

# AGENDA FOR HEALTH SCRUTINY COMMITTEE



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**To: All Members of Health Scrutiny Committee**

**Councillors :** E FitzGerald (Chair), S Haroon, N Frith,  
C Boles, L Ryder, M Rubinstein, I Rizvi, L McBriar,  
R Brown, D Duncalfe and K Simpson

Dear Member/Colleague

## **Health Scrutiny Committee**

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

<b>Date:</b>	Tuesday, 15 July 2025
<b>Place:</b>	Council Chamber, Town Hall, Bury, BL9 0SW
<b>Time:</b>	7.00 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

### **3 MINUTES OF THE LAST MEETING** *(Pages 3 - 10)*

The minutes from the meeting held on 19<sup>th</sup> June 2025 are attached for approval.

### **4 PUBLIC QUESTION TIME**

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

### **5 MEMBER QUESTION TIME**

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee.

### **6 HEALTHWATCH ANNUAL REPORT UPDATE** *(Pages 11 - 40)*

Andrew Hollond Chief Operating Officer for Bury Healthwatch to support this item.

### **7 GP STRATEGY UPDATE** *(Pages 41 - 50)*

### **8 HEALTH INEQUALITIES UPDATE** *(Pages 51 - 64)*

Jon Hobday Director of Public health in attendance to support this item

### **9 STANDING ITEM CHAIRS UPDATE**

Verbal update from the Chair Councillor FitzGerald

### **10 TASK AND FINISH GROUP - NHS CHANGES ACROSS GM - STRUCTURAL AND SERVICE CHANGES**

### **11 FORWARD PLAN STANDING ITEM**

Forward planner to follow

### **12 URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

**Minutes of:** HEALTH SCRUTINY COMMITTEE

**Date of Meeting:** 19 June 2025

**Present:** Councillor E FitzGerald (in the Chair)  
Councillors S Haroon, N Frith, C Boles, L Ryder, M Rubinstein,  
I Rizvi, L McBriar, D Duncalfe and K Simpson

**Also in attendance:** Will Blandamer Executive Director (Health & Adult Care) and  
Deputy Place Based Lead  
Adrian Crook Director of Adult Social Services and Community  
Commissioning  
Andrew Holland Chief Operating Officer Bury Healthwatch  
Councillor T Tariq Cabinet Member Adult Care, Health and  
Public Service Reform

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:** Councillor R Brown

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**HSC.52 APOLOGIES FOR ABSENCE**

Apologies for absence are listed above.

**HSC.53 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**HSC.54 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 20<sup>th</sup> March 2025 were agreed as an accurate record.

**HSC.55 PUBLIC QUESTION TIME**

There were no public questions.

**HSC.56 MEMBER QUESTION TIME**

There were no member questions.

**HSC.57 HEALTH AND CARE UPDATE**

At the start of the meeting, the Chair welcomed new members of the Committee: Councillors Shaheena Haroon, Imran Rizvi, Luis McBriar, and Ken Simpson. Thanks were also extended to outgoing members Councillors Joan Grimshaw, Richard Gold, Jo Lancaster, and Mary Walsh for their contributions to the Committee's work. Moving onto the first item.

Will Blandamer, Executive Director for Health and Adult Care, delivered a detailed presentation on the structure and function of the health and care system in Bury. The presentation was designed to orient new members and refresh the understanding of existing members.

Will began by outlining the role of health scrutiny within the broader health and care system. He emphasised that the committee plays a vital role in holding Councillor Tariq Cabinet member for Adult Care, Health and Public Service Reform and NHS partners to account, particularly in relation to service reconfigurations and policy changes. The committee also has the authority to establish joint scrutiny arrangements at the Greater Manchester (GM) level. Mechanisms such as public consultations and the involvement of Healthwatch Bury were highlighted as key tools for ensuring community voices are heard.

The presentation moved on to describe how the health and adult care system operates within the GM footprint. Will explained that Bury's system includes a range of partners: the council's children's services, the Northern Care Alliance (which runs hospitals in Oldham, Rochdale, and Bury), and Pennine Care. He noted that a significant portion of care around 40% is delivered outside of Bury, particularly in Manchester, with key trusts including Christie Hospital and Bolton Foundation Trust.

NHS Greater Manchester (NHS GM) was described as the body responsible for holding the NHS budget in Bury and contracting with providers. It employs around 50 people locally and acts as the commissioner of services. Will stressed the committee's right to call in any provider, including VCFA organisations and adult social care services, to ensure accountability. He praised the strong working relationship with Healthwatch Bury and the collaborative ethos across the system, including with Bury Hospice.

The Locality Board, which is jointly chaired by Dr. Kathy Fines, was cited as a key forum for partnership working. Will noted that Bury is recognised for its strong partnerships and positive outcomes, particularly in adult social care.

During the discussion, Councillor Boles asked whether there were any partners with whom relationships could be improved. Will responded that while local relationships are strong, there is room for improvement with out-of-borough partners, such as Manchester Foundation Trust and Bolton. He also noted that the first 1,000 days of a child's life remain an area for development, despite generally strong relationships with GPs, VCFA, and the hospice.

Councillor Fitzgerald requested a future report on maternity services, which Councillor Tariq supported. He highlighted the challenges faced by families during the maternity journey, particularly in the absence of wider support structures. Councillor Frith added that maternal mental health should also be a focus, given the anxiety caused by gaps in local provision.

Councillor Rizvi suggested that elective and urgent care be added to the committee's workplan. Will noted that a recent Locality Board presentation had highlighted significant progress, including 30,000 additional appointments and improved GP access. He confirmed that Bury is currently meeting all national targets within its footprint.

Councillor Duncalfe raised concerns about the impact of population growth on service provision. Will responded that the Health and Wellbeing Board is addressing this through its four pillars, with loneliness identified as a major factor in hospital admissions. He noted that population growth is largely driven by births rather than migration, and that demographic changes are increasing demand on services.

Councillor Simpson, speaking as a veteran, asked how veterans' mental health is being addressed. Will acknowledged that while the NHS has a role in armed forces primary care, there is a gap in recognising and recording veteran status. Councillor Tariq added that suicide prevention is a key priority, and that there is a need to bridge the gap between primary care and veteran support networks. He suggested bringing back Jon Hobday, Director of Public Health, to discuss this further.

Councillor Rizvi also asked whether the gap in life expectancy in Bury is closing. Will confirmed that disparities persist, particularly along socio-economic lines. He stated that health inequalities remain a priority for the council and noted that the Bury JSNA website contains detailed analysis. Councillor Tariq offered to share the 2022/23 health inequalities paper and confirmed that further updates are planned. Will concluded by stating that life expectancy at birth in Bury is currently 81 for females and just over 77 for males.

The committee discussed the potential formation of a sub-group focused on children, young people, and maternity services, and agreed to explore this further in future meetings.

**It was agreed**

- The update be noted
- Will be thanked for his presentation
- That a maternity presentation would come to the committee in the Autumn.

**HSC.58 NHS STRUCTURAL CHANGES UPDATE**

Will Blandamer, Executive Director for Health and Adult Care, delivered a presentation outlining the significant changes being implemented across Integrated Care Boards (ICBs). He explained that NHS England is being dissolved, with its responsibilities transferring to the Department of Health. As part of this national restructuring, ICBs are required to reduce their running costs by 50%, with Greater Manchester's ICB budget expected to fall from £109 million to £65 million. A new operating model is being developed during June and July to determine which functions are best delivered at the Greater Manchester level and which should remain local. Will emphasised the importance of maintaining strong partnerships and local relationships during this transition.

Councillor Tariq provided additional context for new members, explaining the role of the Greater Manchester Integrated Care Partnership (ICP), which includes political leadership from across the region. He noted that he represents Bury within this structure and highlighted the importance of ensuring that the transition does not become overly Manchester-centric. He also referenced the leadership of Andy Burnham in steering the partnership forward.

Councillor McBriar raised concerns about whether Bury would be able to maintain its current position and performance under the new arrangements, given the scale of the reductions. In response, Will Blandamer acknowledged the risks but expressed confidence in the strength of Greater Manchester's alignment with local government structures and its 10-year plan, which focuses on wider determinants of health. He stressed the importance of nurturing local relationships and expressed doubt that a fully centralised model would be adopted.

Adrian Crook added that while significant improvement work has been undertaken, halving the workforce poses a real risk to service delivery. He reminded the committee of their powers to request further reports, make recommendations and ultimately write to the secretary of state requesting a consideration of a "call in" of any proposal.

Councillor Fitzgerald highlighted the need to invest in prevention and ensure that people are treated fairly. She warned that without proper investment, there is a risk of medicalising conditions unnecessarily and incurring higher long-term costs. She also noted that these issues are on the radar of the Greater Manchester Health Scrutiny Committee.

Councillor Ryder asked about the potential impact of staffing reductions and whether any plans were in place to address gaps. Will Blandamer responded that there is no nationally funded redundancy scheme and that while efficiencies may be possible, there is a risk of

having the right number of staff in the wrong places. He assured the committee that business continuity would be a priority.

Councillor Boles raised concerns about the future of safeguarding if responsibilities were moved away from the ICB. Will acknowledged these concerns and emphasised the importance of safeguarding roles, noting that NHS Greater Manchester will retain statutory safeguarding responsibilities for both adults and children. He explained that the question remains whether safeguarding is best delivered centrally or locally. Adrian Crook reinforced that safeguarding remains a statutory duty and that any changes could pose risks.

Further concerns were raised about the streamlining of SEND services. Will explained that NHS Greater Manchester and local partners have statutory responsibilities for the SEND partnership. He referenced Bury's recent SEND inspection and noted that many of the required improvements fall within the remit of local and regional health partners. Adrian Crook added that health services for children are commissioned by NHS GM and that any changes to commissioning could pose risks to the SEND cohort in the future.

Councillor Fitzgerald asked how these changes align with service reconfigurations in children's services. Will confirmed that NHS GM remains the commissioning body, though with reduced capacity. Councillor Boles expressed concern that Bury's voice could be lost in the new arrangements. Adrian Crook noted that while duties could be delegated, there is a risk that local input and influence could be diminished. Will concluded by stating that the 10 local authorities are working together to ensure effective commissioning.

Councillor FitzGerald thanked Will for his leadership during this challenging period, and Will in turn thanked his team and staff for their continued efforts.

## It Was Agreed

- The update be noted
- Will Blandamer be thanked for the update
- A task and finish group on the structural (ICB) and service changes

## **HSC.59 ADULT SOCIAL CARE PERFORMANCE QUARTER FOUR REPORT 2024/25**

The Chair introduced the item by confirming it would be split into two distinct sections: the Q4 performance report followed by the CQC preparedness update. Members were reminded that the relevant reports had been circulated in advance of the meeting.

Councillor Tariq Cabinet member for Health and Adult Care was invited to present key highlights from the Q4 performance report, supported by Adrian Crook, Director of Community Commissioning. Councillor Tariq drew attention to the significant reduction in waiting times for care home beds, noting that Bury had reached the fourth highest position nationally. He also highlighted the absence of contacts being added back into the system, attributing this to improvements in workforce conditions, including the minimum wage uplift and a broader offer to staff.

The Committee was reminded that the LGA Peer Review had been commissioned and was included in the meeting papers. Councillor Tariq praised the dedication and passion of the adult social care workforce, describing them as the Council's greatest asset. He commended the senior leadership team and emphasised the importance of continuing the improvement journey, not just sending a message but embedding lasting change. The Peer Review was

seen as a strong foundation for further progress, with a clear commitment to delivering best practice and high-quality services.

During the discussion, Councillor Boles raised a question regarding the reduction in overdue reviews, noting a 39% improvement and asking whether there was a plan to reach zero. Adrian Crook responded that while progress was commendable, achieving zero was not realistic due to the scale and complexity of adult social care, which involves 71 statutory functions.

