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:-

Date:	Wednesday, 28 January 2026
Place:	Peel Room, Town Hall, Bury, BL9 0SW
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 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 - 8)*

The minutes from the meeting held on 27th November 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 NEURO-DIVERSITY PATHWAYS *(Pages 9 - 50)*

Presentation attached.

7 MATERNITY SERVICES UPDATE *(Pages 51 - 94)*

Presentation attached from David Latham, Dr Cathy Fines and Trudy Delves.

8 BURY ADULTS SAFEGUARDING ANNUAL REPORT *(Pages 95 - 124)*

Report from Rachel Strutz Safeguarding Partnership Manager, supported by Adrain Crook Director of Community Commissioning

9 URGENT BUSINESS

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

Agenda Item 3

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 27 November 2025

Present: Councillor E FitzGerald (in the Chair)
Councillors S Haroon, N Frith, C Boles, L Ryder, M Rubinstein, R Brown and K Simpson

Also in attendance: Will Blandamer Executive Director Health and Adult Care, Stuart Richardson Chief Executive Bury Hospice, Dr Cathy Fines, Cllr T Tariq Cabinet member for Health and Adult Care

Public Attendance: One Member of the Public attended the meeting

Apologies for Absence: Councillor I Rizvi, Councillor L McBriar and Councillor D Duncalfe

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HSC.87 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.88 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.89 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 25th September 2025 were agreed as an accurate record.

Matters arising: At the previous meeting, the Committee supported the inclusion of health outcomes within the Local Plan through the Supplementary Planning Document (SPD). Members may recall that similar references were made in the Licensing document considered by Full Council. The SPD will be circulated in (January) for review. Members are asked to confirm whether formal agreement is required at the next meeting or if endorsement can be provided via circulation.

HSC.90 PUBLIC QUESTION TIME

A member of the public attended to ask a question in which they raised concerns regarding the adequacy of care provided to her mother by Bury Council

Cllr Tariq expressed apologies that the matter had come to a public forum and assured that the issue will be addressed by Adult Social Care. He emphasised that all care should meet high standards and confirmed that safeguarding and quality assurance processes will be reviewed to ensure this does not happen again.

Following the meeting the issues were resolved the very next day.

HSC.91 MEMBER QUESTION TIME

There were no member questions.

HSC.92 HOSPICE SERVICES: OVERVIEW OF PALLIATIVE AND END-OF-LIFE CARE

The Chair invited Stuart Richardson, Chief Executive of Bury Hospice, to present his update. Stuart provided a detailed overview of the progress achieved over the past 18 months, noting significant improvements in service delivery, the development of a clearer long-term vision, and a continued commitment to timely and effective person-centred care. He noted that recent performance data demonstrates Bury has the second-lowest proportion of patients dying in hospital, indicating improved access to community-based and hospice care. Stuart also highlighted recent quarterly data showing that increasing numbers of people are receiving support in their preferred place of care, with Salford currently performing slightly ahead but Bury showing sustained progress.

Stuart described the refreshed end-of-life strategy, which aligns with NHS England guidance and the Northwest phase-of-care model. The strategy emphasises personalised care throughout the final years of life, improved use of digital information-sharing via EPACs, and closer integration with social care to create stronger pathways across the borough. He also outlined the substantial financial challenge faced by the Hospice, which must raise £4 million annually through community fundraising and charitable income. Operating all 12 inpatient beds would require an additional £2 million per year. Stuart noted ongoing pressures relating to seven-day specialist palliative provision and gaps in IT infrastructure, while emphasising the strong partnership relationships across Bury that support progress.

Members raised a range of questions. Cllr Frith sought clarity on funding required to bring all beds into use. Cllr Simpson queried the basis of the “second-lowest” ranking, with Stuart and Will Blandamer confirming this relates to the proportion of Bury patients who die in hospital compared to other localities. Will thanked Stuart for his leadership and highlighted Bury’s strong position within GM regarding hospital admissions and preferred place of death. Cllr Tariq also thanked the Hospice for its work and emphasised its value as a community institution, stressing the need for system-wide support, alignment with the NHS 10-year plan, and continued investment through fundraising, charity shops and estate maintenance.

In response to Cllr Rubinstein’s questions about bed capacity and supporting diverse communities, Stuart outlined the work of the bereavement team, which supports over 700 individuals despite only having two staff. He described the Sunflower Group for bereaved children and stressed that the Hospice offers person-centred counselling to people of all faiths and backgrounds. Cllr Boles raised issues around primary care capacity, and Stuart acknowledged the pressures on general practice but noted the opportunities created by supporting people to remain well at home.

Dr Cathy Fines added that end-of-life care requires integrated working between GPs, district nurses and specialist teams, and emphasised the importance of timely, efficient processes that respect patients’ preferred place of death.

Will Blandamer expanded on the system-wide pressures, explaining that growth in demand for palliative care will require "right-sizing" of services and a shift toward community provision in line with the NHS 10-year plan. Cllr FitzGerald asked whether resource planning would be reflected in forthcoming strategies. Stuart confirmed that further work is underway and will be reported back to the Committee once demand modelling and gap analysis are complete. Members agreed that a more detailed update will be brought back to a future meeting, alongside a forward-plan item on the impact of an ageing population.

Cllr Simpson, speaking as a veteran, asked whether the Hospice could further support local veterans. Details of veteran support networks have since been shared with him. Cllr FitzGerald also raised concerns about recent challenging end-of-life experiences in the community. Stuart

explained that such cases are reviewed by the strategy group, and learning is shared across services. Dr Fines noted the key role of the Medical Examiner in capturing feedback from families, ensuring concerns are identified and acted upon.

It Was Agreed

- The Update be noted
- Stuart be thanked for attending the meeting to provide an update
- To bring back a report on future system risks
- Bring back an update on the impact of the ageing population

HSC.93 NEIGHBOURHOOD WORKING AND 'LIVE WELL' INITIATIVES

Will Blandamer Executive Director for Health and Adult Care provided an overview of the long-standing ambition to build integrated neighbourhood teams, bringing together staff from different services with a shared goal of improving the quality of care and outcomes. He emphasised the importance of prevention and early intervention to reduce reliance on reactive services and urgent care, supporting people to remain well and independent. Integrated neighbourhood teams have been in place since 2019 and include Northern Care Alliance staff and GPs at the core, with consultants working outside hospitals. He explained that the Public Service Leadership Team connects services beyond health, addressing wider issues such as school readiness, housing conditions and knife crime, and that this work is supported by strong practice and investment, including through the VCFA.

Will also outlined the development of Family Hubs and integration with children's services as part of a joined-up approach, alongside the introduction of the Live Well model launched by the GM Mayor. This model aims to create Live Well Centres in each of the five neighbourhoods by 2030, with the first centre planned for Whitefield. This development is supported by GM funding, part of which has been allocated to the VCFE, and will provide a base for integrated neighbourhood teams as well as family hub services. He noted that this work aligns with the "Let's Do It" strategy and requires a comprehensive estates framework to ensure neighbourhood assets are utilised effectively.

During discussion, Councillor Boles queried potential delays in the rollout of Family Hubs and whether any work had been undertaken on asset management and reconfiguration. Will Blandamer confirmed that work is progressing with children's services and that an estates framework is being developed to support delivery. Councillor Tariq highlighted the importance of public service reform and expressed optimism about the progress being made, noting that this approach is integral to the operation of health and care services in the borough.

Under the Radcliffe Communities of People Plan, it was noted that Gorsefield Primary School now hosts a Live Well area within the school, enabling engagement with the most vulnerable residents. Members expressed hope that this initiative will lead to improvements and make a real difference to the lives of residents, with advice given to maintain strong oversight of this agenda. Concerns were raised about national and local challenges, and members were encouraged to continue discussions on progress with the Live Well agenda, with a suggestion to invite Lynne Ridsdale to a future meeting.

An update was provided on Greater Manchester's Live Well programme, which was highlighted as an exemplar in Bury within the Team Bury report and at partnership level. There was optimism that Bury can progress ahead of schedule, with strong foundations already in place. The VCFA was noted as receiving £350,000 for future sustainability work in the Besses area, which was described as an important and exciting development within the Public Service Leadership agenda. Issues such as cuckooing in Whitefield were also referenced as part of wider community concerns.

Councillor FitzGerald asked when the committee would receive information on the asset review and how this would be addressed and monitored. It was agreed to add this to the forward plan, alongside an update on Live Well and integrated working linked to health inequalities. Councillor Tariq highlighted improvements in data and targets around school readiness and good living development, noting that more young people are meeting these standards, with Family Hubs playing a key role. Will Blandamer provided an update on Whitefield and confirmed that a wider asset plan is being developed to connect Live Well and Family Hubs, with a commitment to bring this forward in the new municipal year around September.

Councillor Rubinstein raised points about organisational culture, noting that building relationships in health and care takes time and requires a focus on integration. It was confirmed that the Whitefield ARC site would be available to all residents, not just those in Whitefield. Councillor Tariq added that organisational culture in Bury benefits from strong examples of partnership working, though there are risks in public service reform that need to be managed. Dr Cathy Fines agreed that integration takes time and emphasised the importance of getting estates planning right to support this work.

Councillor Simpson expressed support for the initiative but raised concerns about funding for expansion and long-term sustainability. It was noted that initial funding represents a down payment, with hopes for further investment and creative use of resources. Provision has been made in the Medium-Term Financial Strategy, with a focus on Whitefield, and the ambition is for the model to become self-sustaining over time. Councillor FitzGerald commented on NHS reforms and funding pressures, noting that the first wave of funding is a joint programme between NHS GM and GMCA, and that national efforts aim to create opportunities for investment despite significant demand pressures.
Councillor Boles raised the need for a supporting workforce strategy, including CPD and additional roles.

Will Blandamer agreed to take this suggestion to the Public Service Reform Steering Group. It was recommended that a workforce strategy be developed to support the Live Well initiative, and members were informed that a strategic lead is being recruited to oversee this work. Councillor Frith stressed the importance of maintaining community-based services and avoiding relocation to hospital settings, which was supported by Will Blandamer and Dr Cathy Fines, who confirmed that NCA clinicians are keen to return to community-based care.

Councillor Rubinstein reflected on the wider benefits of Live Well, noting that healthier communities contribute to economic growth and improved quality of life, aligning with Greater Manchester policy. Councillor Tariq acknowledged the challenge of connecting economic growth with health outcomes and referenced the “Work Well” initiative as part of this approach. It was agreed that the Public Health Annual Report should be included as a future agenda item to provide challenge and accountability on inclusive growth and health inequalities. Members also discussed the need for a strategy to deliver five Live Well Centres across the borough, learning from the Whitefield pilot and considering funding requirements as part of future planning.

It Was Agreed:

- The update be noted

HSC.94 CHAIRS STANDING ITEM - UPDATE FROM GREATER MANCHESTER MEETINGS

The Chair Porivded an update following the recent Scrutiny Sub-Group meeting, which examined the structural review and service changes at NHS Greater Manchester. It was noted that there is overlap with the current report, and updates from the subgroup will be provided at relevant points once the minutes are available.

The 10-Year Health Plan and Strategy was discussed, reiterating priorities around hospital-to-community care, analogue-to-digital transformation, and shifting from sickness to prevention. Members noted that a briefing on the Live Well programme had been provided earlier in the meeting. It was also reported that Andy Burnham has written to government regarding the closure of Healthwatch, stressing the importance of maintaining an independent patient voice.

The Committee considered NHS GM's Operating Model in response to national ICB reforms. Previous meetings highlighted uncertainty for staff, and letters were sent to staff and government about the impact of delays. A model framework has since been shared, and government announcements confirmed a requirement to reduce the workforce by 39% by 2026/27, with voluntary redundancy schemes already underway in Bury. Will Blandamer confirmed that the first wave of VR will conclude before Christmas, after which compulsory redundancies may be considered. The Committee agreed to monitor the impact of these changes on Bury residents and receive an update at the March meeting when the position is clearer.

