project team, and the GM technical team. The project timeline has been delayed, with concerns about aligning technical and clinical expectations. Weekly meetings with testing practices are planned, and the Senate Chair proposed quarterly updates to the Senate, which will continue to monitor progress.

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
September 2025

Meeting: Locality Board			
Meeting Date	06 October 2025	**Action**	Receive
Item No.	19	**Confidential**	No
Title	SEND strategy		
Presented By	Will Blandamer, Deputy Place Based Lead		
Author			
Clinical Lead			

Executive Summary

A SEND Strategy for the borough has been developed which was approved by the SEND Improvement and Assurance Board in September 2025.

The SEND strategy has been co-produced by Bury Changemakers, Bury Youth Service and the SEND Improvement and Assurance Board is the result of conversations with young people about social reform and improvement to SEND for children and young people in Bury.

It is hoped this strategy will improve the lives of children and young people in Bury. The strategy is for them, and for parents/carers. This document is also for anyone who interacts with children and young people with SEND in the public and voluntary sectors. We hope they will better understand, accommodate, support and respect children and young people with SEND, their families, and those who support them."

Recommendations

The Locality Board are asked to note the Bury SEND strategy.

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

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

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

Implications						
Are the risks already included on the Locality Risk Register?	Yes	☐	No	☐	N/A	☒
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	☐	No	☐	N/A	☒
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Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
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If 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 SEND Strategic Vision 2025-2028

Approved by Bury Send Improvement &Assurance Board - September 2025

For Review – September 2026

Contents

Creating a positive and sustainable future for our Children and Young people

"We are a group of young people who come from Bury. We work with decision makers to ensure strategies like this deliver outcomes that matter to us. These are things like feeling healthy and well, freedom to choose our next steps, and feeling safe.

We, as young people, understand how everyone is impacted differently by their additional needs and disabilities. We want everyone to have aspirations and goals, and to be supported with those, with their individual needs taken into consideration.

This SEND strategy which has been co-produced by Bury Changemakers, Bury Youth Service and the SEND Improvement and Assurance Board is the result of conversations with young people about social reform and improvement to SEND for children and young people in Bury.

We hope this strategy will improve the lives of children and young people in Bury. The strategy is for them, and for parents/carers. This document is also for anyone who interacts with children and young people with SEND in the public and voluntary sectors. We hope they will better understand, accommodate, support and respect children and young people with SEND, their families, and those who support them."

The Changemakers & Bury Youth Service

This document has been co-produced by:

- Children and young people with Special Education Needs
- Bury2Gether
- NHS Greater Manchester
- Bury Council

BURY2GETHER

NHS Greater Manchester Integrated Care

Bury Council

Strategy on a page

Our goal is to deliver on the things that matter to children and young people. Our goal is to work as a partnership so that children and families can take control of their lives, access the support that they need, and reach their potential.

The outcomes we are trying to deliver are the ones that our Children and Young People want:

- I am **safe**
- The people that care for me are **respected** and supported
- I feel **healthy** and well
- I have **fun**
- I have the **freedom** to choose my next steps and I am as independent as possible
- I have my say and feel **heard**
- I feel **included** at home, school and in the community

We promise that we will ensure children and young people are **informed** and understand the service that they are being offered and how it will help them.

We recognise that **good relationships** with children and young people are key to all who work with them and we promise that professionals will endeavour to build a strong, transparent and honest relationship with the young person they are working with.

We promise that staff who engage with children and young people will have the appropriate engagement **skills and training"**

Our priority focus is delivering improvements to our SEND services and support through our work:

- Co-production of improvements to service and support, and better communication with children and parents
- Ensuring the right support for children is available at the right time
- Ensuring effective transport to ensure children can access education
- Supporting our parents and carers
- Supporting children and young people to have fun

Our most important partners are our children and young people, and parents and carers. We are working with them through Youth Cabinet, Changemakers, Bury2Gether, Co-production events, and school visits.

The organisations working together to deliver these improvements are Bury Council, NHS, Primary and Secondary schools, Early Years settings and Post-16 settings

BURY2GETHER

NHS Greater Manchester Integrated Care

Bury Council

1 Purpose of this strategic vision

Positive outcomes means adults valuing what we have to say, being supportive and encouraging.

This strategy is a key tool for us as a partnership to deliver the best outcomes we can for our Children and Young People with Special Educational Needs.

It will ensure that our local SEND system is focused on identifying the needs of children and young people as early as possible, meets their needs as soon as we can, and ensures there is a range of support available that can best meet their needs (known as a 'Graduated Approach').

Supporting children at all levels of our Graduated Approach requires partners from across our schools, the council and the NHS and others to work with children and young people, their parents, and/or carers to ensure that they have everything they need to live good lives and to thrive both in and out of school.

We know that we have changes that we need to make, and that these changes will not be simple to do. It is important that all the work we do as a partnership fits together.

This strategy will help us do that, ensuring that we are all working towards a shared goal, and providing the link between the different parts of the system.

By ensuring that all of our teams are working to this strategy we are confident that we can make a positive impact working alongside our children, young people, parents, carers and families.

2 Our co-production promise

Adults should talk to me before talking about me – that way they can take my perspective into account.