Councillor Fitzgerald asked about the registration of new carers and whether there were barriers to access. Adrian acknowledged the concern and referred to the Carers Partnership Board, noting that data comparisons were ongoing and that red indicators should not be a cause for alarm.

The Committee then moved to the second part of the item: the CQC preparedness update. Councillor Tariq provided an overview of the status, noting that the inspection process had begun. He reiterated that the goal was not simply to pass the CQC inspection but to continue delivering excellent services that improve lives. The LGA Peer Review had come at an opportune time and reinforced the Council's commitment to improvement.

Adrian Crook explained that while the exact inspection date was unknown, the team was working within a three-week preparation window, maintaining business-as-usual operations. He emphasised that the workforce was capable and committed, and that the Council was still on its improvement journey. The inspection was framed as part of a broader strategy rather than a standalone event.

Councillor McBriar asked whether best practices were being shared with other authorities. Councillor Tariq confirmed that collaboration was ongoing, including with Greater Manchester partners and national peers. The Mayor of Salford had expressed interest in Bury's approach, and case studies had been shared with councils in London and Cambridge.

Adrian Crook highlighted Bury's strengths in intermediate care and noted that while 55% of councils were rated as "good," many councils still faced challenges. He also addressed a question from Councillor Boles regarding safeguarding pathways, explaining that previous fragmentation had been resolved and that all safeguarding concerns now entered through a single front door.

Councillor Fitzgerald asked whether reporting mechanisms had changed significantly. Adrian responded that while the fundamentals remained, there was a growing emphasis on compliance and capturing peoples lived experiences, which would be strengthened in future reports.

The Committee acknowledged the hard work of the adult social care team and expressed appreciation for their continued efforts.

**It was agreed**

- The update be noted

**HSC.60 FORWARD PLANNER**

The Committee held a forward planning discussion to consider its future work programme, building on its Terms of Reference, statutory duties, and previous areas of focus. Members were encouraged to suggest topics for briefings, visits, and Task and Finish Groups, which

could take place outside of formal meetings. The growing scope of GMCA work and the importance of integrated neighbourhood working were highlighted.

## **Key topics discussed:**

- Establishing a formal Task and Finish Group or Sub Group on the impact of ICB changes in Bury
- Neighbourhood working as a standing item, linked to NHS and public service reform
- GMCA's "Live Well" initiative and integrated neighbourhood teams
- Transitions between children's and adult services
- Access to healthcare: pharmacy, dentistry, and primary care
- Elective care and winter preparedness
- Healthwatch involvement in access-related work
- Contributions from Adrian Crook on adult social care
- Joint committee work across children's and adults' services (suggested by Cllr Boles)
- Communications support (suggested by Cllr Frith)
- Public service reform and expanded cabinet roles under the mayoral model

## **HSC.61 STANDING ITEM CHAIRS UPDATE**

The Chair Councillor FitzGerald gave a brief update to members on key developments from GMCA and related committees. She noted that the GMCA Chair is supporting diabetes education and engagement in Bury, with a report to follow. This included:

Adult ADHD services have moved to a triaged model, excluding private diagnoses, raising concerns across GM. In contrast, the children's ADHD consultation was praised for its inclusive approach.

The second phase of the IVF consultation is underway. Access currently varies across boroughs, with a proposal to standardise to one cycle. Feedback highlighted cost concerns, inequality, and limits on private options. A summary will be shared with members.

On diabetes engagement, around 180,000 people in GM have Type 2 diabetes. The reason for doing the engagement was that education was felt to be unsatisfactory in each borough. Around 1/5th of the feedback was from health workers and clinicians. The aim of the consultation is to try and make sure people with diabetes have the right information to manage their condition. The Chair noted that one of the things in the report was mistrust in the clinical advice.

The national Paediatric Hearing Service Improvement Programme (PHSI) was established in response to the identification of systemic issues in NHS paediatric audiology services in England, this includes the misdiagnosis of childhood hearing impairment and the need for system-wide improvements. Following an initial Quality Assurance desktop exercise, it was found that 90/140 services across England were of low or partial quality. We were given an update about the next steps in GM.

## **HSC.62 URGENT BUSINESS**

There was no urgent business

There was no urgent business



**COUNCILLOR E FITZGERALD**  
**Chair**

**(Note: The meeting started at 7pm and ended at 9.15pm)**

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**Annual Report 2024–2025**

# **Unlocking the power of people-driven care**

Healthwatch Bury

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"The feedback local Healthwatch hear in their communities and share with us at Healthwatch England is invaluable, building a picture of what it's like to use health and care services nationwide. Local people's experiences help us understand where we – and decision makers – must focus, and highlight issues that might otherwise go unnoticed. We can then make recommendations that will change care for the better, both locally and across the nation."

Louise Ansari, Chief Executive, Healthwatch England



## A message from our Chair

### Healthwatch Bury 2024–25: A Year of Meaningful Advocacy

In 2024–25, Healthwatch Bury continued to engage with local people and communities —ensuring that lived experience helps shape health and social care services across the borough. Amid growing pressures on the NHS and deepening inequalities, our staff, board, and volunteers remained committed to listening, amplifying, and influencing, particularly on behalf of those too often unheard.

We've maintained a strong and visible presence, from Bury Pride and local health centre listening events to informal "park bench surgeries." Through projects such as Women's Health, Prescriptions, and Clearer Communications, we enabled people to speak up about the issues that mattered to them—from barriers to accessing contraception, to concerns about medication delays and the clarity of information from service providers. These initiatives offered safe and inclusive spaces for diverse voices to be heard and shaped our recommendations for system improvements. Inclusion and accessibility have been central—meeting people where they are, particularly those who might not otherwise seek us out.

Tackling health inequalities has remained a core focus. We've deepened our engagement with communities who are seldom heard and amplified the voices of marginalised people, supporting those unsure of their rights, rebuilding trust after poor care experiences, and helping people navigate a complex system.

As a statutory body, Healthwatch Bury brings insight from these conversations directly into decision-making forums, ensuring local voices are heard and acted upon by those with the power to make changes. We've shared detailed feedback with system leaders, commissioners, and regulators like the CQC, highlighting both service gaps and examples of excellence.

Our priorities for the coming year are clear: expand our reach—particularly through platforms like Healthwatch Bury Live—while maintaining strong face-to-face engagement in neighbourhoods and local spaces. We'll support more people to understand their rights and navigate services with confidence. And we'll ensure real-life experiences continue to inform decision-making at every level, keeping the patient voice central to system reform.

This year's report reflects not just the challenges people face in accessing care, but also the vital role Healthwatch Bury plays in listening, responding, and driving improvement.



## A message from our Chair



“

Looking ahead and building for 2025-26 with energy and renewed focus, we are enjoying our new, more accessible office which strengthens our community presence and enhances opportunities for collaboration. We have welcomed Andrew Holland as our new Chief Officer, bringing fresh insight and passion for making our organisation financially sustainable and broadening our reach—ensuring more people across all Bury communities know who we are and how we can help.

**Ruth Passman, Chair of Healthwatch Bury**

## A message from our new Chief Officer



“

“First of all, let me start by saying how excited I am to lead Healthwatch Bury.

Having only been in role a very short time, one thing is clear and that is the team are incredibly keen to ensure the voices of the people of Bury are heard loud and clear.

I have been taken aback by the passion and enthusiasm within this team, and I’m looking forward to us all working together to ensure that we make Healthwatch Bury famous by making sure that we are seen and heard in all of our localities and that we continue to champion our people and be their voice wherever and whenever they need us.”

**Andrew Holland, Chief Officer of Healthwatch Bury**

## About us

# Healthwatch Bury is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



### Our vision

A world where people who live, work, volunteer, study and use services in Bury can all get the health and care they need.



### Our mission

To make sure Bury people's experiences help make health and care better.



### Our values are:

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



## Our year in numbers

We've supported more than 400 people to have their say and get information about their care. We currently employ 6 (3.8 full time equivalent) staff and, our work is supported by 9 volunteers.

### Reaching out:



Over 400 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care. We engaged with nearly **1300** people via our drop ins, park bench surgeries and community events.

**5,435** people came to our website for clear advice and information on topics such as **mental health support, food banks** and **finding an NHS dentist**.

### Championing your voice:



We published **4** reports about the improvements people would like to see in areas like **Women's Health, Prescriptions, Clearer Communications** and **CAMHS Enter and View Report**.

Our most popular report was **Women's Health Report**, highlighting people's experiences of accessing support for menopause, sexual health and any other health concerns.

In addition to above we published 4 activity reports showcasing what we have been up to and highlighting issues to the health and care commissioners and services. We also contributed towards Healthwatch England reports around **Pharmacy Services** and **Eye Care services**.

### Statutory funding:



We're funded by **Bury Local Authority**. In 2024/25 we received **£122,000** which is the same as the previous 11 years.



## A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Bury. Here are a few highlights.

### Spring

We highlighted concerns of people in Bury around access to dementia services and changes in provision



Our team actively kept track of all vacancies to register with NHS dentists to help people that were struggling to get one themselves



### Summer

Healthwatch Bury participated in Healthwatch England's eye care research by conducting in-depth local engagement at eye clinics, and the findings have now been submitted and published in the final reports.



We explored women's health issues in Bury, focusing on menopause awareness, and published a report based on community feedback and group engagement.



### Autumn

We gathered patient feedback on prescription issues, shared findings with key stakeholders, and supported clearer communication on patient-led prescribing.



We raised safeguarding concerns about patient belongings at the hospital, prompting policy review with the Northern Care Alliance and action to improve patient safety and staff accountability.



### Winter

We supported Rock Healthcare's patient engagement, gathering feedback on the proposed Radcliffe branch relocation and reporting insights to ensure patient voices informed decision-making.



We supported Public Health's Community Pharmacy Services Survey by promoting it, gathering community feedback through local group visits, and reporting insights to inform the upcoming Pharmaceutical Needs Assessment.



## Working together for change

**We've worked with neighbouring Healthwatch to ensure people's experiences of care in Greater Manchester are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at Greater Manchester ICS**

This year, we've worked with 9 Healthwatch across Greater Manchester to achieve the following:

### A collaborative network of local Healthwatch:



We have progressed into the second year of our partnership agreement with the ICS, as part of a network of 10 local Healthwatch to amplify the voices of people across the region. We've contributed to regional strategies, produced GM-wide reporting, and launched shared platforms to strengthen our insight. Our representative ensures lived experience is heard and influences decisions across the ICS.

### Voices from our communities:



We listened to thousands of people across Greater Manchester on topics like ADHD, Menopause, Pharmacy, Urgent Care and CAMHS. These insights were shared with the ICS and used to inform strategy, consultations, and influence service design. By working together across the region, we've made sure the experiences of individuals and communities are central to how health and care services are planned and delivered.

### Building strong relationships to achieve more:



In November, Healthwatch in Greater Manchester hosted a conference, bringing together ICS leaders, Healthwatch staff, the VCSE sector and communities. We presented our work across the network, the importance of Healthwatch work and explored new ways of working, including stronger patient representation and co-production at ICS level.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.

## Making a difference in the community

**We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.**

Here are some examples of our work in **Bury** this year:

### Creating empathy by bringing experiences to life



#### **Hearing personal experiences on dementia and their impact on people's lives helps services better understand the issues people face.**

Healthwatch Bury gathered experiences from dementia patients and carers, highlighting challenges in diagnosis and support. Our 2024/25 report identified inconsistencies and provided recommendations, leading to the re-establishment of a Dementia Steering Group and a new strategy aligned with 'The Well Pathway for Dementia.' Greater Manchester developed a Dementia Care Pathway with quality standards for diagnosis, community support, and end-of-life care. Bury reviewed services against these standards, identifying key improvements. A delivery plan, created with Voluntary Community and Faith Alliance members, aims to improve care and support for those affected by dementia.