Service reconfigurations were also reviewed. Members discussed the proposed changes to ADHD services following public consultation, which supported a triage-based system to prioritise clinical care for those most in need. Clinicians will return in June/July to report on the impact of the new pathway. It was agreed that this topic will come to Health Scrutiny for a joint meeting with Children's Scrutiny in January, which will also cover maternity services. Additional engagement exercises were noted, including Ophthalmology, Interpretation and Translation, and ME/Chronic Fatigue Syndrome/Long Covid.

Finally, the Committee received a deep dive report on cardiovascular disease prevention and diabetes, highlighting ongoing trials and the relationship between deprivation and health outcomes, including the contrasting trends for diabetes and hypertension.

It Was Agreed:

- The update be noted

a **FEEDBACK FROM THE HEALTH SCRUTINY SUB-GROUP**

This items minutes were covered in the chairs standing item.

HSC.95 **CARE QUALITY COMMISSION (CQC) UPDATE**

The Committee was informed that there have been three recent visits from the Care Quality Commission (CQC) to adult services. Falcon and Griffin services in Bury were inspected and received a rating of "Good" in all domains, and congratulations were extended to the teams involved. A CQC visit to Killalea base for intermediate care provision has taken place, and the judgement is awaited, with an outcome expected around Christmas. A full CQC inspection of adult services was also carried out by a team of seven inspectors, and the outcome is not yet known, with results anticipated in late January at the earliest.

Councillor Tariq took the opportunity to thank all staff for their hard work and reflected on the progress made since the LGA peer review in spring. He explained that the CQC process involves early engagement followed by an on-site presence several months later, which in Bury included extra care schemes and intermediate care provision. This inspection was seen

as a valuable opportunity to showcase partnership working and the quality of services. The Committee noted that the formal assessment is expected in early 2026 and expressed hope that this will provide further recognition of staff efforts to support vulnerable residents. At a Greater Manchester level, a benchmarking event is planned for March or April.

It was Agreed:

- Update be noted

HSC.96 URGENT BUSINESS

The Chair raised the recent planning application for Fairfield Hospital and asked whether Will Blandamer could provide a short update or advise if this should be covered in a separate meeting or circulated to councillors. It was agreed that information on the Fairfield General expansion will be circulated to all councillors via the newsletter. Will Blandamer provided a brief overview of the planned additions to Fairfield as part of the expansion.

The Chair reminded members that the next meeting in January will be a partially joint meeting with Children's Scrutiny. This will include two reports before moving to the rest of the agenda: Adults and Children's ADHD pathways and Maternity Services. The latter will also allow questions regarding the recent coroner's inquest into the deaths of Jennifer Cahill and Agnes Lily in Prestwich.

Actions

- Circulate details of the Fairfield Hospital planning application and expansion to all councillors via the newsletter.
- Invite all Children's Scrutiny members to the January Health Scrutiny meeting for joint discussion on ADHD pathways and Maternity Services.

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)

NHS
Greater Manchester

New Model of Care for Greater Manchester Neurodivergent Children and Young People

Part of Greater Manchester Integrated Care Partnership

Rationale for new model of care

NHS Greater Manchester

- Over the last few years, demand for diagnostic assessments for ADHD and Autism for children and young people has continued to increase significantly nationally. This has resulted in a large growth in waiting times and numbers of people waiting. Existing funding and workforce is not able to meet demand.
- We are not able to deliver a timely service for our children and young people and their families who have the highest needs, which can lead to poorer outcomes.
- The current model is medicalised and focused on diagnosis rather than support.
- To address these challenges, NHS GM has launched an Autism and ADHD Transformation Programme aimed at creating a more sustainable, needs-led system.
- This work aligns with objectives of the recently agreed National Independent review into mental health conditions, ADHD and autism Independent review terms of reference - GOV.UK.

National direction of travel

NHS Greater Manchester

- Report of the Children's Commissioner for England 2024- called for a shift towards needs led working. Accessible here: CYP Commissioner for England Waiting Times Report 2024
- National ADHD taskforce have recently published initial findings stating that:
  - There is robust evidence that **ADHD is not the remit of health alone**. Policies, budgets, spending, service plans and the collection of routine data need to span departments and agencies across all levels from government to locality.
  - **Support for ADHD and neurodivergence should begin early.** This should be needs-led, begin in preschool or school and not rely on or require clinician provided diagnosis.
  - **An entirely specialist, single diagnosis model is not sustainable, or evidence informed.** Given the established adverse outcomes and costs of unsupported ADHD, there is an urgent need to address early determinants of adverse outcomes and reduce waiting times in cost-effective, evidence-supported ways. Neurodevelopmental assessment NHS waiting times will continue to escalate, so cannot be ignored. We recommend a holistic, stepped, joined-up, generalist approach, with adequately-resourced primary care and secondary health care, local authorities and the voluntary/community sector to enable both initial needs-led holistic support and the fast-tracking of those with most clinical need or whose functioning does not improve with first-line non-pharmacological intervention to high-quality clinical diagnostic assessment and medication.

GM Public Engagement: What people told us which has informed the new Model of Care

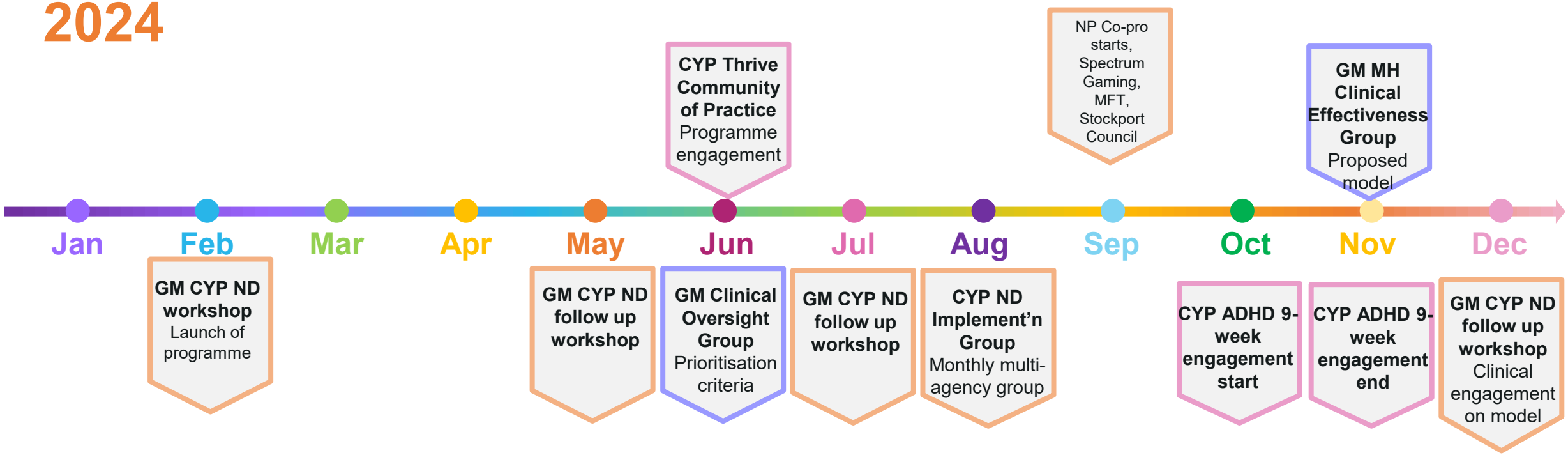
NHS Greater Manchester

- People are experiencing very long waiting times, and this is making the symptoms worse, and the service needs to change.
- People feel there is a lack of support whilst on waiting lists and they need earlier intervention/access to support.
- There is generally a lack of communication at all points in the journey.
- People need a diagnosis to access support.
- Schools have huge role to play in supporting children but are sometimes seen as gatekeepers. Schools need more help and training to support neurodiverse children
- Lack of integration between services, as well as issues with access, right to choose, acceptance of private diagnosis and shared care.
- Medication should not be the only support on offer and doesn't work for many. Currently there is no other option Post diagnosis support is key, this is a lifelong condition, just having a diagnosis is not enough..
- The impact on the family and family history both need more prominence and consideration.
- Every is child is unique, and the services aren't responsive to that.
- People are generally supportive of prioritisation to ensure CYP with the highest level of need are seen quickly
- There are inequalities in terms of access and experience. This is related to geography and some characteristics including age, gender and families on low incomes.

Programme engagement and co-production timeline

NHS Greater Manchester

2024



Co-production Engagement Governance

Programme engagement and co-production timeline

NHS Greater Manchester

2025

Jan
- **ND VCSE Collective Event** Engagement on new model

Feb
- **Health Overview & Scrutiny Committee** Findings from engagement & new model
- **Engagement report published**

Mar
- **GM MH Clinical Effectiveness Group (CEG)** Business case approval

Apr
- **GM MH CEG** Proposal to implement triage and clinical criteria

May
- **GMYN ADHD Lived Experience Group (LEG)** Co-pro of needs-led model

Jun
- **ND VCSE Collective Event** Engagement on new model
- **Healthwatch** Engagement on new model

Jul
- **GM Finance Committee** Approval of business case

Aug

Sep
- **CYP ND workshop** Co-pro of triage & assessment model
- **ND VCSE Collective Event** Engagement on new model
- **Stakeholder briefing** Update on new model
- **CYP ND Parent/Carer Survey - Bury**

Oct
- **CYP ND follow-up workshop** Co-pro of triage & assessment model
- **GM Parent/Carer Forum Cluster meeting** Co-pro of triage and assessment model

Dec
- **Community paediatrics** Review CYP ND clinical criteria
- **GMYN ADHD LEG / Bee Heard** Co-pro of triage & assessment model
- **CYP ND Engagement Survey -Wigan**
- **Autism Consortium** Engagement on new model
- **GM CEG / GM MH CEG** Approval of triage & criteria

Co-production | Engagement | Governance

GM ND transformation workstreams

Greater Manchester

1. Development of new locality services providing needs-led support in each of the 10 localities underpinned with key pan GM offers

2. Development of a system approach to assessing need which dovetails with locality needs-led support offers and provides onward agreed referral for person-centred assessment

3. Review of CAMHS specification to focus on those with co-occurring mental health and complex needs to ensure that those with the highest need receive timely and specialist support

4. Review of children's community autism and ADHD pathways and specification to ensure consistent commissioning and service offer across GM (including Right to Choose providers)

5. Review of CYP on existing waiting lists to ensure those most in need receive a personalised offer of support

Aligned to the Thrive Graduated Model

NHS Greater Manchester

Provision of easily accessible early information based self help and guidance – available universally

System navigation and access to evidence-based needs led support offers (available at all times without the need for a diagnosis)

Risk management and therapeutic management/ interventions for CYP with complex needs

Relevant diagnostic assessment and post diagnostic care for those in need

GETTING ADVICE:

- Access to online resources providing support, information, and access to services
- GM Autism website
- Advice and guidance support from Specialist ND navigator roles
- Online webinars (coming early 26)
- PADLETS Supporting-your-neurodiverse-child-padlet
- Portage https://www.portage.org.uk/support/resources/resources-parents
- Digital messaging support delivered by Barnardo's (coming early 26)
- Documentation outlining ordinarily available provisions and SEND reasonable adjustments (Ordinarily available provision)

GETTING HELP:

- Evidence based group support for behaviour (pre-school and school age)
  Riding the Rapids (Riding the Rapids info)
- The Hub offer – thematic sessions and support, navigator posts
- Neuro-developmental Profiling tools (going live soon)
- Sensory toolkit, workshops and consultations
- Evidence based communication interventions . E.g PACT (PACT) Can DO The Home of Can Do .
- Family Peer support via Navigators
- Young peoples support - Spectrum Gaming
- Tailored mental health support via MHSTs
- Neurodiversity in education programme (Autism in Schools and PINs) training and support into schools
- CAMHS
- Respect for All Counselling offer