We promise that we will ensure children and young people are **informed** and understand the service that they are being offered and how it will help them.

We recognise that **good relationships** with children and young people are key to all who work with them and we promise that professionals will endeavour to build a strong, transparent and honest relationship with the young person they are working with

We promise that staff who engage with children and young people will have the appropriate engagement **skills and training.**

As a partnership we are committed to delivering on the promises above for all engagement.

The co-production scale below covers the different ways in which people can be involved in changes to their system. Our promise means we will always work to the right-hand side of the scale, and wherever we can to co-design and co-produce change.

To deliver on our promise we will:

- Engage with the 'Changemakers', our Children and Young Person Group supporting SEND improvement, and Bury2Gether - Bury's Parent Carer Forum, as a minimum.
- Be honest and clear about any limitations that we need to work within and the reasons why they exist.
- Communicate effectively with families throughout this period of change.
- Ensure there are effective feedback loops that keep people up to date on the work that is happening and how their views and input has influenced what we do.

3 Our goal

Independence is about getting qualifications to get a job, living independently, and being trusted in the community

Our goal is to deliver on the things that matter to children and young people. Our goal is to work as a partnership so that children and families can take control of their lives, access the support that they need, and reach their potential.

The outcomes we are working to are the things Bury's children and young people with Special Educational Needs have told us is important to them:

- I am safe
- The people that care for me are respected and supported
- I feel healthy and well
- I have fun
- I have the freedom to choose my next steps and I am as independent as possible
- I have my say and feel heard
- I feel included at home, school and in the community

4 Where are we now and what are we doing?

Following an Ofsted and CQC inspection in February 2024 the Partnership is working on a programme of improvements – called our Priority Impact Plan (see plan here) to tackle the issues identified.

We are committed to making improvements:

- The Council, the NHS and schools must work better together to provide the support and services that children and young people need
- Needs must be identified earlier and support provided as soon as possible through a graduated approach
- Children and young people need to be better supported while they are waiting for assessment, diagnosis and/or care
- Children and young people must be better supported when transitioning through key stages in their life, and/or changes in their needs
- Children and young people should receive greater help in preparing for adulthood
- The process for assessing needs and reviewing needs should work more effectively

Progress has already been made and was recognised by the DfE in a stocktake held in December 2024 and in July 2025

The most important thing to us is being safe and well

Our Priority Impact Plan will improve our outcomes by:

Safe

Bringing together leaders and teams from across our partnership to work together to ensure children are safe, including responding to individual children at risk.

Respected

Putting parents and children at the heart of our work, with Bury2Gether as key partners in our group, and a focus on effective communication to reach and support all parents.

Healthy

Tackling waiting times in NHS services, supporting people while waiting and developing our Local Offer and Graduated Approach to ensure all needs can be met.

Fun

Ensuring that we communicate all of the opportunities available to children and young people, particularly through improvements to our Local Offer and its website.

Independent

Improving our reviews process to ensure Children and Young People's plans meet everyone's changing needs, and creating clear transition pathways and guidance at all stages.

Heard

Actively involving children and young people in our programme and through our review and assessment improvements we are ensuring support plans are built on what children say matters.

Included

Delivering a 'Graduated Approach' in Bury that provides a range of support in a variety of settings to best meet the diverse needs of the children and young people in Bury.

5 Our future areas of focus

Our dream future is having the support we need at school, everyone understanding our needs, and being independent

Delivery of the Priority Impact Plan is the start of a journey to improving our local system and delivering better outcomes for our children, young people and families. Our future areas of focus for making these improvements are:

Co-production and communication

We will co-produce our strategies, and changes to our services and support offers.

We will improve our approach to and standards of communication, including the development of the Local Offer, and improving contact points into the partnership and services.

Support for children and young people when it is needed

We will co-produce changes to services and support so people at all stages of their journey are supported as best as possible.

We will make the Greater Manchester Post-Diagnosis Autism standards a reality.

We will spread a Graduated Approach across Bury, ensure we are utilising our inclusion teams as best as possible, and increase the number of children and young people we support in Mainstream settings.

Ensuring effective transport to education

We will improve the information guidance on transport options and how to access them.

We will tackle the staffing shortages that have caused transport cancellations.

We will confirm transport arrangements earlier, alongside the school transfer confirmation.

We will improve the experience of accessing and using transport for children and parents.

We will improve the transport offer for 16+ year olds.

Supporting our parents and carers

We will improve the support to carers, including specifically for sibling carers and for parents/carers at the point of diagnosis, and embedding the Greater Manchester carers standards locally.

We will ensure there is a clear and transparent pathway to social care support, healthcare support and financial support where needed.

We will improve the standard of information or advice available, particularly to families waiting for assessments. We will improve how we communicate.

Supporting children and young people to have fun

We will develop our Holiday Activities and Food programme (HAF) to ensure eligible children with SEND have access to a range of accessible activities

We will improve the social opportunities for young people over the age of 16 with SEND.

We will make local spaces more accessible for all of our children, such as ensuring safe outdoor space to play, or increased Changing Places.

We will ensure we support SEND families as well through improved short breaks opportunities and after/before school clubs.

6 Our partnership arrangements to delivery our strategy