### Getting services to involve the public



#### **By involving local people, services help improve care for everyone.**

Earlier this year we supported Rock Healthcare with patient engagement regarding the proposed relocation of their Radcliffe branch to Moorgate Primary Care Centre. We actively contributed to the consultation process, helping ensure patients' views were heard. By collecting and summarising feedback, we provided Rock Healthcare with a clear and concise overview of local perspectives to inform their next steps. This support helped promote inclusive decision-making and strengthened the involvement of local people in shaping service changes.

### Improving care over time



#### **Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.**

Over the years, we have steadily pushed for meaningful change in children and young people's mental health services. Our 2019 report laid the groundwork, highlighting key challenges. Greater Manchester CAMHS report amplified regional voices, exposing systemic barriers. Most recently our Enter and View visit to Bury CAMHS captured current experiences and best practices. Together, those pieces of work reflect on our ongoing commitment to listening, learning and influencing improvements.

## New Office Launch

**We are delighted to share the successful launch of our new town centre office, developed in partnership with Irwell Valley Housing in 2024/25.**

- This new space has become a community hub for local residents, offering regular drop-in sessions and making it easier for people to access the support they need.
- We began by welcoming the public to a lively open event in October that brought together residents, local partners, and new faces. With wellbeing-focused activities and an inviting atmosphere, the day helped introduce our services to a wider audience and laid the foundation for ongoing community involvement.
- Soon after in November, we brought together representatives from a wide range of local organisations to celebrate our new space. This event sparked new relationships and strengthened existing ones, highlighting the importance of collaboration in addressing local needs.
- Additionally, in collaboration with Bury Live Well Service, we delivered a Menopause Awareness session that offered useful insights and signposted further support. More sessions are planned to meet growing interest.
- Overall, this year has been one of growth and connection—expanding our reach, improving partnerships, and opening more doors to meaningful engagement across the community





## Listening to your experiences

**Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.**

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.

### **This year we have reached different communities by:**

- Attending events in our local community including Collabor8 and Bury Pride
- Holding park bench surgeries across all townships and parks to widen our reach.
- Holding regular drop-in sessions/visiting groups for the seldom heard, vulnerable and facing stark inequalities in the community including homeless people, carers, veterans, asylum seekers, refugees and people with sensory impairment.
- Publishing information and advice articles on our website for topics such as arthritis, floating support and carers groups.
- Publishing videos on our YouTube channel in regards to various topic including gambling awareness, cancer support, smell and taste disorders and hate crime



## Listening to your experiences

### Championing community voices to improve women's health

**Last year, we listened to experiences of local women and highlighted their concerns about accessing health and social care services.**

Through direct engagement and research, we uncovered barriers in adolescent, reproductive, and post-reproductive healthcare that needed urgent attention. Women, clinicians, and community leaders emphasised the importance of clear information, choice, and being heard when seeking care. This feedback shaped our Women's Health Project Report, driving action to improve services and awareness across Bury.

#### What did we do?

We engaged with local women to understand their experiences with health and social care services throughout different life stages. This work was driven by concerns raised in the Women's Health Strategy (Department of Health & Social Care, 2022). A report published in May 2024 outlined key findings and recommendations.

#### Key things we heard:



**34%**

**of women reported they were satisfied or very satisfied with the help and support they had received**

**88%**

**of women rely on GP practices for health care advice and support**

**A number of women reported having their symptoms dismissed as 'too young for menopause' or it's normal for your age' or diagnosed with anxiety with little or inappropriate treatment offered**

Our work highlighted how fragmented communication and complex healthcare processes can prevent women from accessing essential health and social care services. By engaging with local women, we identified key challenges in adolescent, reproductive, and post-reproductive care.

#### What difference did this make?

Our work raised vital awareness of gaps in women's healthcare, influencing local decision-makers to improve training, access, and communication. The Since then the GM Women's Health Steering Group has been established, three GPs are now training in women's health across Bury, and four local staff are becoming Menopause Coaches. Boroughwide menopause drop-in sessions are underway. Healthwatch Bury also hosted a session attended by 18 women, offering a space for open discussion and shared experiences.



## Listening to your experiences

### Improving hospital communication by making patient letters clearer and more accessible.

**Healthwatch Bury ran a research project to explore the methods of communications sent to patients from the Northern Care Alliance (NCA).**

We spoke with over 140 local patients to gather feedback on existing NCA letter templates. Patients emphasised the need for clear, consistent, and easily understandable communication. Many also expressed that information about alternative communication options would greatly improve accessibility. Their insights have helped shape recommendations for enhancing patient letters, ensuring they provide essential details in a more inclusive and user-friendly format.

#### Key things we heard:



**47%**

**of respondents told us they had a choice of their preferred method of contact.**

**59%**

**of respondents preferred to receive a letter about their appointment.**

'Too much information on the letter, not relevant to me about the car park, non-smoking policy and the Trust policy information. It was just for an MRI Scan'



As a result, NCA patients now receive standardised, clear, and concise letters that provide all the essential information for their appointments, ensuring better understanding and engagement with healthcare services.

#### What difference did this make?

Our report played a key role in the Northern Care Alliance (NCA) project to streamline and standardise letter templates across Bury, Rochdale, and Oldham. By improving communication and consistency, the initiative has enhanced patient experience and reduced appointment nonattendance. It also helped address inequalities by directing patients to better communication tools when needed. The report was shared with the NCA Outpatient Excellence Programme Steering Group (OPex), and we have been assured that its recommendations will inform ongoing improvements to outpatient services.

# Listening to your experiences

## Gathering patient insights on prescription experiences

**We carried out a research project to examine patient experiences with the prescription process, aiming to highlight key challenges, identify local best practices, and assess the usability of digital platforms like the NHS App.**

Through community group visits, engagement activities, and one-on-one interviews, we gathered insights from over 120 people. In addition, questionnaire responses were collected, providing valuable data to shape improvements in accessibility and support within prescription services.

### Key things we heard:



**54%**

**of respondents told us they were very satisfied, experiencing no problems in collecting their prescriptions**

**39%**

**of respondents said they used the NHS app for ordering repeat prescriptions**



"It took me three days and numerous attempts to get in touch with a GP. Then I had to do an over the phone appointment only to be told by the GP that they needed to see me before prescribing, so had to wait a further two days to get in for a face to face. One week later I was able to get the medication I needed."

We've worked with patients and social prescribers in the community to support patients with signing up to the NHS App to enable better and quicker access to prescriptions.

### What difference did this make?

Through this project, we have strengthened our relationship with Bury Integrated Care Partnership, enabling regular collaboration to keep patients informed about key health initiatives. As a result, we are now conducting a follow-up project on Prescriptions, assessing the impact of the patient-led prescribing pilot in Bury North. Additionally, we are working closely with the local social prescribing team to support patients in accessing digital healthcare by helping them sign up for the NHS App, improving engagement and ease of access to essential services.



## Hearing from all communities

**We're here for all residents of Bury. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.**

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

**This year, we have reached different communities by:**

- Listening to those with visual impairment to understand the barriers they face in getting an appropriate eye care services.
- Provided hands-on support to individuals facing digital exclusion by assisting them with registering for the NHS App and connecting them with local health services.
- Working with asylum seekers, refugees, Hong Kong and South Asian communities (such as ADAB ladies' group) to ensure they can understand their rights and what care is available to them.
- Attended Bury Red Door to support homeless people with any queries related to health and care services and registering with the GP practices.



## Hearing from all communities

### Supporting the National Eye Care Project

**We listened to eye care patients to improve services**

Healthwatch Bury was selected to support Healthwatch England's national eye care research. We secured funding to carry out in depth local engagement and held drop-in sessions at Fairfield General Hospital and Rochdale Infirmary eye clinics. We also worked with Bury Society for the Blind to reach people with lived experience. All survey responses contributed valuable local insight to the national evidence base.

#### What difference did this make?

Our engagement ensured that the voices of local patients—especially those waiting for or recently treated in secondary eye care—were heard at a national level. By gathering real stories from clinics and community groups, we helped highlight the emotional, physical, and practical impact of long waits. Our findings fed into Healthwatch England's report *A Strain on Sight*, which calls for better use of community optometrists and improved patient support. The report's recommendations aim to reduce waiting times, improve communication, and ensure patients with the most urgent needs are prioritised—changes that could significantly improve outcomes for people in Bury and beyond.

### Helping refugees and asylum seekers understand and access NHS care

**Supporting asylum seekers and refugees to navigate the health and social care system**

Healthwatch Bury continued with monthly drop-in sessions for asylum seekers and refugees. These sessions provide vital support with GP appointments, housing, women's health, and interpreter bookings. Recognising broader community needs, we've expanded access to other vulnerable groups on an ad hoc basis like homeless groups. Our commitment ensures continuity of care and support for those who need it most.

#### What difference did this make?

By continuing these sessions, we've created a trusted space for vulnerable individuals to access vital services and support. We've helped people navigate complex systems, such as booking hospital interpreters for non-English speakers and clarifying surgery waiting times for a child, while sharing updated NHS dental care information. Expanding the sessions to engage wider community groups has reduced isolation and strengthened local support networks. Our ongoing presence has built lasting trust, ensuring those most in need receive accurate information and support to access healthcare, housing, and other essential services with greater ease and confidence.



## Information and signposting

Healthwatch Bury provides free, confidential support to help people navigate health and social care services. Whether it's finding an NHS dentist, raising a concern, or choosing a care home, we're here to listen, guide, and empower individuals to make informed decisions.

**"We're now based in the town centre, offering weekly drop-in sessions that make it easy for people to access our support. Over the past year, we've supported individuals by:**

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services like housing, food banks and mental health support.



## Information and signposting

### Helping a Carer Navigate Delays in Healthcare Decisions

**Healthwatch Bury supported a carer awaiting a Continuing Healthcare decision, helping secure an outcome and connecting him with financial advice—bringing clarity during a difficult time.**

A carer contacted Healthwatch Bury after months of waiting for a Continuing Healthcare decision for his wife, who has dementia and complex health needs. The delay and lack of communication caused significant stress. We contacted the Complex Care Team, who acknowledged the delay and agreed to follow up. We referred the carer to Age UK Bury for financial advice. The patient was granted CHC, and the carer expressed deep gratitude for our support. The outcome brought much-needed clarity, reduced stress, and empowered the carer to plan ahead with confidence.



“Healthwatch Bury’s involvement has made so much difference going forward with this for my wife”

### Supporting a Patient in Crisis to Access Follow-Up Care

**Healthwatch Bury helped a domestic violence survivor update hospital records, ensuring safe communication and access to follow-up care without compromising her new location.**

A patient, recently relocated to a women’s refuge after fleeing domestic violence, was concerned about missing a hospital follow-up. She had no appointment details and couldn’t access her old phone or address. Healthwatch Bury contacted the Northern Care Alliance, eventually reaching the relevant department. We provided her new contact details and a safe postal address. Her records were updated, including removal of her former partner as next of kin, and a local follow-up appointment was arranged. This ensured her safety, restored access to care, and gave her control over her healthcare journey.



“I am so relieved that Healthwatch Bury has helped me to sort this out. I was worried about missing my appointment and my ex-partner finding out my new details.”

## Information and signposting

### Supporting people with unmet social care needs

**Thanks to Tanya's experience, a spotlight has been shone on the real-life impact of unmet social care needs for disabled adults.**

Tanya, who lives with multiple physical and emotional health conditions, lost her care package due to rising costs, leaving her without vital support. Her home still has unsuitable adaptations, leading to repeated falls and a growing sense of fear and isolation. Despite exploring local options, Tanya emphasised the need for tailored home adaptations and hands-on care. With her consent, we contacted Adult Social Care and referred her to Healthwatch England, who were collecting stories for their campaign on unmet social care needs. Tanya's experience is now part of their "Exposing the unmet need in social care" series.



"I'm isolated because I can't get help. Ask yourself something; would you want one of your relatives to live like that?"