GETTING RISK SUPPORT:

- Access to Rapid Response and Home Treatment Teams for Mental Health
- Dynamic Support Register (DSR)
- Key worker via DSR
- Access to CETR process
- Intensive Specialist Support Teams + Alternatives to Admission

GETTING MORE HELP:

- Relevant assessment / diagnostic pathway
- Prescribing/shared care
- Provision of neuro-affirmative assessment report
- Individualised Post-Diagnostic Support Care Packages

ND locality early help services

NHS Greater Manchester

Co-produced, needs-led model to deliver consistent early ND family support across GM

Early access to “Getting Advice” and “Getting Help” support – diagnosis not required

Universal ND offer: online resources, webinars, chat messaging and digital support

Direct self-referral to local ND specialists for advice and guidance

Short term evidence-based interventions workshops (i.e. PACT and Riding The Rapids)

Mobilisation of a GM wide early help support offer from October 2025: ND website, sensory toolkit, sleep support offer, chat messaging, parent workshops on ND related topics

All ten GM localities have been allocated funding to implement the GM core offer locally

All local ND models approved; mobilisation Oct 2025–Mar 2026

GM Workforce training offer: Neuro profiling, PACT, Riding The Rapids, Haven, sensory

NHS Greater Manchester

Development of a system approach to understanding and assessing need

A dynamic triage and assessment process

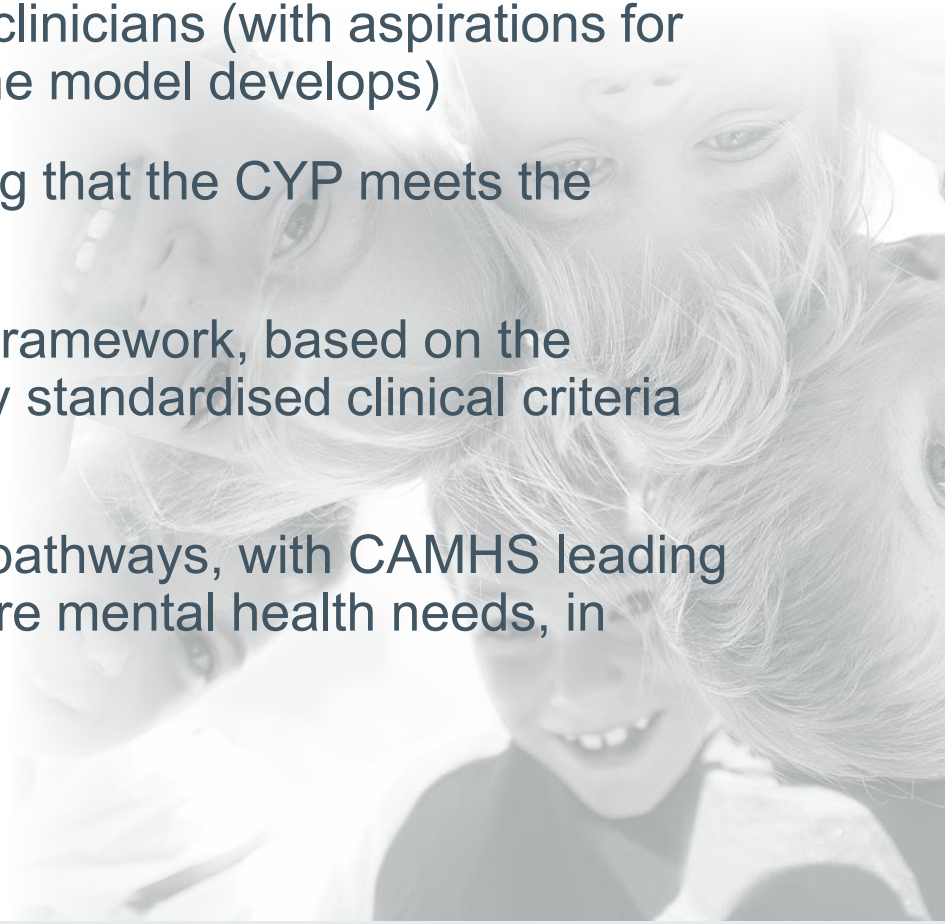
NHS Greater Manchester

A standardised process has been designed to assess the needs of children and young people referred for suspected ADHD and Autism, through a multi-agency approach. This has been approved through NHS GM governance. This ensures

- A consistent, person centered and fair process to assessing individual need across GM
- A multi-agency approach to understanding and deciding the right type and level of support based on an individual's need.
- CYP who are most in need are supported quickly and appropriately to minimise potential risk and harm
- Not all CYP will meet the criteria for an NHS assessment, but everyone will receive a personalised offer of support through our new needs-led services.
- The best use of limited system resources and workforce
- Alignment to NICE guidelines

Consistent approach

- Triage teams to be established, comprising of senior members with extensive knowledge and experience in ND assessment, e.g. CAMHS, Paediatric clinicians (with aspirations for the inclusion of social care and education professionals as the model develops)
- Referrals to include the minimum data requirements, ensuring that the CYP meets the clinical criteria for assessment (as defined in ICD11)
- Appropriate support to be determined inline with the Thrive Framework, based on the urgency and level of need. Decision making will be guided by standardised clinical criteria and a holistic understanding of the individual's needs.
- Diagnostics assessments to take place within relevant local pathways, with CAMHS leading assessment for CYP who have co-existing moderate to severe mental health needs, in collaboration with relevant professionals



Needs-led offer

NHS Greater Manchester

Referrer

- Identifies need
- Connects family to needs led offer
- If the child is in education, considers if appropriate ordinarily available provision and SEN supports are in place
- Considers if the child has presentation indicative of ICD-11 criteria.
- Considers if the child is over 10: the young person is requesting the assessment
- If the young person is under 10: the parent/carer is requesting the assessment

Multi Agency ND Triage

Multi-agency team review referral
- Check ICD 11 criteria
- Consider level of need

Prioritise referral, make informed clinical decision based on:
- mental health
- risk of home/placement breakdown
- risk of education placement breakdown where a clear needs led plan has been tried and reviewed
- significant social factors (including cared for children)
- age at time of referral
- YOS involvement
- CYP who would significantly benefit from medication for treatment of ADHD
- language delay or no speech
- awaiting gender services.

Outcome if ICD-11 Criteria Met

1. Child/young person with very high level of need and are requiring an ND assessment will be seen urgently.
2. Child/young person has significant needs and requires an ND assessment will be added to the wait list.
3. Child/young person may meet ICD 11 criteria, but needs are not considered significant enough to warrant an NHS ND assessment, signpost to support hubs.

Outcomes if ICD11 Criteria not met OR ICD 11 criteria are met but levels of impairment are low / level of functioning is not affected

ND Assessment

If moderate or severe co-occurring mental health condition or moderate to severe functional impairment due to mental health distress is present, ND assessment by CAMHS

If no or mild co-occurring mental health condition, ND assessment by community.

Outcome communicated to family, young person, GP and referrer

Social Care

Education

Mental Health

Community Health

Outcome communicated to family, young person, GP and referrer

NHS
Greater Manchester

CAMHS and Paediatric Services Specification Refresh to support shift to Needs-led Model

ND and CAMHS in GM

NHS Greater Manchester

In Greater Manchester, neurodevelopmental assessments for children and young people are primarily provided through CAMHS and Community Paediatric Services, with variations in service delivery across localities.

Autism and ADHD are neurodevelopmental conditions, not mental health disorders.

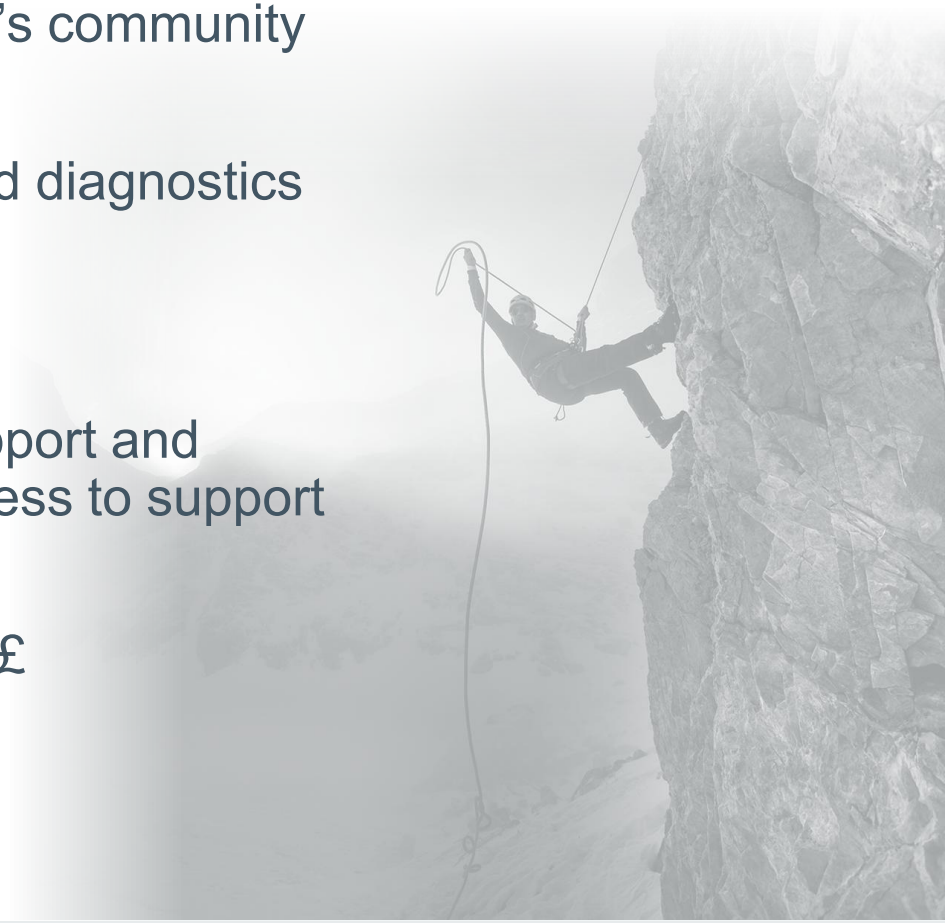
Although CAMHS is not designed or funded to meet the increasing demand for neurodevelopmental assessments, in some areas it has taken on cases of ADHD and Autism where there is no primary mental health need. The lack of MDT approach in some localities has led to long waiting times, limited support, and over stretched resources, with funding ringfenced for mental health treatment.

Reversely, in some localities, Community Paediatrics provide the whole service, including where the child or young person has a comorbid mental health need. In this case, it is important to recognise the role of CAMHS in supporting this cohort.

GM CAMHS have a key role in the assessment, diagnosis, and treatment of neurodevelopmental conditions, as per NICE concordant assessment criteria for Autism and ADHD. However, CAMHS should not be seen as a standalone service for diagnosis but are key to service provision where the CYP also has a moderate to severe mental health need

Key challenges requiring system focus

- Consistent implementation of the triage and assessment model required from January 2026 but there are recognised gaps in children's community health teams to undertake MDT triage across all localities
- Inconsistent children's community health ND assessment and diagnostics across GM
- Significant waiting lists numbers and waiting times
- Current diagnostic culture that overlooks early needs-led support and holistic support with over-reliance on diagnosis for wider access to support (especially through educational settings)
- Significant impact of Right to Choose on best use of the GM £



Solutions

NHS Greater Manchester

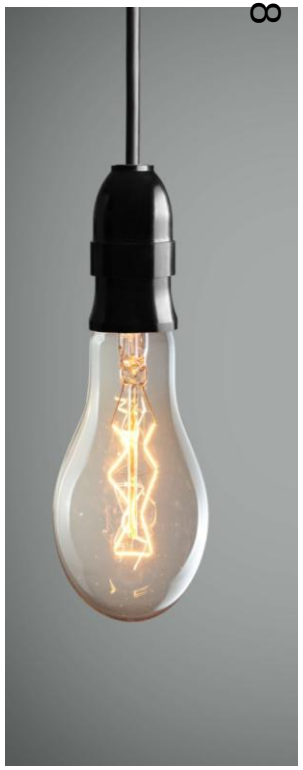
- Phased approach to implementation of the full MDT triage model – starting with existing providers and expanding as capacity and capability are aligned
- In areas where community children's health teams are not currently able to undertake ADHD/Autism assessments, for CYP who meet the clinical criteria for a diagnostic assessment but do not have a moderate to severe co-existing mental health condition, CAMHs will continue to work flexibly to undertake the assessments to ensure all CYP are supported safely (this is for a maximum period of time whilst children's community ND services are mobilised)
- Business case developed for non-recurrent funding to review all CYP on existing waiting lists against the same clinical criteria and prioritise those most in need and/or those who have been on the waiting list for a significant period of time (especially if at a key transition stage)
- Development of new service specification for children's community health services (for ND assessments) with assessment of demand and capacity requirements at locality level
- System-wide communication to share the learning from the MFT Early Years Model pathway which has evidenced that integrated intervention and assessment services produce better outcomes for families than stand alone assessment teams and are a more effective use of workforce and resources.
- All localities have received funding for locality offers of early help and support in place (alongside GM wide offers). Families will be able to go directly to these services for advice, guidance, signposting and access to interventions.
- Ensure consistent communication that diagnosis is not required for access to many support interventions
- Further development of support for other recognised areas including sleep (working to evidence-based practice and aligned to early help/support)

Solutions
Review of Children's Neurodiversity Community Health Services

- Review of the children's community health service specification December 2025 – February 2026
- Focus on autism and ADHD pathways within the specification
- Capacity and demand analysis to be undertaken as part of the review
- Development of gap analysis and proposed options for consideration

Solutions
Focus on support in educational settings

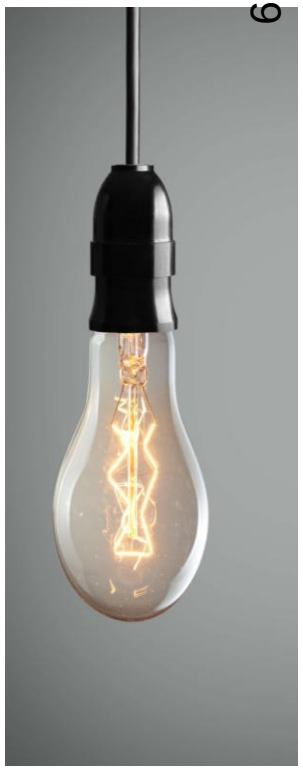
NHS Greater Manchester



- NHS Greater Manchester has delivered the Neurodiversity in schools project (formerly Autism in schools) since 2021/22 working into over 100 schools. We have also taken part in a national pilot of the Partnership for the Inclusion of Neurodiversity in Schools (PINS) project since 2024-5 working in 75 schools. Both projects are active in all 10 GM localities.
- Both are focused on delivering a whole school approach to improving the school experience for neurodivergent learners. These 2 projects are delivered as 1 programme of work with a co-produced suite of training modules delivered into all participating schools to improve staff confidence in supporting neurodivergent young people. The projects also deliver:
  - Support to schools to review policies and practices to ensure inclusivity with a focus on a culture of practical reasonable adjustments and changes to the school environment
  - Bespoke commissioned support drawing on the expertise of a range of health, social care/educational and VCSE services
  - Parent Carer Forum support to parents and youth voice participation to ensure change is driven by the needs of young people
- We will be looking at how we can disseminate the learning, training and resources developed as part of these projects more widely to reach more GM schools. Future info on PINS funding is due from NHSE/DofE in the early new year 2026.

Solutions
Focus on support in educational settings

NHS Greater Manchester



- Mental Health Support Teams (MHSTs) are a national initiative designed to embed high-quality mental health support within education settings across England. They play a central role in transforming children and young people's mental health provision, ensuring every school and college can access expert support, early intervention, and whole-school approaches to wellbeing. They have 3 key functions
  - **Deliver evidence-based interventions** for children and young people with common mental health needs
  - **Support senior mental health leads** in education settings to develop and deliver a whole school/college approach to mental health
  - **Provide timely advice** to education staff and liaise with external specialist services to ensure children and young people get the right support and stay in education
- In Greater Manchester, MHSTs are currently operating in 433 education settings (covering 53% of all settings), with plans to expand and achieve the national ambition of reaching 100% coverage by December 2029
- They play a key role in supporting neurodiverse children and young people by working in close partnership with education settings to deliver adapted interventions and make reasonable adjustments. Teams collaborate with specialist services and families to develop care plans and support transitions, drawing on practitioners trained to recognise and respond to neurodevelopmental needs. Assessments and care plans are tailored including preferred communication approaches and adjustments to the learning environment. Practical strategies for classrooms and wider school life are co-planned with staff to promote participation and attendance. MHSTs also help schools embed whole-setting approaches to mental health, incorporating ND-informed policies and staff training.

Solutions
Focus on support in educational settings

Hearing Accepting Valuing Every Neurotype

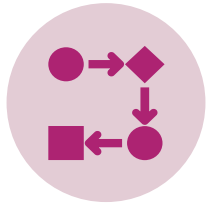
- HAVEN stands for **Hearing, Valuing, Accepting Every Neurotype**, and is a programme providing training for educational setting to create positive social groups in secondary schools, where students can be supported to have positive social experiences and naturally build friendships. Positive social connections are important for physical and mental well-being. We also know that neurodivergent young people may make connections in different ways.
- HAVEN groups aim for neurodivergent young people to feel safe, accepted and supported which may lead to increased confidence, engagement and positive interactions and relationships within the school environment.
- This approach was developed through coproduction by a team of Speech and Language Therapists, with input from autistic young adults, educational psychologists and occupational therapists, researchers from the University of Manchester.
- NHS GM have funded 150 training places to be delivered between October 25 and June 2026 for staff in GM secondary schools.

Solutions
Waiting Lists

NHS Greater Manchester

NHS GM Clinical Effectiveness Group has confirmed and endorsed the clinical criteria for children's neurodevelopmental pathways across Greater Manchester. Further to this it has been agreed to implement a programme of work to utilise the clinical triage criteria to triage the current waiting lists held within trusts for neurodevelopmental assessments, so that we do not have a two-tiered system.

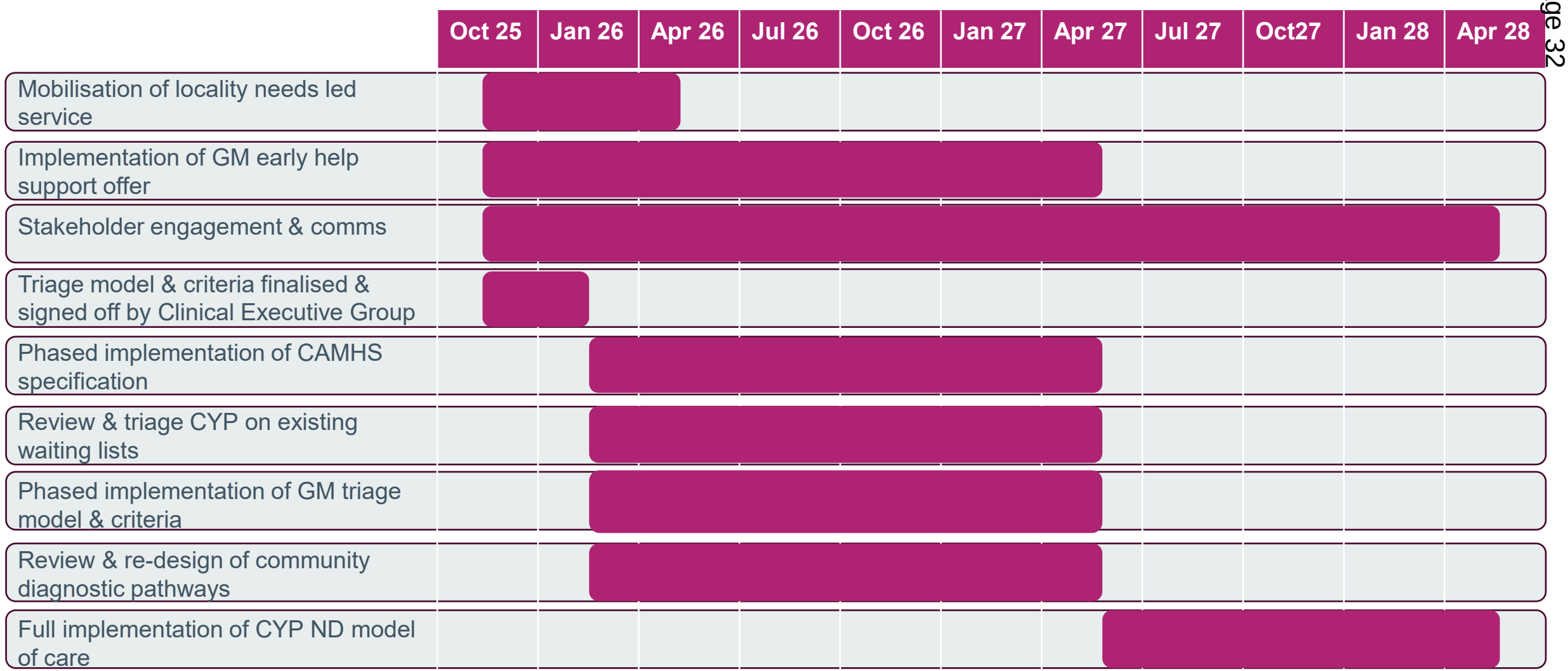
A funding formula has been developed (based on the number of CYP in waiting lists at each provider)which will ensure additional funds to all CAMHS and Community paediatric pathways for this endeavour



We will expect that 100% of the waiting lists to be appropriately prioritised over 12-24 months

Next steps and timelines

NHS Greater Manchester



NHS
Greater Manchester

Right to Choose

Ensuring an equitable offer for all Children and Young People across all providers of ADHD and Autism services

Right to Choose (RTC)

NHS Greater Manchester

Spending on ADHD and Autism assessments through Right to Choose (RTC) for adults and children and young people has grown from £5 million in 2022 to a projected £33 million in 2025. At this time, there are no national plans to increase funding allocations for ADHD and Autism.

While RTC providers often have shorter waits, this has created inequity of access and placed unsustainable pressure on the NHS budget.

To ensure fairness and best use of resources, NHS GM has introduced the following measures:

Urgent referrals already on provider waiting lists will continue to be prioritised and seen.

New non-urgent assessment appointments will be temporarily held across all Right to Choose providers It is expected that these services will resume from April 2026, and patients will retain their original referral date.

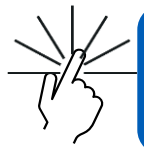
Existing booked assessments, ongoing assessments, and treatment reviews will continue as planned.

RTC providers are required to follow the same clinical prioritisation and safety standards as NHS providers.

Quality and Safety Oversight

All Autism and ADHD service specifications (adults and children and young people) have been updated to strengthen clinical safety and ensure consistent quality. Key changes include:

- The need to provide face-to-face appointments within reasonable travel distance.
- Mandatory in-person physical health reviews for patients prescribed ADHD medication, in line with national safety guidance.
- An accreditation process is being established to monitor compliance and maintain standards across all providers.
- These changes respond to findings from recent quality reviews, including a learning from death report, highlighting the importance of robust physical health monitoring.