### Supporting a Family to navigate the system and access accurate information

**Thanks to support from Healthwatch Bury, a family's long wait for their daughter's surgery was resolved.**

The family, whose first language is not English, had waited nine months for hernia surgery at Royal Bolton Hospital, affecting the child's development and making toilet training difficult. Healthwatch Bury contacted the GP and discovered a referral had been made to Manchester Children's Hospital with a shorter wait time. Using an interpreter, we updated the family and advised follow-up if needed. At six weeks, they received an appointment for the next day, and their daughter has since had successful surgery, bringing relief and reassurance.



We're so grateful to Healthwatch Bury for following up and keeping us informed about our daughter's surgery wait times. It brought such relief during a very worrying time, and we really appreciated the reassurance and support.



## Showcasing volunteer impact

Our fantastic volunteers have given up their time to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

### **This year, our volunteers:**

- Visited communities to promote our work and what we have on offer.
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve



# Showcasing volunteer impact

## At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

My experience in hands-on support and leadership equips me with empathy and strategic insight to drive positive change. As Director at Healthwatch Bury, living with sight loss empowers me to lead with compassion, understanding, and a deep commitment to inclusion and accessibility. I want to bring a strong, compassionate voice to Healthwatch Bury, one that represents the lived experiences of individuals navigating health and social care services, particularly those affected by neurological conditions and sight loss.

Katie



When I retired, I wanted to be involved in health and social care similar to my work role. With Healthwatch I can put in as many or as few hours as I wish to fit around other commitments. My involvement with Healthwatch has been interesting and varied ranging from reviewing national reports, contributing to panel meetings and taking part in face-to-face data collection. It's been really nice to meet and work with fellow volunteers.

Caroline



### Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.



[www.healthwatchbury.co.uk](http://www.healthwatchbury.co.uk)



0161 253 6300



[info@healthwatchbury.co.uk](mailto:info@healthwatchbury.co.uk)



## Enter and View authorised representatives

**These are our Healthwatch Bury volunteers that have gone through our thorough Enter & View training processes and have passed the relevant Disclosure and Barring checks, enabling them to conduct visits on behalf of Healthwatch Bury.**

- **Caroline Sutcliffe**
- **Florence Sokol**
- **Alison Slater**
- **Alan Norton**

In addition to the above, our staff team have also undergone the training and checks and are authorised to conduct Enter & View visits.





## Our Board

Healthwatch Bury is proud to be guided by a dynamic and diverse Board, whose members generously volunteer their time and expertise to strengthen our mission. Each brings a wealth of lived experience and professional insight that shapes our work and impact:

- **Tan Ahmed** has over a decade of leadership at ADAB, with deep expertise engaging Black, Asian, and minority ethnic communities, refugees, and asylum seekers.
- **Gita Bhutani**, an NHS clinical psychologist with more than 30 years of experience, has led national initiatives around workforce and staff wellbeing, championing inclusive access to healthcare.
- **Alan Norton** is a nationally recognised advocate for disabled people and a respected leader in accessible living, drawing on a successful business background to drive systemic change.
- **Ruth Passman** brings over 20 years of high-level experience in the Department of Health and NHS. She is passionate about making Healthwatch Bury an accessible and trusted voice for all communities.
- **Katie Price**, Healthwatch Bury's Director, combines front-line experience with strategic leadership. Living with sight loss, she leads with empathy and a strong commitment to accessibility and inclusion.
- **Masoud Sanii** provides the invaluable perspective of a service user and sits on national NHS reference groups representing lived experience. He brings expertise in equality, diversity, and inclusion, particularly around race and disability in the public sector.
- **Alison Slater**, a retired NHS professional, ensured high-quality environments for patient care throughout her career and brings that same dedication to our work.
- **Florence Sokol** has a rich background in both paid and voluntary roles across social care—from frontline support to training future professionals—and brings detailed knowledge of CQC standards and policies.



## Finance and future priorities

We receive funding from Bury Local Authority under the Health and Social Care Act 2012 to help us do our work.

### Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£122,000	Expenditure on pay	£117,470
Additional income	£12,700	Non-pay expenditure	£22,784
		Office and management fee	£16,321
<b>Total income</b>	<b>£134,700</b>	<b>Total Expenditure</b>	<b>£156,575</b>

### Additional income is broken down into:

- £1,000 received from Healthwatch England for work on a project
- £2,000 received from the GM Healthwatch network rebate
- £7,000 received from the GM Healthwatch network for hosting the function
- £2700 from the Irwell Valley Foundation Grant

### Integrated Care System (ICS) funding:

Healthwatch across Greater Manchester also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Greater Manchester Network funding for single point of contact and administrative hub.	£99,000

## Finance and future priorities

### Next steps:

**Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.**

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

### Our top three priorities for the next year are

1. Tackling inequalities – Helping improve the outcomes for those that the system isn't working well for even further.
2. Uncovering unmet needs – Amplifying the voices of those who are missing out on vital support by engaging with veterans and ensuring they are able to access the support and services they require.
3. Improving navigation – Helping people find their way around the complex world of health and social care to get the help they need.

Underpinning these key priorities is one main theme – visibility. We will strive this year to build on the number of people supported last year, increasing those numbers and doing as much as we can to reach more of our local community. This will make us more visible, increase our demand, and ensure that our community get the best out of the services available to them.

## Statutory statements

Healthwatch Bury CIC, 56–58 Bolton Street, Bury, Greater Manchester, BL9 0LL

Healthwatch Bury uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

### The way we work

**Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch Board consists of 7 members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2024/25, the Board met 6 times and made decisions on matters such as our future public engagement plans, our contract with Bury Council and its specifications as well as the future of our premises. In addition, the Board hosted three drop-in sessions, including a public event that welcomed local councillors and the MP, an opportunity to strengthen relationships and explore collaborative ways of working..

We ensure wider public involvement in deciding our work priorities by using public feedback, consulting with representatives and patient groups, involving volunteers and lay people in our Enter & View panel and inviting participation in our AGM.

### Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and will also have copies available at our engagement events as well as our AGM.

### Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

## Statutory statements

### Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to Health Scrutiny Committee, Social Care Risk Escalation Group, the System Assurance Committee, Public Health Delivery Partnership, Elective Care and Cancer Recovery Board and several more.

We also take insight and experiences to decision-makers in the Greater Manchester Integrated Care System. For example, we have a representative on the GM System Quality group. We also share our data with Healthwatch England to help address health and care issues at a national level.

### Healthwatch representatives

Healthwatch Bury is represented on the Bury Health and Wellbeing Board by Ruth Passman, Chair of Healthwatch Bury.

During 2024/25, our representative has effectively carried out this role by providing strategic input, constructive challenge and using influencing skills to ensure that the voice of services users, carers, patients and the public is heard. Working in collaboration with leaders from the healthcare system, the public, voluntary and community sector and a range of local stakeholders, this has enhanced our strategic impact last year, in close alignment with our input into the broader Greater Manchester (GM) programme of work to secure Healthwatch representation at all levels as we moved to an Integrated Health System.

Healthwatch Bury is represented on Healthwatch Bury is represented on Greater Manchester Integrated Care Partnerships by Danielle Ruane – Chief Coordinating Officer of the Healthwatch in Greater Manchester Network, and Greater Manchester Integrated Care Boards by Heather Etheridge – Independent Chair of the Healthwatch in Greater Manchester Network. Ruth Passman represents Healthwatch in Greater Manchester on the Population Health Committee; a committee of the NHS Greater Manchester Integrated Care Board. In addition to being responsible for discharging the statutory organisational responsibilities of NHS GM, the Committee provides wider system leadership in relation to population health in Greater Manchester, with a primary focus on improving health outcomes and reducing health inequalities.

## Statutory statements

### Enter and view

Location	Reason for visit	What you did as a result
Bury Children and Adolescent Mental Health Service	Responding to complaints and wider work of Greater Manchester around Childrens mental health services.	Created report and associated recommendations to feed into future planning work.

### 2024 – 2025 Outcomes

Project/activity	Outcomes achieved
Dementia Project	Recommendations from the Dementia project report are being used to design the local dementia strategy and to shape the future services.
Women's Health Project	Improved engagement, menopause event, women's health clinic
Prescriptions Project	Regular ongoing conversation with the Integrated Care Partnership. Conducting a follow up project to explore how patient led prescribing has impacted people's experiences. Raising awareness of the pilot locally.
Clearer Communications Project	Assisted in redesign and standardising of patient letters from hospital trust, ensuring accessibility and comprehension of many groups.
Dentistry	Monitored availability of places on NHS dentist patient lists and helped people get registered with an NHS dentist when they have not been able to themselves
Pharmaceutical Needs Assessment survey	Engaged with people who are digitally excluded to support patients to have their say about future pharmacy services.

**Healthwatch Bury**  
**56 – 58 Bolton Street**  
**Bury**  
**BL9 0LL**



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PARTNERSHIP

# General Practice Update

**Part of** Greater Manchester  
Integrated Care Partnership



**Presentation by:**

**Zoe Alderson** – Head of Primary Care (Bury)

**Dr Catherine Fines** - GP Partner, Tower Family Healthcare and  
Associate Medical Director, GM Integrated Care Board

# General Practice Strategy

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

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## Vision:

- A strong, resilient collaborative general practice that interacts effectively as a partner across the health and care system.
- To provide holistic care across the neighbourhood in which the Practices operate, with the aim of reducing inequity & variation in access, quality of care, & outcomes.
- To be open to innovative ways of working.

- To embrace collaboration with other Practices when opportunities present
- To work effectively with system partners.
- To provide a workplace that is satisfying, safe & inclusive to employees.
- To contribute to the offer of Bury being the best place to live, work & study.
- To provide a quality learning environment to trainees of all health & care disciplines as well as opportunities for mentoring, coaching & lifelong learning.

## Goals:



Develop & promote a new model of general practice



Have a resilient workforce & an attractive place to work



Increase capacity within general practice & meet appropriate demand



Strengthen the relationship between provider partners across the Bury system



Improve outcomes for patients by reducing inequity & variation in access & quality of care

## Example Measures:



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

Reduce the carbon footprint of prescribed inhalers

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

Reduce in the % of inconsistent categorisation mapping



Increase utilisation of Enhanced Access capacity across Bury

Increase the % of patients enabled to order repeat prescriptions online

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

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

## Programmes:

Alternative at Scale Solutions

Communication & Engagement

Data & Digital Ambition

Effective Pathway Navigation

Estates, Current & Future Need

Integration Wider PC, PSR, Neighbourhood

Quality & Assurance

System Leadership

Workforce, Recruitment, Development & Retention



## Develop and promote a new model of general practice

A range of services offering additional accessible appointments:

- Women's Health Hub – 277 appointments offered to Whitefield patients requiring LARC's (addressing an identified inequality in access issue)
- Nearly 15k additional appointments offered through winter via Surge and Acute Respiratory Hubs (ARH). Evidence suggests that these clinics reduced attendances across A&E and BARDOC and released pressure on Primary Care in the process.
- Enhanced Access – nearly 40K appointments offered across the borough



Patients accessing services differently:

- 65% of 13+ are now registered for the NHS App, an increase of 6%
- Prescription requests via this method have increased by 50%, driven by the phased roll out of Patient Led Ordering. This work also supports embedding the GM GP Practice & Community Pharmacy Interface principles document intended to improve communication and reduce the administrative burden of repeat prescription requests. (214,956 in 2023/24 to 323,327 in 2024/25)





## Increase capacity within general practice & meet appropriate demand



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### Implementation of the Capacity and Access Improvement Programme

- As part of the Modern General Practice - Digital telephony, simpler online requests and faster care navigation, assessment and response

**You can  
register with  
a GP online**



100% of practices are now enabled for online patient registration

- Easier for a patient to register with a GP surgery (moving house, new baby)
- Reduces administrative burden on practices



### Utilisation of wider primary care provision

- Referrals to Pharmacy increased by 192% (2193 in 2023/24 to 6418 in 2024/25)
- Community Urgent Eye Service activity increased by 18%