NHS GM ADHD and Autism Assessments info

Bury update

BURY
INTEGRATED CARE
PARTNERSHIP

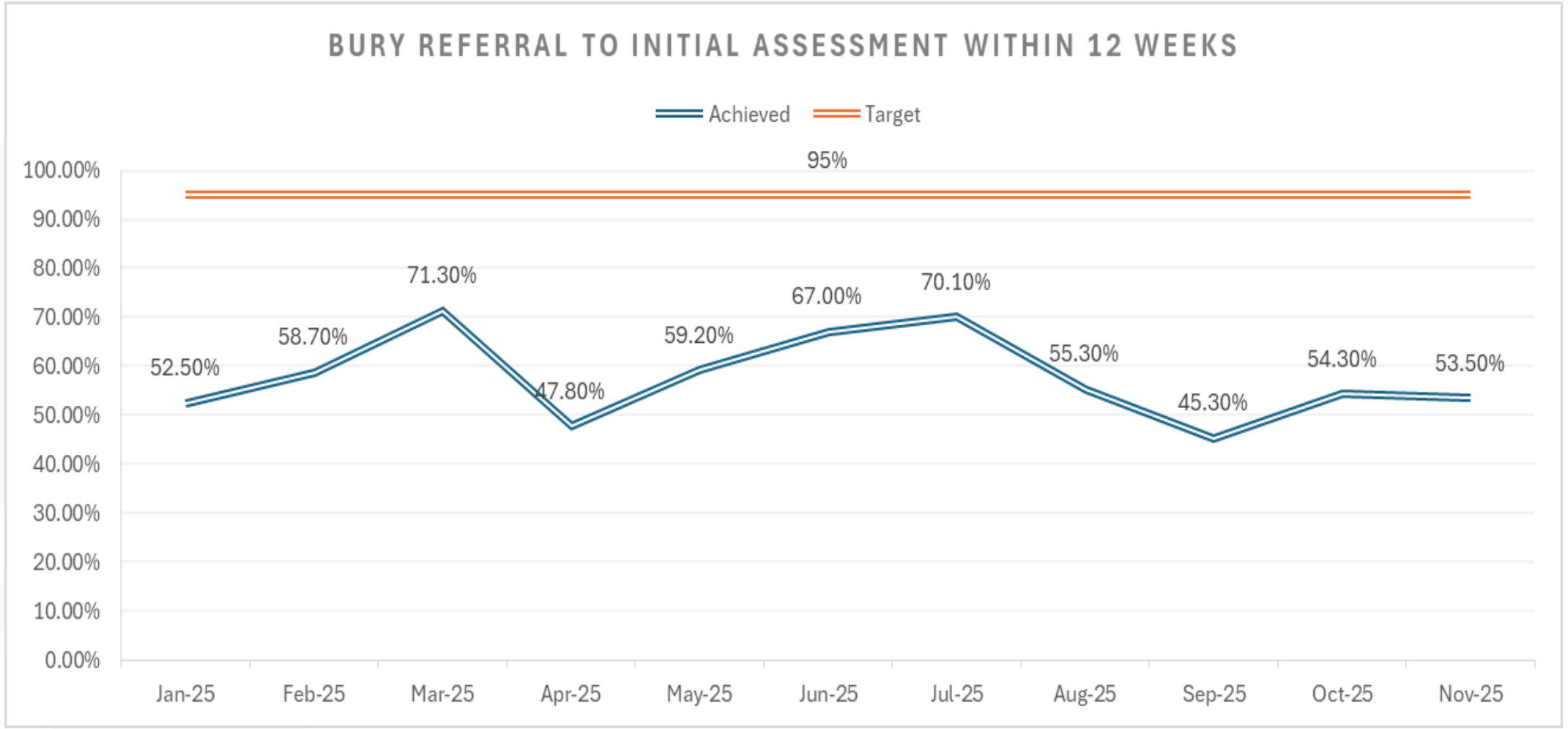
Part of Greater Manchester
Integrated Care Partnership

January 2026

Demand & waiting times

- Local position reflects wider challenges in GM – demand, capacity, waiting times.
- CAMHS referrals have grown very significantly since 2020 [500%+ to between January 2020 and June 2023 across the PCFT footprint]
- Referrals for ND assessments have been making up 80%+ of CAMHS referrals.
- Waiting times for Community Paediatrics and CAMHS remain challenged where other services have seen improvement.
- Significant work done to redesign pathway for providing MH support to CYP with implementation of RISE model with easier access to evidence-based interventions for those with mild to moderate problems.

Bury CAMHS: waiting time performance

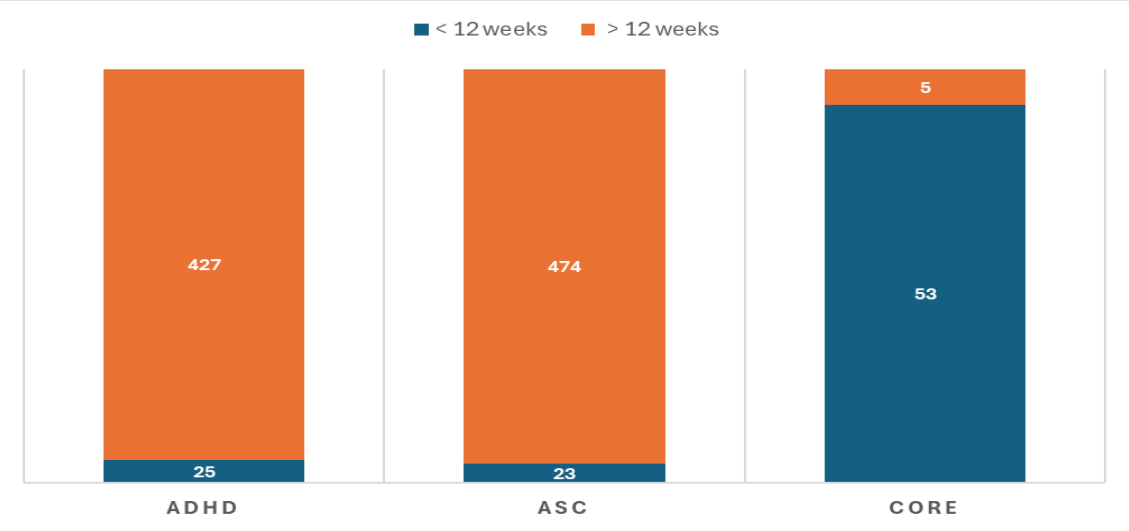


Bury CAMHS: ND Waiting times

BURY INTEGRATED CARE PARTNERSHIP

Current waiters @ 8th December 2025

Pathway	Total Waiting	Breaches > 12 weeks	% Breached
ADHD	452	427	94%
ASC	497	474	95%
CORE	58	5	9%
Total	**1007**	**906**	**90%**



Autism assessment

Pathway	Total Waiting	>18 weeks	% breaches
*ASC Dev History	20	20	100%
* stop clock for 18 week standard			

Stage	Pathway	Total Waiting	>18 weeks	% breaches
2	ADOS	112	99	88%
3	ASC MDT	23	7	30%
4	ASC FEEDBACK	39	2	5%

ADHD assessment

Pathway	Total Waiting	>18 weeks	% breaches
*ADHD Dev History	9	9	100%
*stop clock for 18 week treatment			

Stage	Pathway	Total Waiting	>18 weeks	% breaches
2	QB Testing	32	1	3%
3	ADHD PSYCHIATRY	181	129	71%
4	ADHD MDT	69	7	10%
5	ADHD FEEDBACK	67	3	4%

Established and developing ND support offer across Greater Manchester & Bury

Getting Advice

- **GM Autism website -** My Area – Bury - GMAC
- **Bury ND Hub - Advice and guidance support from specialist navigators**
- **Online webinars – *in development – available from Jan 2026***
- **Bury PADLETS -** Supporting-your-neurodiverse-child-padlet **and other online advice e.g. Sleep advice**
- **Bury Portage service -** https://www.portage.org.uk/support/resources/resources-parents
- **Digital messaging support delivered by Barnardo's - *in the new year***
- **Documentation outlining ordinarily available provisions and SEND reasonable adjustments -** gm-oaip-2025-2026.pdf
- **Bury SEND Local Offer web pages -** Bury SEND Local Offer - Bury Council
- **myHappymind / myMindcoach – inc SEND specific resources** Bury EOY Report 2025 / Online Flipbook
- **Bury First Point family workshops and seminars**
- **Bury2Gether resources and workshops -** https://www.bury2gether.co.uk/about

Getting Help

- **Bury _ Evidence based group support for behaviour (pre-school and school age) Riding the Rapids** Riding The Rapids - GMAC
- **Bury ND Hub offer – thematic sessions and support – *in development***
- **Neuro-developmental Profiling tools - *going live soon***
- **BurySensory toolkit, workshops and consultations -** Sensory Toolkit & Sensory support padlet
- **Sleep workshops and consultations – *GM commission coming next financial year***
- **Evidence based communication interventions - PACT** (PACT) **Can DO** (The Home of Can Do) & **Ibasis** (iBasis)
- **Needs led support via Navigators (in Bury ND Hub)**
- **Tailored mental health support via MHSTs – HAVEN group-based support being developed- Bury MHST staff being trained**
- **Neurodiversity in education programme (Autism in Schools and PINs)**
- **Peer support through Spectrum Gaming in Bury -** Home | Spectrum Gaming
- **RISE at Early Break – open access MH support for CYP in Bury**

Getting Risk Support

- **Access to Rapid Response and Home Treatment Teams for Mental Health**
- **Access to CETR process**
- **Intensive Specialist Support Teams**

Getting More Help

- **Redesigned Assessment / diagnostic pathways - *in development***
- **Prescribing / shared care for ADHD through CAMHS**
- **Provision of neuro-affirmative assessment report – *in development***
- **Individualised Post-Diagnostic Support Care Packages**
- **Key worker support via DSR – *ongoing discussions to widen criteria to include more proactive approach***
- **Core CAMHS – clinical assessment, treatment & support**

Bury Neuro Hub - context

BURY INTEGRATED CARE PARTNERSHIP

Greater Manchester New Model of Care and Early/Needs Led Support Aligned to the Thrive Graduated Model

NHS Greater Manchester

Provision of easily accessible early information based self help and guidance – available universally

System navigation and access to evidence-based needs led support offers (available at all times without the need for a diagnosis)

Relevant diagnostic assessment and post diagnostic care for those in need

Risk management and therapeutic management/interventions for CYP with complex needs

GMICB CYP ND Hub Specification

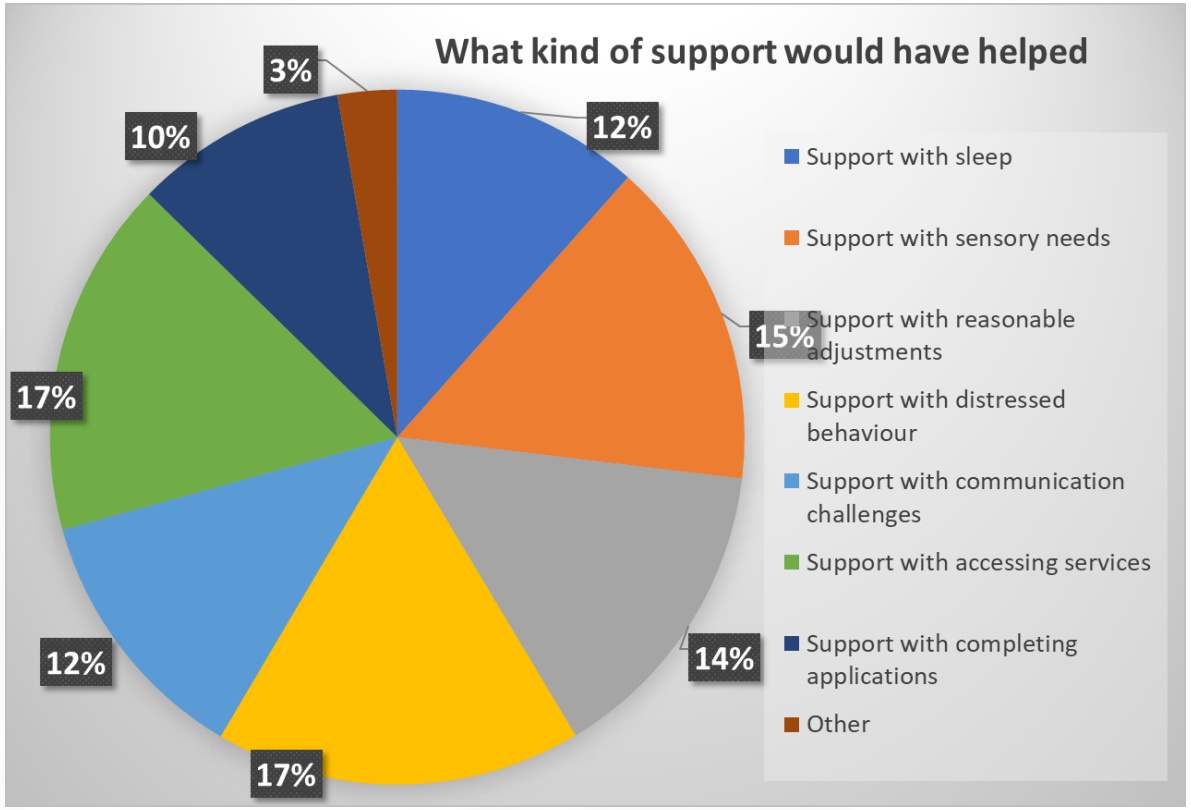
BURY INTEGRATED CARE PARTNERSHIP

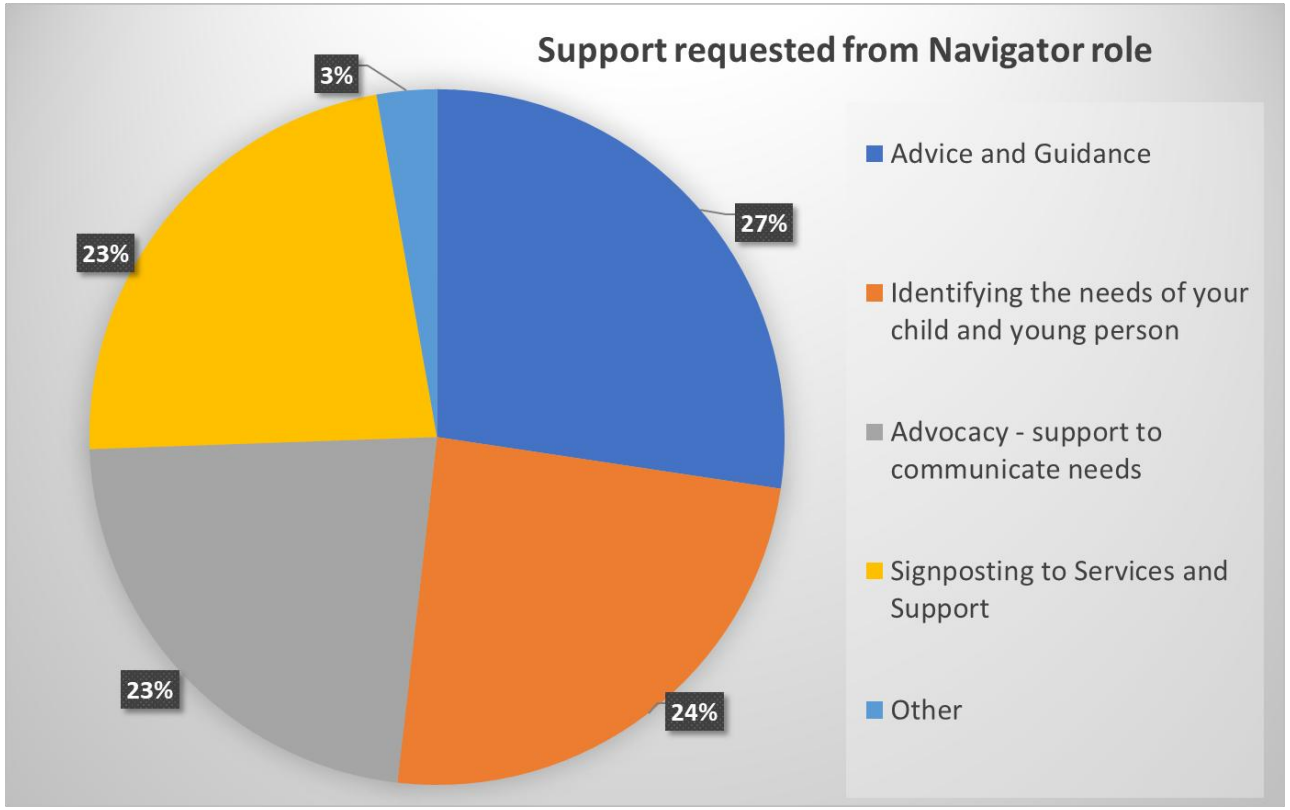
- GMICB led commissioning – identifying a provider in each locality to deliver the Hub on a pilot basis.
- Needs led offer: advice, guidance and help to children who are neurodivergent or displaying social/communication/behavioural differences and challenges.
- Primary aim: to provide early, targeted support to children and families with neurodevelopmental symptoms to improve their educational, social and holistic outcomes and where possible, reduce the need for later, more intensive intervention.
- Provide access to early help and evidence-based support for those CYP whose neurodevelopmental needs can be met with *getting advice* or *getting help* support. This will include PACT and Riding the Rapids.

Bury Neuro Hub - Initial delivery

- Commissioned provider – First Point Family.
- Recruitment: Co-ordinator, 1x Navigator, admin support.
- Initial drop-in provision launched – *test and learn*.
- Initial referral / signposting from Portage, SEND Health Visitor team and Early Years.
- Pathway development with RISE at Early Break.
- Navigator building a case load of families providing individual support
- Riding the Rapids – Early Years – 3 programmes delivered this year.
- Engagement work with Children and young people to design the logo, name and branding.
- Survey with parents and carers to inform delivery model [221 respondents]

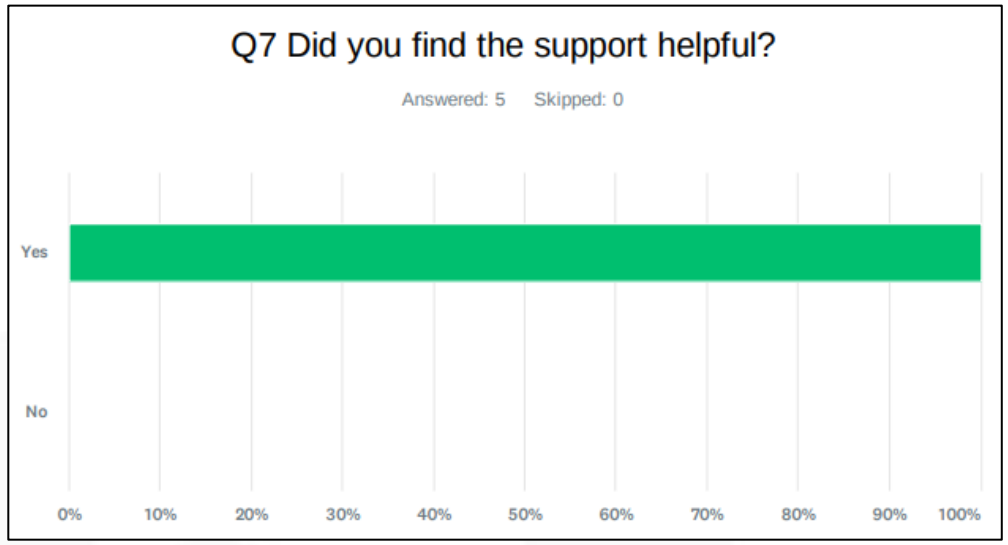
Bury Neuro Hub – Survey feedback

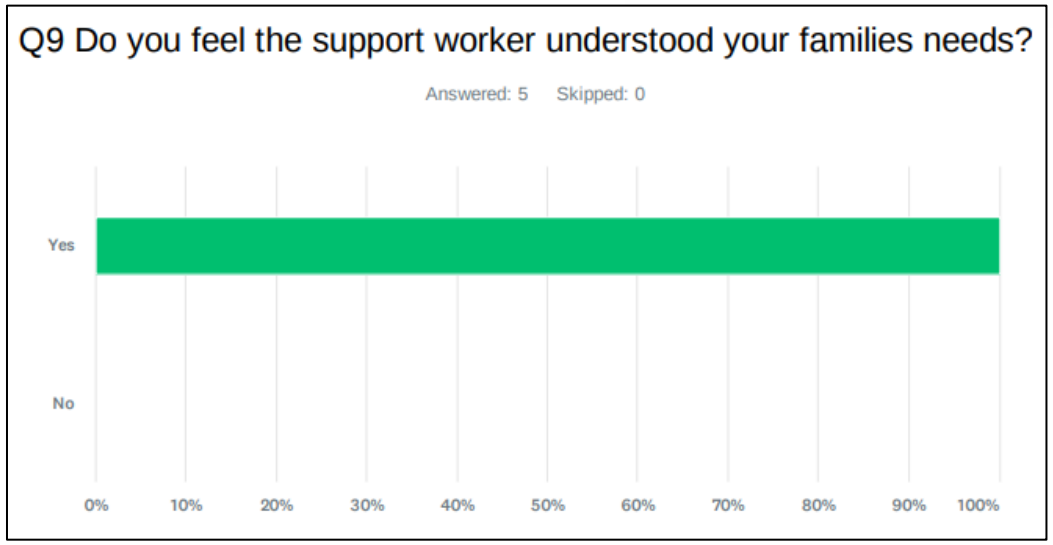


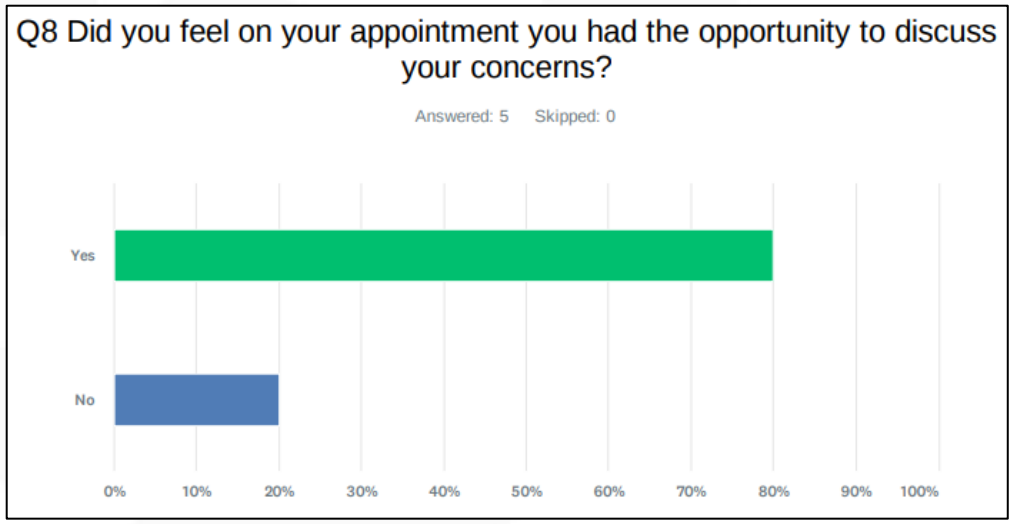


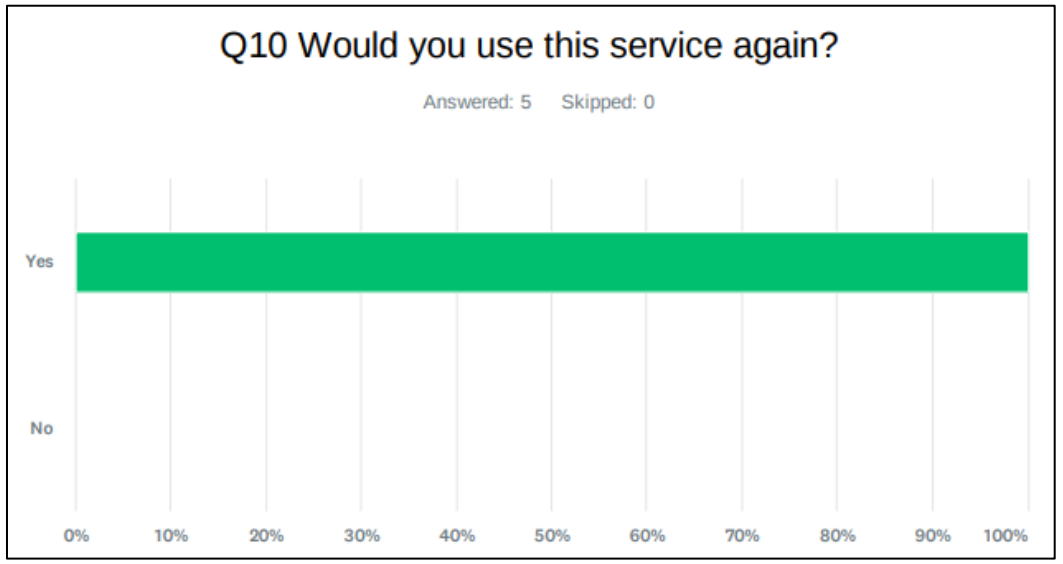
Bury Neuro Hub – early feedback from families attending the drop-in