Range of roles now employed through ARRS – Clinical Pharmacists, First contact physiotherapists, Physician associates, Social Prescribers, Mental Health Practitioners Nursing Associates, General Practice Assistants, Digital and Transformation Leads and also General Medical Practitioners



# Have a resilient workforce and an attractive place to work

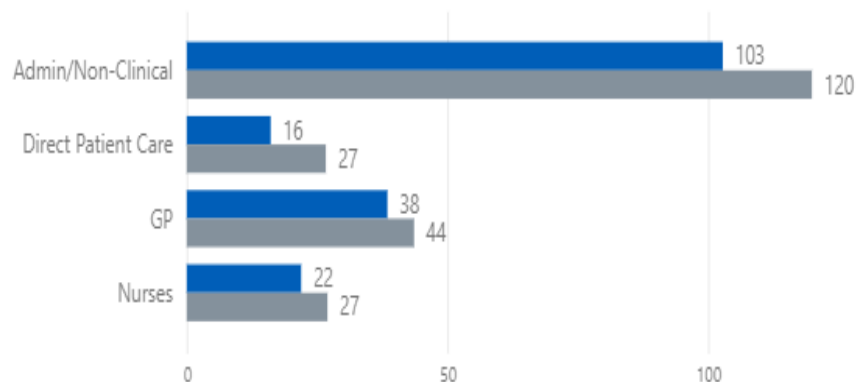


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## November 2023

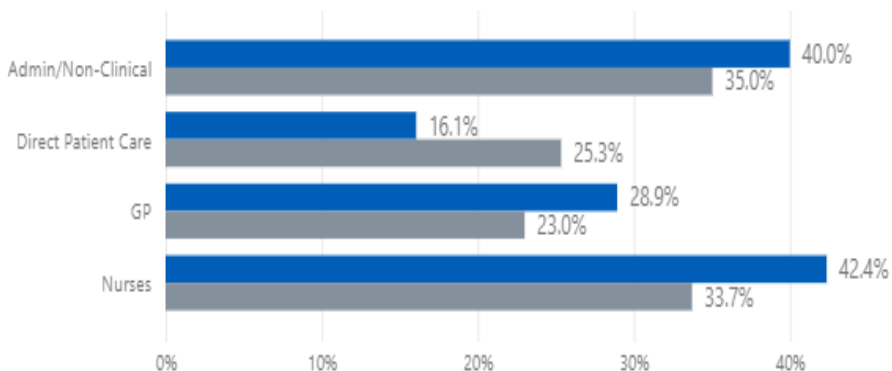
Staff FTE per 100,000 patients, Sub-ICB Location and England

● Sub-ICB Location ● England



Percentage of staff aged 55 or over, by FTE, Sub-ICB Location and England

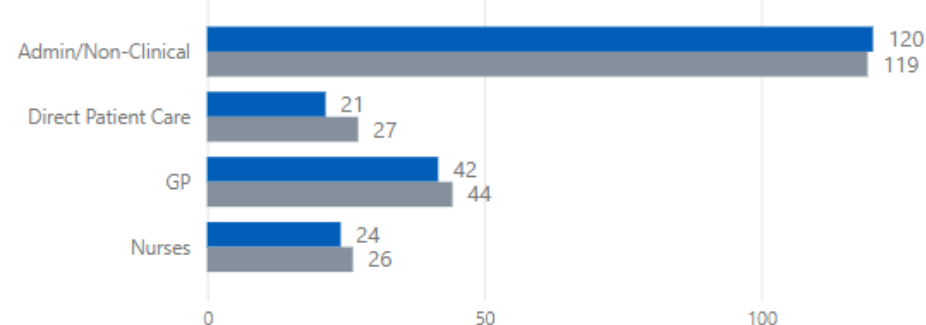
● Sub-ICB Location ● England



## April 2025

Staff FTE per 100,000 patients, Sub-ICB Location and England

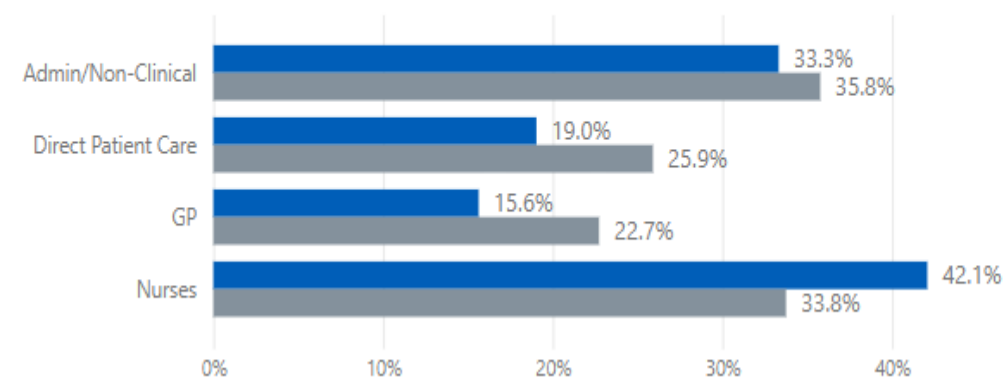
● Sub-ICB Location ● England



GPs in Training Grades are excluded from these visuals to allow for fair comparison, as not all training placement locations

Percentage of staff aged 55 or over, by FTE, Sub-ICB Location and England

● Sub-ICB Location ● England







## Strengthen the relationship between provider partners across the Bury system

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- Meetings with wider PC disciplines – Dental/Optomety/Pharmacy
- GP collective action made positive inroads to reduce bureaucracy however ongoing work needed to continue to progress required changes through Primary Care/Secondary Care Interface
- Stronger neighbourhood alignment between PCNs and Neighbourhoods -joint INT/PCN meetings in Prestwich and Whitefield whose boundaries are co-terminous; also Horizon PCN has appointed 3 clinical leads to be their neighbourhood liaison leads (North, East and West)
- GP support to Ward 24 / Intermediate Care / Frailty / Hospital at Home



# Improve outcomes for patients by reducing inequity & variation in access & quality of care



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## Two IIF indicators for 2024/25

1. % of patients on the QOF LD register  $\geq 14$ , who received an annual LD Health Check and have a completed Health Action Plan in addition to a recording of ethnicity (HI03),
2. % of patients who have had a lower gastrointestinal urgent suspected cancer referral in the reporting year where at least one urgent suspected cancer referral was accompanied by a faecal immunochemical test result, with the result recorded in the 21 days leading up to the referral (CAN04)

GM Locality Name  
Bury

CQRS Year  
2024/25

Achievement Month  
March 2025

Exceeding

Tile layout

Current achievement

Lower threshold

Upper Threshold

81.44%

70.00%

95.00%

Bury - March 2025

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

	BURY-BURY PCN	BURY-HORIZON PCN	BURY-PRESTWICH PCN	BURY-WHITEFIELD DISTRICT & COMMUNITY PCN
CAN04 Cancer Lower GI 2WW	82.49% 65.00% 80.00%	88.40% 65.00% 80.00%	81.40% 65.00% 80.00%	84.48% 65.00% 80.00%
HI03 QOF Learning Disabilities Register	88.56% 60.00% 80.00%	85.92% 60.00% 80.00%	86.85% 60.00% 80.00%	93.89% 60.00% 80.00%

GM Summary

	Bolton	Bury	Heywood Middleton and Rochdale	Manchester	Non-GM Locality	Oldham	Salford	Stockport	Tameside	Trafford	Wigan
CAN04 Cancer Lower GI 2WW	85.32% 65.00% 80.00%	85.41% 65.00% 80.00%	86.71% 65.00% 80.00%	79.75% 65.00% 80.00%	82.06% 65.00% 80.00%	83.09% 65.00% 80.00%	84.74% 65.00% 80.00%	80.34% 65.00% 80.00%	78.17% 65.00% 80.00%	79.31% 65.00% 80.00%	89.92% 65.00% 80.00%
HI03 QOF Learning Disabilities Register	88.00% 60.00% 80.00%	87.94% 60.00% 80.00%	87.06% 60.00% 80.00%	85.54% 60.00% 80.00%	84.74% 60.00% 80.00%	81.30% 60.00% 80.00%	87.30% 60.00% 80.00%	88.86% 60.00% 80.00%	86.41% 60.00% 80.00%	82.88% 60.00% 80.00%	89.86% 60.00% 80.00%

Exceeding

### Tile layout

Current achievement → 81.44%  
Lower threshold → 70.00%  
Upper Threshold → 95.00%



# Improve outcomes for patients by reducing inequity & variation in access & quality of care



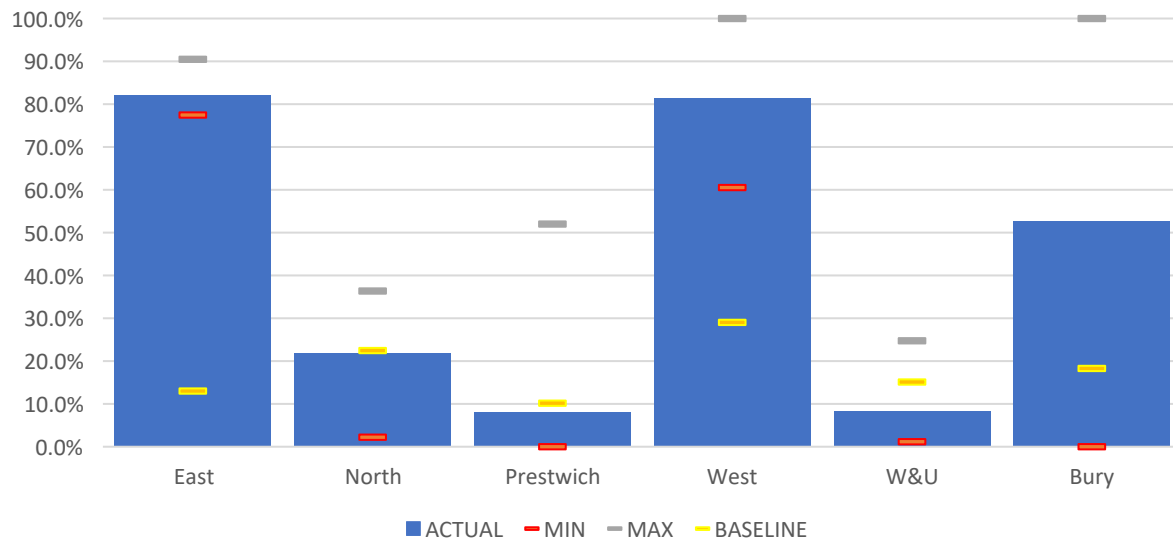
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East and West – Patients diagnosed with moderate/severe COPD who did not receive an annual review in 2023/24 which includes all 4 elements:

1. Medication review and optimise treatment in line with GMMMAG guidance
2. Inhaler check
3. Smoking status, if not already recorded & cessation advice/referral where patient is a current smoker
4. Escalation/management plan (a template is available in EMIS)

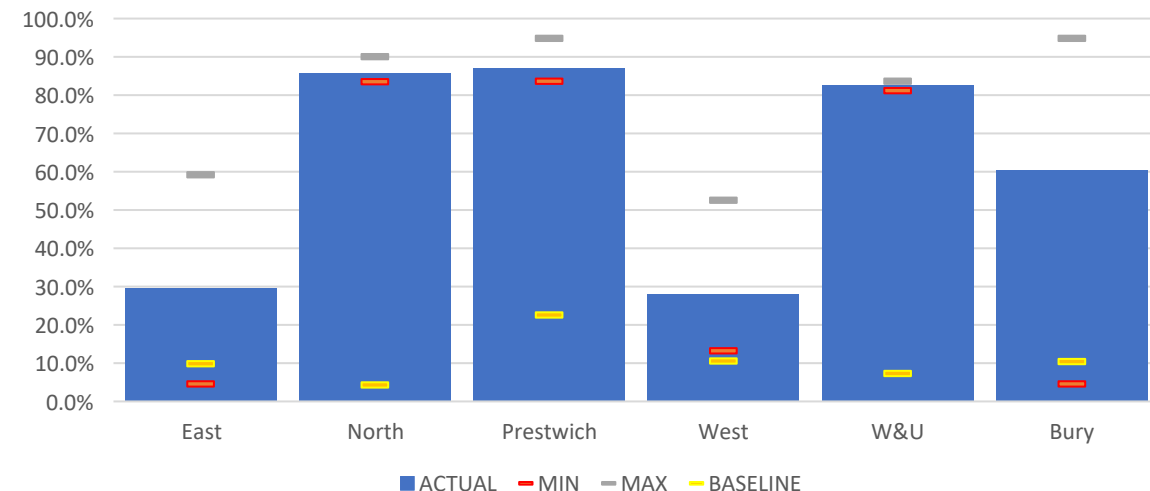
% High Risk COPD With All 4 Elements



North, Prestwich and Whitefield – Patients who are assessed as having a Rockwood Frailty score of 5 or 6 receive an annual review which includes:

1. A review of the patient's medication; and
2. Calcium/Vitamin D preparation as per GMMMAG Formulary except where patient declines or it is not clinically appropriate to prescribe

% Medication Review and Vit D/Calcium of Target (12%) Aged =>65y with Rockwood Score 5 or 6





BURY  
**INTEGRATED CARE**  
PARTNERSHIP

Thanks for listening  
Any Questions?

**Part of** Greater Manchester  
Integrated Care Partnership





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## Health Inequalities in Bury: Two Years On

### Introduction

Two years ago, we published 'Health Inequalities in Bury'<sup>1</sup>. That paper set out what we know about health inequalities in Bury and what the Council, the NHS, and their partners are doing to reduce them.

This document gives an update on what we have done since then and what has changed.

### Recap: what are health inequalities?

Health inequalities are differences in health between groups of people that are avoidable and unfair. This means people dying years before their time and spending more of their lives ill.

Health inequalities exist between many different groups: between poor and affluent, between sexes, and between communities of different ethnicity and faith. The starkest health inequalities affect people with learning disabilities, people with severe mental illness, people in contact with the criminal justice system, homeless people, and sex workers.

Health inequalities are caused by differences in access to the basic building blocks of health. These are the things people need to be healthy, such as good jobs and enough money to live well, safe affordable homes, healthy food, healthy environments, and high-quality healthcare.

Health inequalities are not inevitable. They can be reduced by improving access to the building blocks of health. For example, there is strong evidence that even small increases in income can improve mental and physical health by enabling access to better housing, better food, and by reducing stress.<sup>2</sup>

### Our approach to tackling health inequalities

Bury's **LET'S Do It strategy** is a health inequalities strategy. A major aim is to improve quality of life as measured by inequalities in life expectancy. Other aims address many of the building blocks of health, such as improving educational outcomes or economic growth that benefits everyone.

Bury's **Health and Wellbeing Board** acts as a standing commission on health inequalities in the borough. It uses the **Greater Manchester Population Health Framework** to organise its work. This groups activity into four areas:

- The wider determinants of health (referred to here as the building blocks of health);
- Health behaviours;
- The places and communities we live in; and
- An integrated health and care system.

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<sup>1</sup> Bury Council (2023). [Health Inequalities in Bury](#).

<sup>2</sup> Senior, Caan, & Gamsu (2020). [Welfare and well-being: towards mental health-promoting welfare systems](#).

The overlaps between these areas are as important as the areas themselves. For example, the relationship between healthcare providers like GP practices and the places and communities they serve is vital.

This is why we are working on a **neighbourhood model**. This is designed to bring public services together with local partners such as voluntary, community, and faith organisations so that services are more joined up and more able to deal with the causes of people's problems as well as their short-term urgent needs.

## Health inequalities data

### Inequalities in life expectancy between Bury and England

**Figure 1** below shows life expectancy at birth<sup>3</sup> for Bury and England for male and female residents.

Life expectancy in Bury has been consistently lower than for England, and lower in males than in females. This likely reflects Bury having higher levels of deprivation and poverty than England, as well as that areas in the north of England tend to have worse health than those in the south<sup>4</sup>.

The gap in life expectancy at birth between Bury and England narrowed between 2015-17 and 2017-19 and then widened. The decline from the 2018-20 period onwards likely reflects the COVID-19 pandemic, which disproportionately killed people from deprived areas and ethnic minority communities.

The gap is mainly caused by more people dying in middle and older age. The contribution of higher death rates in middle age (40-59 years) is particularly pronounced in men, with less of a contribution from higher death rates at ages over 80.

Because the most recent data are for 2020-21, COVID-19 is an important cause. However, this is likely to have shrunk considerably since then as death rates from COVID-19 have fallen.

Other important contributors are lung cancer and other cancers (particularly for women), liver disease and digestive diseases, mental illnesses, and external causes (which includes accidents).

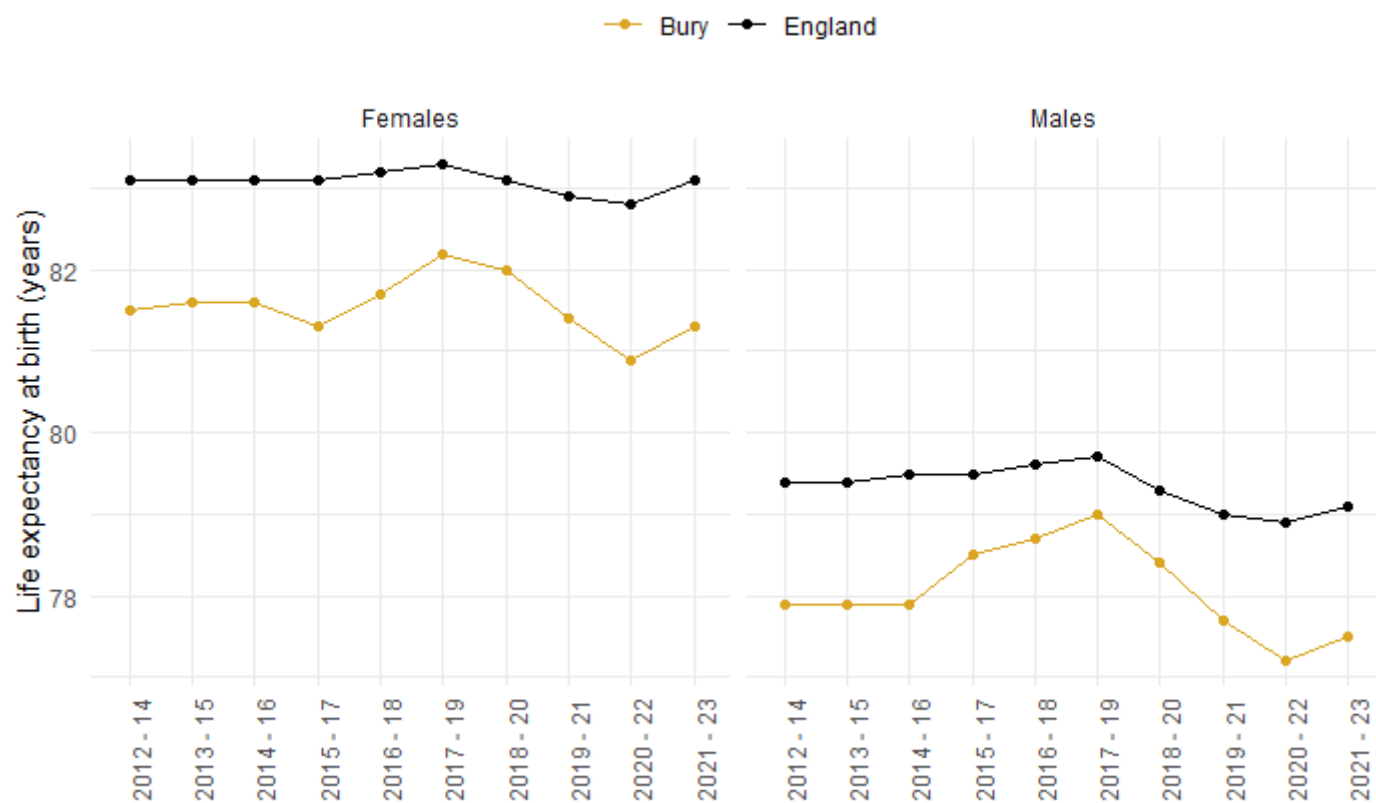
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<sup>3</sup> Life expectancy at birth is the number of years a new born child can expect to live if death rates at each age stay the same. However, death rates tend to improve over time, so life expectancy at birth tends to underestimate of average lifespans. Each data point reflects deaths happening within a three year time window.

<sup>4</sup> Baker (2019) [Health inequalities: Income deprivation and north/south divides](#). House of Commons Library.

**Figure 1: Life expectancy at birth (years)**

Bury and England, 2012-14 to 2021-23



Source: Office for Health Improvement and Disparities Health Inequalities Dashboard  
<https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/>

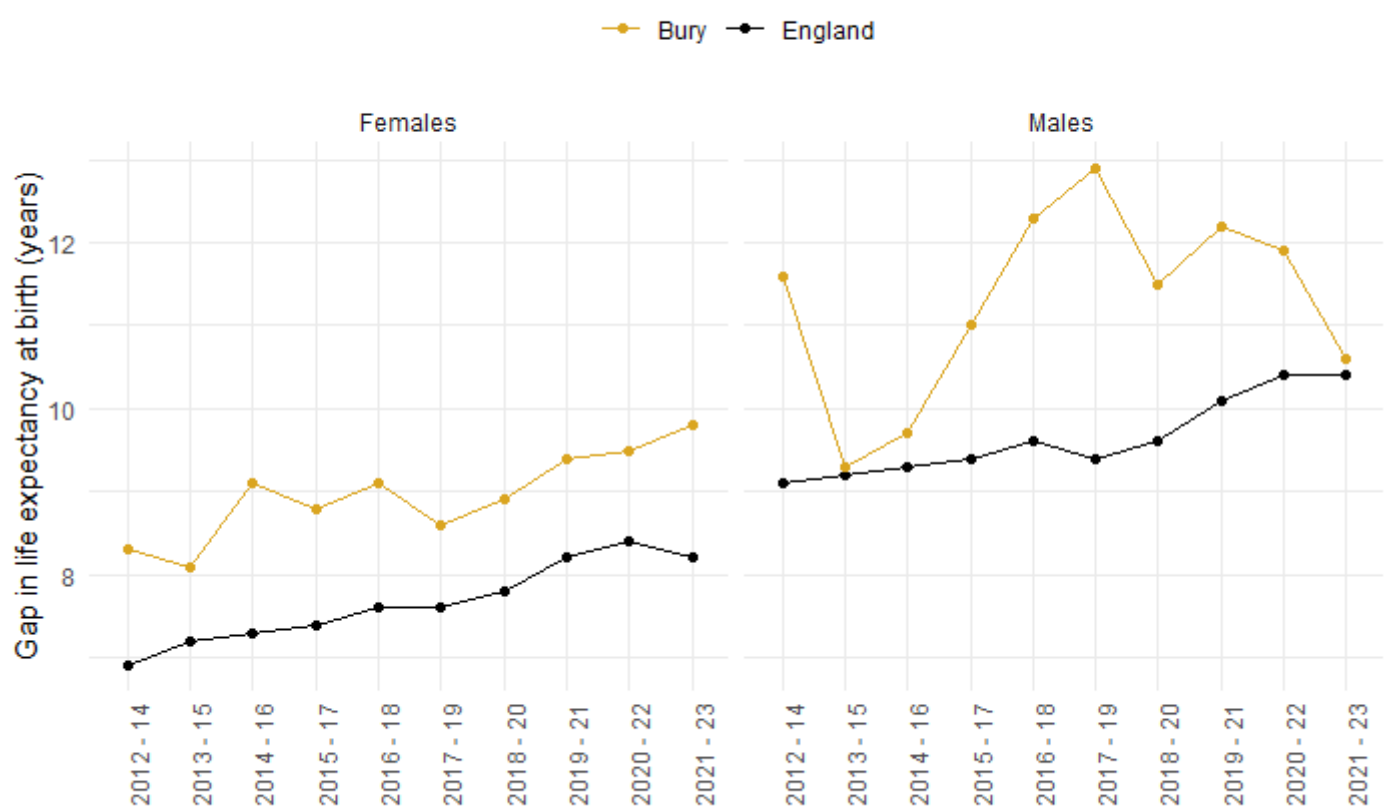
## Inequalities in life expectancy at birth within Bury

**Figure 2** shows inequalities within Bury and England. This is the gap between life expectancy at birth for people living in the 10% most deprived areas and those living in the 10% least deprived areas.