BURY INTEGRATED CARE PARTNERSHIP









Bury Neuro Hub - Development priorities

BURY INTEGRATED CARE PARTNERSHIP

- Focus groups with partners to shape Hub offer.
- Agreement of name, logo and branding.
- Recruitment of 2nd Navigator.
- Scale up of drop-in provision.
- Mobilisation of new signposting / referral pathways.
- Scale up of individual family support offer.
- Explore opportunities for other services to align with / enhance the hub offer.
- Agree approach to peer-support offer.
- Development of evaluation approach.
- Evolutionary / iterative approach to development informed by: feedback from children & families / learning from other localities / professional advice and input through focus groups and Bury ND Hub Delivery Group

Challenges & Risks

BURY INTEGRATED CARE PARTNERSHIP

Challenges / Risks	Further work required
Ensuring children and families are able to get easy and timely access to the right service to support their needs.	• Development of multi-agency / professional triage. • Clear graduated support offer. • Neuro Hub navigators. • Continuing to listen and learn from families.
Limited capacity in existing community provision to provide assessments for those children who need and assessment but do not have co-occurring MH problems.	• Gradual / flexible implementation of CAMHS service spec. • Community (paediatric) services capacity mapping and gap analysis.
Capacity of locality ND Hubs to meet the needs of children and families.	• Develop and strengthen wider early help offer. • Close monitoring of the triage process – numbers, outcomes and needs. • Iterative approach to Hub development – monitoring demand and need, learning from partners and families.
Ability to access services / reasonable adjustments in the absence of a diagnosis.	• Work required to change culture and criteria, where we can, to ensure access to support is needs-led and not diagnostically determined
Importance of assessment and diagnosis to children, young people and families	• Need to understand and recognise this. • Need to build confident and demonstrate the benefits of graduated support offer. • Need to ensure good communications, engagement and ongoing dialogue e.g. with Parent & Carer Forums, young people's groups such as Changemakers and wider.

NHS Greater Manchester

Changes in How Children and Young People are Reviewed and Assessed for Autism and ADHD in Greater Manchester

January 2026

NHS Greater Manchester (GM) is making changes to the way children and young people aged 0 to 18 are reviewed and assessed for suspected autism and ADHD. This is to make sure support is offered earlier based on a child or young person's individual need, and that those with highest need can be seen sooner. These changes are an important step to help manage unsustainable demand in GM for autism and ADHD assessments due to limited availability of financial resource and clinical workforce, which means families are currently waiting too long to be seen without access to support.

Who has been involved in developing the new process for reviewing requests for assessment?

NHS GM designed the new process through a series of in-person and on-line workshops, meetings, and surveys. These involved clinicians, service providers, commissioners, parents, carers, people with lived experience and young people.

What are the benefits of this new process?

The new process makes sure requests for assessments are reviewed in the same way across GM and will benefit children and young people and their families, by prioritising those with the highest levels of need for earlier assessment. It will also mean all children and young people with autism and ADHD related symptoms can access the support they need when they need it, with or without a diagnosis.

When is the new process being implemented?

Plans for introducing the new process for reviewing requests for assessment are being put in place from January 2026. They will be introduced step by step across services that support children and young people with autism and ADHD related needs. Introducing changes gradually is important to make sure children and young people are supported safely during the transition.

How will the process work?

The new process will bring together experienced professionals from different services. First this will include Child and Adolescent Mental Health Services (CAMHS) and paediatric clinicians. The longer-term plan is for social care and education to be included, so that care is more joined up for families. They will work together to decide the right type and level of support for each child or young person based on their needs. Their decisions will be guided by newly developed clinically agreed criteria, so that decisions are fair and equal across GM.

Will all children and young people get an assessment?
Not every child or young person will meet the clinical criteria for an assessment after the initial review. However, every child and family will still receive a personalised offer of support through the new needs-led services. Needs-led means that support is based on what a child or young person needs, rather than whether they have a diagnosis. Children and young people with the highest needs will be prioritised for earlier assessment. Children and young people with lower needs who still meet the criteria for an assessment may need to wait longer.

Will everyone get an offer of support?
All children and young people will receive an offer of support from within their own borough where they live. This support will be based on an individual's need with or without a diagnosis

What is the new early support offer and when will it be available?
The new early support offer will be available in phases from January 2026. It is designed to help children with autism and ADHD related needs and their families, by providing them with access to specialists and proven, research-based support.

- Neurodevelopmental roles –
  Professionals trained in how autism and ADHD affect thinking, attention, behaviour, and social skills. They assess your child's strengths and challenges and give advice tailored to your child or young person's needs.
- Professionals trained to deliver evidence-based interventions, which means the methods and strategies they use are proven by research to help children and young people.
- Neuro-profiling tool –
  Helps identify a child or young person's learning style, strengths, and needs, and provides strategies which support them at home and school.
- Workshops –
  Parent workshops on topics such as behaviour, communication, and coping strategies available on-line and in-person.
- A new website
  A new GM neurodevelopmental website is launching soon, which will include, easy to read information and dedicated sections for parents and carers, young people and professionals, self-help resources and toolkits, recorded webinars on important topics, online mental health support, and a new chat messaging service.

Who will do the assessment and what will it involve?
Senior CAMHS and paediatric clinicians will look at information from parents, schools, and other professionals to decide what support is needed and how quickly. They will use clinically agreed criteria to guide their decisions. This means children and young people are directed to the right service at the right time based on their levels of need.

Assessments will continue to take place locally in either CAMHS or community paediatric services, depending on the borough. CAMHS will focus on assessments for children and young people who have moderate to severe mental health needs or those with moderate to severe functional impairment due to distress.

My child has been on a waiting list for a long time, what will happen now?
We know many families have been waiting a long time for assessment and support. Experienced CAMHS and paediatric clinicians will review all children and young people currently waiting for an assessment using the new process and criteria. Where children and young people have been waiting a long-time, services will contact the family to ensure they are reviewing the most up to date information. This will mean children and young people receive the right level of support to meet their individual needs.

What happens if my child's needs change?
If your child or young person's needs change over time, they can be re-referred to local services either by their GP, school or other professional, dependant on the borough, to request an assessment.

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NHS Greater Manchester Integrated Care

Bury Health Scrutiny Committee
Wednesday 28th January 2026

Bury Maternity Service Update

Dr Cathy Fines - GP
Jon Hobday - Director of Public Health
Trudy Delves - Matron Midwifery Led Services Bolton
David Latham - Programme Manager

Bury Maternity Services Update

NHS Greater Manchester Integrated Care

Contents

National, GM and Local Priorities

Bury Maternity Services Update

National, GM and Locality Priorities

NHS Greater Manchester Integrated Care

National Priorities

Make progress towards the national safety ambition to reduce still birth, neonatal mortality, maternal mortality and serious intrapartum brain injury

- Increase fill rates against funded establishment for maternity staff

GM Priorities

- Lead, via the Greater Manchester Local Maternity and Neonatal System, locality progress towards achievement of National Priorities
- Engagement with National Reviews
- Quality and Safety
- Provider Performance

Locality Priorities

- Choice of Provider
- Continuity of Care
- Early appointment booking
- Pursuing Bury patient level data by provider
- System partner communications
- Link to Maternity Voice Partnership Bury Leads
- Support GM Maternity Network
- Support Midwifery Services Delivered at locations in Bury

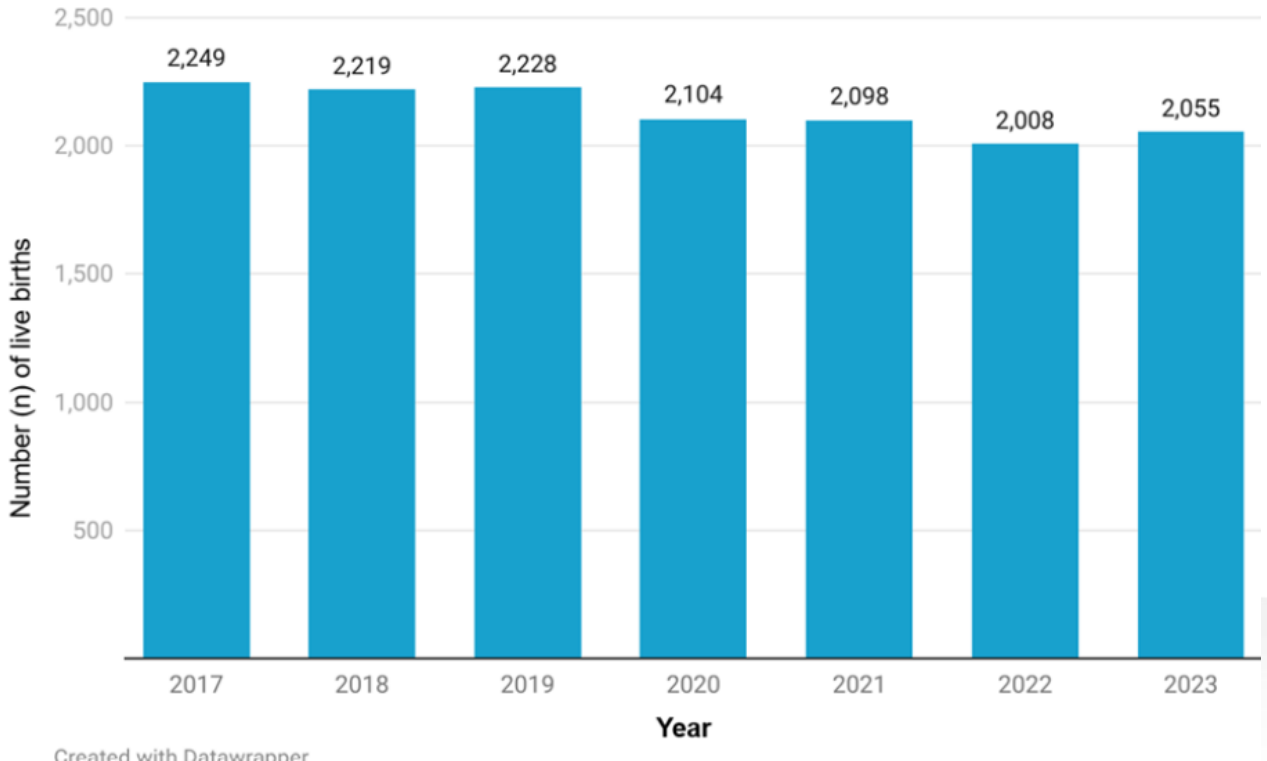
Bury Level Maternity Statistics

Bury Maternity Services Update

Bury Level Maternity Statistics: Number of live births Bury 2017 - 2023

NHS Greater Manchester Integrated Care

Figure 1: Number of live births by area of usual residence, Bury 2017-2023.