This gap in life expectancy is wider in Bury than it is for England. The difference is consistent over time for females but has varied more for men, although this may be caused by chance year-to-year changes in numbers of deaths. Most recently the gap widened slightly for women but closed for men.

**Figure 2: Gap in life expectancy at birth (years)**

Bury and England, 2012-14 to 2021-23



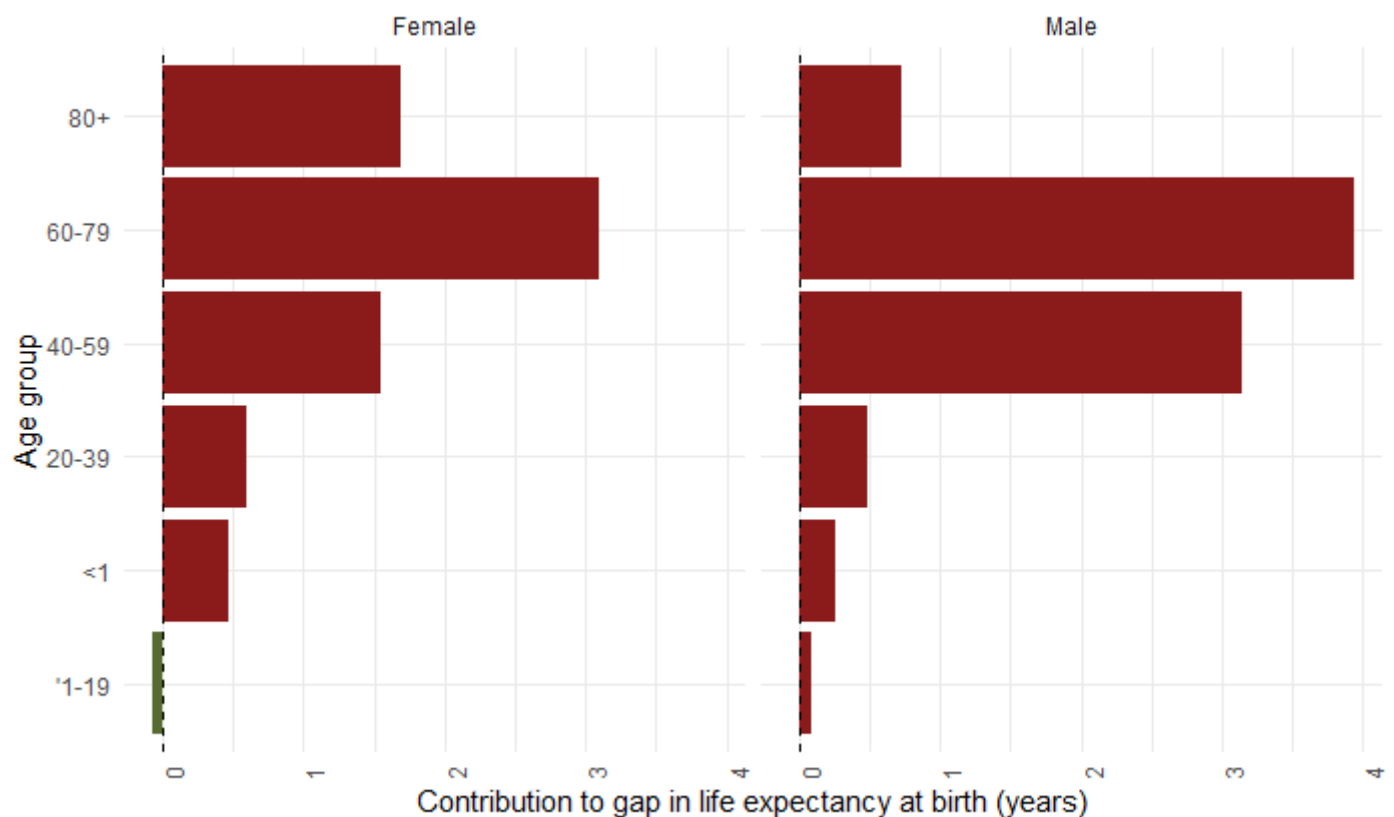
Source: Office for Health Improvement and Disparities Health Inequalities Dashboard  
<https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/>

**Figure 3** shows the contribution to this gap of deaths at different ages. Death rates at almost all ages are higher in the most deprived parts of Bury than the least deprived. But the gap is mainly caused by higher death rates in middle age (especially for men) and older age, mainly among residents aged 60-79.



**Figure 3: Age group contribution to gap in life expectancy**

Inequalities within Bury, 2020 - 21



Source: Office for Health Improvement and Disparities Health Inequalities Dashboard  
<https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/>

**Figure 4** shows the contribution of different causes of death to the gap in life expectancy between the most and least deprived areas in Bury.

Because the most recent data cover 2020-21 COVID-19 is a big cause of the gap. This is likely to have shrunk since, as death rates from COVID-19 have decreased.

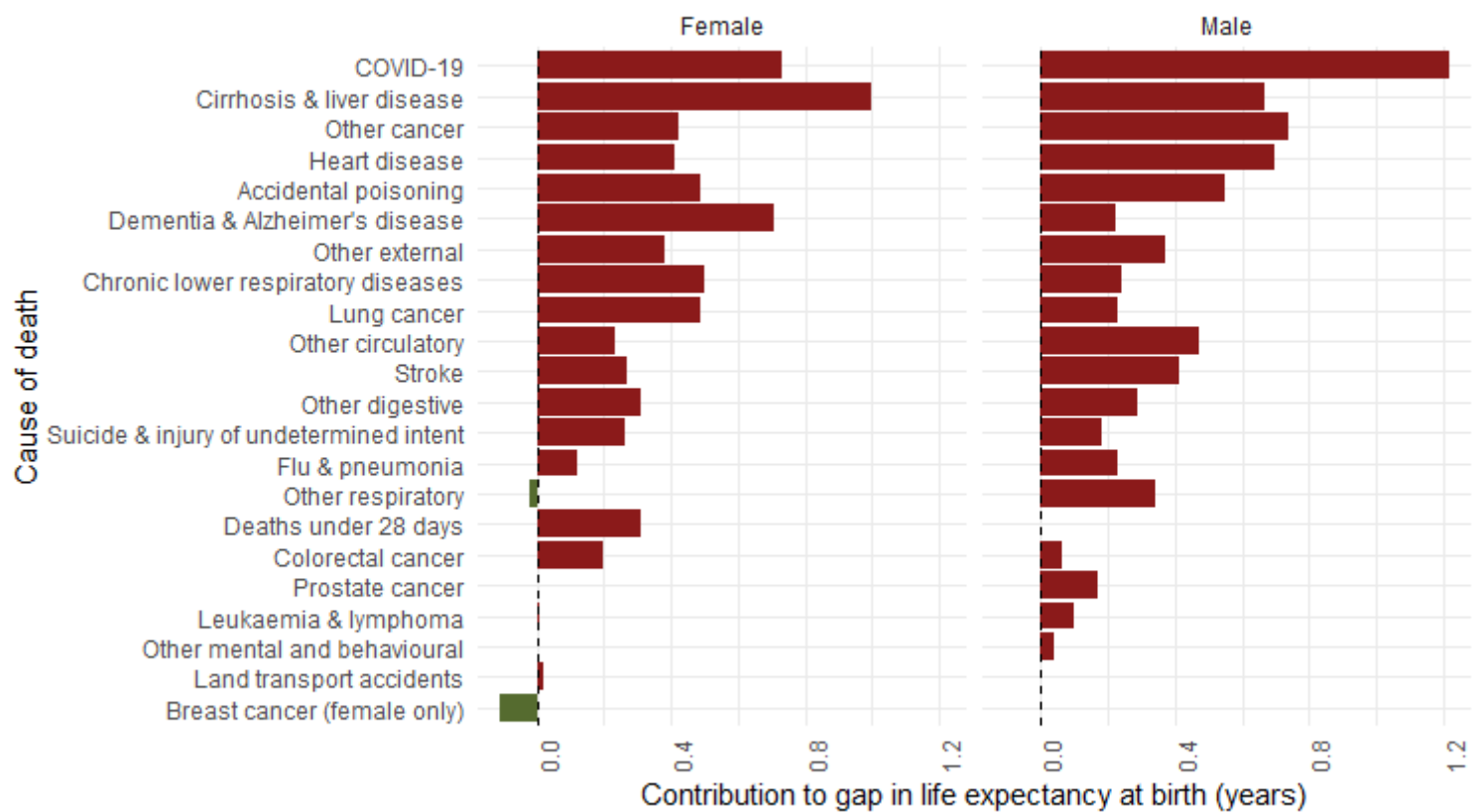
Other important causes of the gap in life expectancy within Bury include:

- Liver diseases,
- Lung and other cancer,
- Heart disease,
- Accidental poisoning (including overdoses),
- Dementia
- Other external causes, such as accidents
- Respiratory diseases, like chronic obstructive pulmonary disease (COPD).

These diseases are typically caused by smoking, alcohol and drug use, poor diet, and lack of exercise. These are caused in turn by poverty, deprivation, and lack of access to the basic building blocks of health like good housing, a decent income, and good jobs.

**Figure 4: cause of death contribution to gap in life expectancy**

Inequalities within Bury, 2020 - 21



Source: OHID Health Inequalities Dashboard

<https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/>

## What we have done?

This section gives some examples of work that Bury Council has done with its partners to reduce health inequalities over the last year. They are grouped under the different areas of the Greater Manchester Population Health Framework.

### Improving access to the building blocks of health

#### *Reducing poverty and responding to the cost-of-living crisis*

Money is the most important building block of health because without money many of the other building blocks, such as good housing and healthy foods are harder to get. Poverty also causes mental ill health<sup>5</sup>, one of the most common causes of disability. This means the cost-of-living crisis is a major threat to public health and will affect those already on low incomes most.

Bury Council and its partners created a wide-ranging strategy to reduce poverty and tackle the cost-of-living crisis. This strategy addresses a range of different aspects of poverty, such as food insecurity, fuel and housing poverty, education, employment, debt, digital exclusion, health and wellbeing, stigma and access to support.

This strategy led to:

- 31,795 households received financial support through the Household Support Fund between April and December 2023. Over 3,000 people accessed the Beacon Service, with 80% reducing GP visits and 90% reporting positive life changes.
- 13,360 council tax rebates were issued in 2022. 1,020 residents contacted the cost-of-living helpline in the first quarter of 2023. Childcare funding uptake increased by 60% in 2023/24. Council tax support reached 12,433 residents in 2024. 36 voluntary and community groups received cost-of-living resilience payments.
- Over 4,000 residents benefited from Real Living Wage and Good Employment Charter programmes in 2023. 176 learners from Bury Adult Learning Service secured work, self-employment or voluntary roles, with 126 actively seeking work post-completion.
- 9,040 food parcels were distributed and 868 households received food aid between April 2022 and April 2023. Healthy Start food voucher uptake rose from 65% in 2021 to 80% in 2024.
- 13,518 households received Free School Meals during school holidays (April–December 2023). Healthy Start uptake increased from 65% in 2021 to 80% by February 2024. 9,040 food parcels were distributed and 868 households received food aid between April 2022 and April 2023.
- 38 households received support via the Homeless Prevention Grant and 220 through discretionary housing payments in 2023. 400 Winter Wellbeing Packs were distributed in winter 2023. 747 households were helped with energy and water bills.

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<sup>5</sup> Wickham, Barr & Taylor-Robinson (2016) [Impact of moving into poverty on maternal and child mental health: longitudinal analysis of the Millennium Cohort Study](#).

462 residents were identified for support via the Ascendant system. 240 homes in Chesham were upgraded through the Social Housing Decarbonisation Fund, reducing their fuel bills.

### *Improving access to pension credit*

Pension credit is an important tool for preventing poverty in older people. But low uptake has been a long-standing national issue, including in Bury.

Bury Council's Revenues & Benefits Team, with support from the Public Health and Staying Well teams, ran a pension credit support campaign between October and December 2024. This included drop-ins at various locations throughout the borough which aimed to help older residents with pension credit and welfare support, to maximise up-take.

Venues were identified using local data on the proportion of older people experiencing poverty. The campaign led to over 400 residents supported with applications, calculations, advice and being transferred to the Department for Work and Pensions to progress their claims.

Targeted Household Support Payments, totalling £250k over the winter period, were distributed to low-income pension age council tax payers not in receipt of Pension Credit.

### *Creating a new Live Well model*

The model of neighbourhood working is at the heart of our approach to improving services and living standards across Bury. This is being expanded to include improving access to work through the Greater Manchester Live Well model. The model recognises the two-way relationship between health and work: poor health makes it harder to get or keep a job, while unemployment makes it harder to stay healthy.

By incorporating Job Centres into the Live Well model our aim is to provide physical spaces for public services and charity groups to work together to help people to stay healthy and to find or stay in work.

The model aims to help people with problems affecting their health and work. This includes many of the building blocks of health, such as education and skills, or appropriate housing.

To support this, we are developing a prevention framework. This is intended to help those delivering public services in neighbourhoods find ways to move beyond addressing people's immediate needs to helping them with the root causes of their problems.

## **Healthy behaviours**

### *Reducing inequalities in smoking-related illness*

Although smoking rates are falling, smoking remains the single biggest cause of death in Bury. Bury has higher death rates and more hospital admissions caused by lung cancer and other smoking-related diseases than average for England<sup>6</sup>.

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<sup>6</sup> Office for Health Improvement and Disparities (2025) [Fingertips](#).

Smoking is also a major cause of health inequalities: around one in ten people living in Bury smoke<sup>7</sup> but a higher proportion of people smoke in groups such as LGBTQ+ individuals, routine and manual workers, people with severe mental illness (SMI), and social housing tenants. As around half of lifelong smokers will be killed by smoking-related diseases, reducing smoking rates across all groups will reduce health inequalities.

To address these issues, Bury Council's public health team has enhanced its stop smoking services by introducing the National Swap to Stop campaign. This helps people smoking tobacco swap to e-cigarettes which are less harmful. We have worked with partners such as Bury Live Well, Adullum Homes, Achieve, and Pennine Care to expand the program's reach.

The Swap to Stop campaign is delivered at the neighbourhood level, offering communities help to quit smoking by reducing barriers such as cost, logistics, and education through drop-in sessions in community settings rather than traditional offices. Resources provided by the Office for Health Improvement and Disparities also support targeted interventions for groups with higher smoking rates, such as co-locating stop smoking services with services for people with severe mental illness or being treated for substance misuse.

We are also supporting the government's ambition to create a Smokefree Generation by working to phase out tobacco sales, enforce the ban on disposable vapes, and expand stop smoking efforts.

### *Improving diet by creating the Bury Food Strategy*

[Bury Food Partnership](#) launched the first Bury Food Strategy, Eat, Live, Love Food in 2021. This was awarded the Sustainable Food Places Bronze award in 2022. This was followed by a silver award in 2024, one of only four awarded at that time.

These awards are given to local authorities who can demonstrate the six areas of the Sustainable Food Places Framework. These are:

- 1. Good Governance and Strategy:** to create more inclusive and collaborative food decision-making by working closely with local authorities to deliver robust and representative food policies, strategies and action plans.
- 2. Good Food Movement:** to expand public awareness of food, empowering local food citizenship and building the momentum of local good food movements.
- 3. Healthy Food for All:** working to ensure that all can access healthy and nutritious food in a dignified and equitable way.
- 4. Sustainable Food Economy:** building prosperous local food economies by supporting local food businesses to grow and develop.
- 5. Catering and Procurement:** innovating how caterers procure food, making local supply chains more resilient and sustainable.
- 6. Food for the Planet:** tackling climate change by supporting local sustainable food production, protecting the environment and minimizing food waste.

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<sup>7</sup> Action on Smoking and Health (2025) [ASH ready reckoner](#).



Specific actions have included:

- **Food parcels and supporting free school meals** (as mentioned above under anti-poverty strategy).
- **The Golden Apple Award**, which encourages early years settings like nurseries to adopt voluntary healthier food and drink guidelines to promote good nutrition, oral health and hygiene. This includes reducing snacks and drinks containing free sugars, promoting fruit and vegetables, and drinking milk or water.
- **Healthier Catering Awards** to recognise local businesses who offer healthier, locally-sourced menu options and reduce salt consumption.
- **Tackling food insecurity** by supporting food banks and pantries, increasing uptake of Healthy Start Vouchers from 62% in 2023 to 80% in 2024

## Healthy places and communities

### *Developing an alcohol licensing matrix*

Bury has worse alcohol-related illness than average for England and liver disease – often linked to excess alcohol – is also an important cause of the gap in life expectancy between rich and poor in Bury. There is evidence that consumption of alcohol increases when the number of places selling alcohol goes up<sup>8</sup> and stronger licensing policies can reduce alcohol-related harm<sup>9</sup>.

In response, Bury's Public Health Team worked with various licensing stakeholders including Greater Manchester Police, Trading Standards, Greater Manchester Fire and Rescue Service, Highways, and local councillors and Bury's Performance Support Unit to create an alcohol harm matrix.

This matrix captures a range of indicators such as alcohol related hospital admissions, crime, and numbers of people locally in treatment for alcohol misuse. The tool helps the licensing committee make informed decisions about new alcohol sales applications that might contribute to alcohol-related harms. This tool is based on similar tools developed in Tameside and Leeds.

The tool includes a licensing application landing page, which prompts new applicants to input their postcode and check the indicators, potentially reducing applications in areas where the harm is greatest. This tool has led to successful objections to new licenses to sell alcohol where the greatest harm, while not preventing licenses being awarded where there is less evidence of harm. This data-led, tailored approach helps to balance public health interests with business and economic interests.

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<sup>8</sup> Fone et al (2016) [Change in alcohol outlet density and alcohol-related harm to population health \(CHALICE\): a comprehensive record-linked database study in Wales.](#)

<sup>9</sup> De Vocht et al (2015) [Measurable effects of local alcohol licensing policies on population health in England.](#)

## **An integrated health and care system.**

### *Improving care for people with coronary heart disease*

Coronary heart disease is the second most common cause of death in Bury and one of the biggest causes of the gap in life expectancy between the most and least deprived<sup>10</sup>. There are a range of treatments that GP practices can offer that reduce the risks of someone with coronary heart disease having a heart attack or stroke.

The public health team worked with NHS commissioners and general practice to reduce deaths from coronary heart disease and reduce inequalities by improving diagnosis rates across deprived and ethnic minority communities and be ensuring that effective interventions reach everyone who can benefit.

In its first year, this work led to increases in the number of people with coronary heart disease who have had complete reviews, from 38% to 72%. GP practices that improved most tended to be those with lowest performance at the start.

These improvements have been sustained, with improvements in recording of blood pressure and use of cholesterol lowering medications.

### *Improving uptake of MMR vaccines*

Vaccines are among the most effective public health interventions<sup>11</sup>. But uptake of vaccines is lower than it could be and has fallen over the last decade. This increases the risk of outbreaks. Inequalities in vaccine coverage cause inequalities in vaccine-preventable illness, and increase the risk of outbreaks among communities where coverage is lower.

Responding to an initial cluster of measles cases in 2023, the council worked with NHS Greater Manchester, the Bury GP Federation and local general practices to run MMR catch up programmes in 2023 and 2024. This built on our experience of helping to deliver the COVID-19 vaccine programme. These led to over 1,200 people being immunised against measles, mumps, and rubella, as well as almost 400 other vaccinations against other diseases.

Uptake of 1st and 2nd doses of the MMR vaccine among people aged 0-19 increased more in Bury than Greater Manchester overall between May 2024 and March 2025. GP practices with the lowest uptake at the start of the programme saw the biggest increases. 35% of those vaccinated live in the 10% most deprived areas nationally and 79% were from non-White ethnic backgrounds, suggesting the programme was successful in reducing inequalities in vaccine uptake in Bury. It also showed that low vaccine uptake is often caused by difficulties accessing vaccines rather than people choosing not to vaccinate themselves or their children.

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<sup>10</sup> Office for Health Improvement and Disparities (2025) [Fingertips](#).

<sup>11</sup> Masters et al (2017) [Return on investment of public health interventions: a systematic review](#).

### *Improving sexual health services for sex workers*

Sex workers can experience extreme health inequalities affecting physical and mental health<sup>12</sup>. This includes increased risks of sexually transmitted infections, physical violence, and mental illness. This is made worse by the stigma that sex workers face which can stop them accessing health care<sup>13</sup>.

In 2023, Manchester Action on Street Health ([MASH](#)) was commissioned by public health teams in Oldham, Rochdale and Bury councils to pilot a sexual health outreach service to support women who sex work. This is the first time that MASH has worked with our local sexual health provider HCRG to offer wraparound sexual health care.

Sex work in Bury appears to happen mainly in indoor settings. MASH has worked with three such settings as part of this project. During the initial engagement with the venues, over 100 women said they would be interested in being screened for sexually transmitted infections.

Many of these sex workers said they would not visit sexual health services, and those that have used sexual health services didn't disclose that they were sex workers, so may not have been offered appropriate test. 35 STI screenings were carried out in the first three months. Of these more than one in five had some sexually transmitted infection, a much higher rate than in the wider population. These women were referred directly into sexual health services for treatment. MASH has supplied condoms and supported women to have the contraceptive implant and be prescribed the oral pill. Several women have contacted the service regarding access to emergency contraception.

The service has also been well received by key stakeholders, who have engaged with MASH to embed good practice. The funding was extended in 2025, and MASH have now employed a sexual health nurse to work in the saunas in Bury.

### **Assessing healthcare needs**

It is important that our efforts to reduce inequalities are informed by the best available data and evidence.

Since 2023 we have completely refreshed the Council's Joint Strategic Needs Assessment<sup>14</sup> (JSNA). This brings together available data on the health of people living in Bury, including on how health and access to the building blocks of health varies across the borough. We are currently updating the JSNA to make sure it reflects the most recent available data.

The JSNA includes a range of interactive tools that can be used to explore how health indicators vary between Bury's 19 electoral wards and 5 neighbourhoods. These tools help the teams working in each of our neighbourhoods understand the specific challenges people face in their area.

The JSNA also hosts detailed health needs assessments. These cover specific services (such as sexual health or community pharmacy) or populations (such as veterans, or

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<sup>12</sup> Jeal & Salisbury (2002) [A health needs assessment of street-based prostitutes: cross-sectional survey](#).

<sup>13</sup> Potter et al (2022) [Access to healthcare for street sex workers in the UK: perspectives and best practice guidance from a national cross-sectional survey of frontline workers](#).

<sup>14</sup> <https://theburydirectory.co.uk/jsna>

children with SEND). They are intended to help Council, NHS, and other commissioners and providers of services

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