Bury Maternity Statistics
(Source Bury JSNA: Pregnancy and Birth | Bury Directory**)**

- Between the years 2017 and 2023, Bury saw a reduction in the number of live births from 2,249 (2017) to 2,055 (2023).
- Year on year figures reduced from 2019 – 2022.
- There was a slight increase of 47 live births in 2023 compared to 2022.

Bury Maternity Services Update

Bury Level Maternity Statistics: Smoking At Time Of Pregnancy 2016-2025

NHS Greater Manchester Integrated Care

Statistics on women's smoking status at time of delivery, England, 2025-26

NHS England

About | SATOD - Time Series | SATOD v2 - Map

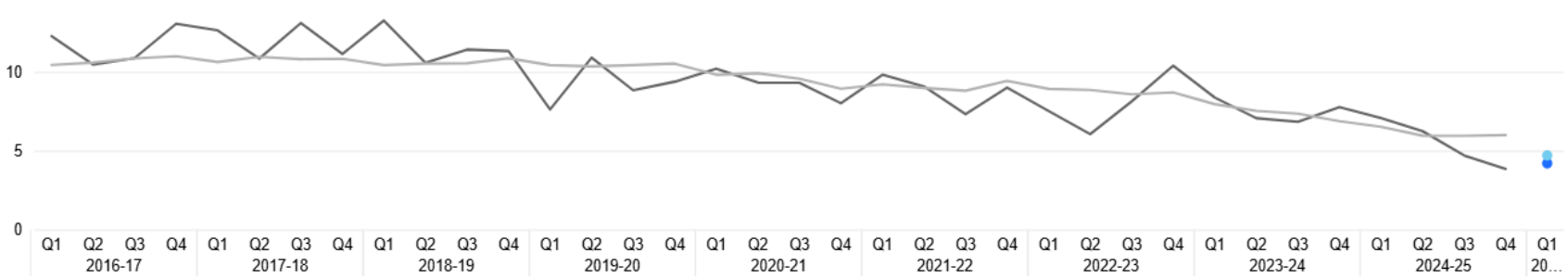
Select Sub-ICB: NHS Greater Manchester ICB - 00V

Select financial year and quarter for table: 2025-26 Quarter 1

Data source changed from Q1 2025-26

Percentage of women that were smokers, by quarter

Click here to view by financial year | Click here to compare data for unknown statuses



Sub-ICB, ICB and national comparisons — 2025-26 Quarter 1

	Maternities (with a known smoking status)	Smokers	% Smokers	Maternities (all)	Unknown statuses	% Unknown statuses
NHS Greater Manchester ICB - 00V	475	20	4.2	490	15	3.1
NHS Greater Manchester Integrated Care Board	7,190	335	4.7	7,560	375	5.0
England	119,795	5,670	4.7	128,595	8,800	6.8

Source: Clinical Outcomes and Indicators, NHS England.

Bury Maternity Statistics

(Source NHSE: Microsoft Power BI)

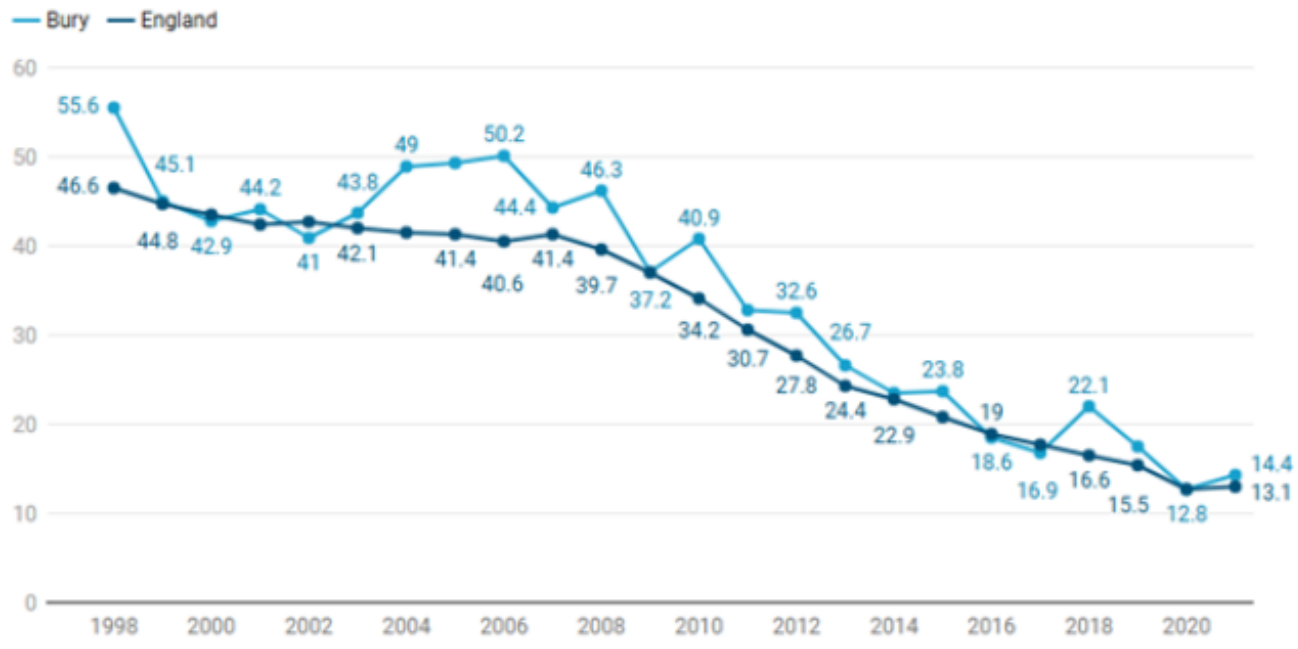
- The National Target was 6% or less by 2022
- From Q1 2025-26 all SATOD statics are taken from the National Maternity Data Set.
- In Q1 2018-19 Bury was recording 13.3% SATOD which was 2.9% behind the national average
- Steady improvement both locally and nationally over the years
- Q1 2025-26 sees Bury at 4.2% ahead of the GM and national performance of 4.7%
- Q1 2025-26 see Bury as the joint 3rd best performing locality in GM.

Bury Maternity Services Update

Bury Level Maternity Statistics: Under 18 Conception Rate 1998 - 2021

NHS Greater Manchester Integrated Care

Figure 4: Conceptions in women aged under 18 per 1,000 females aged 15-17 years for the years 1998 to 2021 for Bury and England (Children and Maternal Health, 2021).



Bury Maternity Statistics

Source (Bury JSNA: Pregnancy and Birth | Bury Directory)

- The infant mortality rate is 60% higher than that of babies born to older women
- Younger woman are at higher risk of adverse pregnancy outcomes.
- The percentages of pregnancy under in under 18's has been declining both nationally and in Bury.
- Most recent figures for the period 2022-23, show 0.5% of pregnancies in Bury were teenage pregnancies (under 18), lower than the national average of 0.6%.

Bury Maternity Services Update

Bury Level Maternity Statistics: Termination of Pregnancy Statistics

Greater Manchester Integrated Care

Central Booking Service Report for: BURY (ICB QOP)
Period: December 2025
Total number of bookings: 30

BPAS British Pregnancy Advisory Service

1. Days to appointment		
Up to 7	28	93%
8 to 14	1	3%
15 to 21	1	3%
Over 21		
Average	2.2	
Median	1	

2. Referrer		
Brook		
FP/CASH		
GP referral		
GUM		
NHS hospital		
Self referral	30	100%
Other		

3. Who called to make the booking		
Client	29	97%
Referrer		
Professional rep		
Personal rep	1	3%
Not recorded		

4. Type of consultation		
Counselling		
Consultation	1	3%
Sameday	4	13%
Telephone	25	83%

5. GP registered		
Yes	30	100%
No		

6. Age at time of call		
Under 16	1	3%
16 to 17	1	3%
18 to 19	3	10%
20 to 24	7	23%
25 to 29	4	13%
30 to 34	10	33%
35 and over	4	13%
Not recorded		

7. Gestation at time of call		
0 to 9 weeks	30	100%
10 to 12 weeks		
13 to 19 weeks		
20 to 23 weeks		
Not recorded		

8. Bookings by provider and provider location

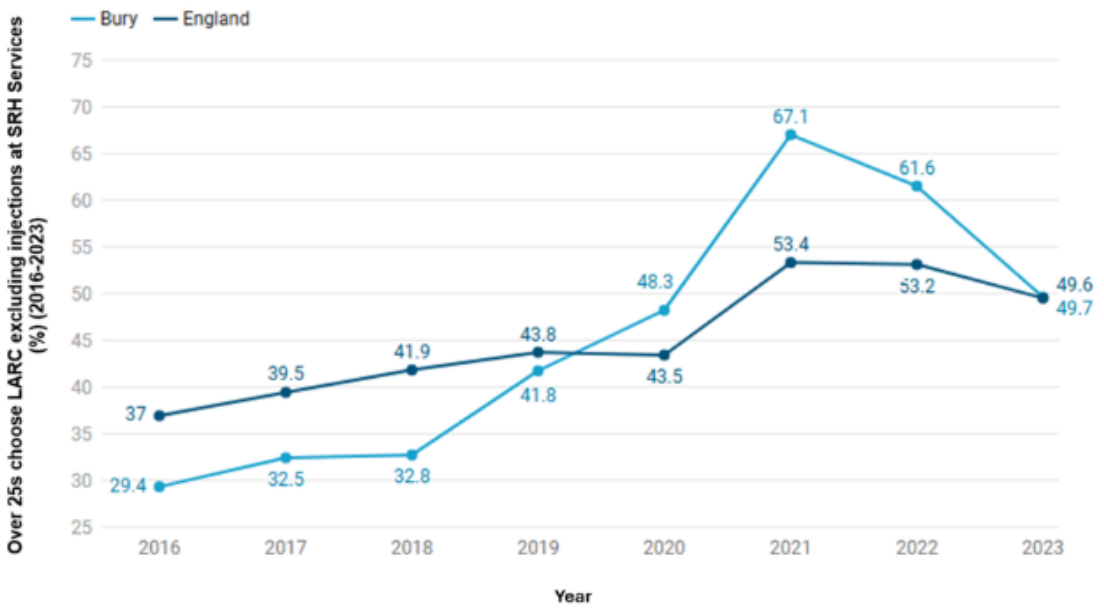
Provider	Location	No. of bookings	% of total	Days to appointment: 7 or less	8 to 14	15 to 21	Over 21	Average
BPAS	BPAS Telemed Hub (Birmingham)	1	3%	1				0
BPAS	BPAS Telemed Hub (Bournemouth)	1	3%			1		16
BPAS	BPAS Telemed Hub (Doncaster)	1	3%	1				0
MSI	MSI Rochdale EMU	1	3%	1				6
MSI	MSI Telephone Consultations	10	33%	9	1			2.2
NUPAS	NUPAS Bolton	2	7%	2				3.5
NUPAS	NUPAS Manchester	2	7%	2				1.5
NUPAS	NUPAS Telephone Consultations	12	40%	12				1.1

Bury Maternity Services Update

Bury Level Maternity Statistics: Over 25s Choosing LARC

NHS Greater Manchester Integrated Care

Figure 3: Percentage (%) of over 25s choosing LARC excluding injections at SRH Services for the years 2016 to 2023 for Bury and England (Sexual & Reproductive Health Profiles, 2023)



Bury Maternity Statistics
(Source Bury JSNA: Pregnancy and Birth | Bury Directory**)**

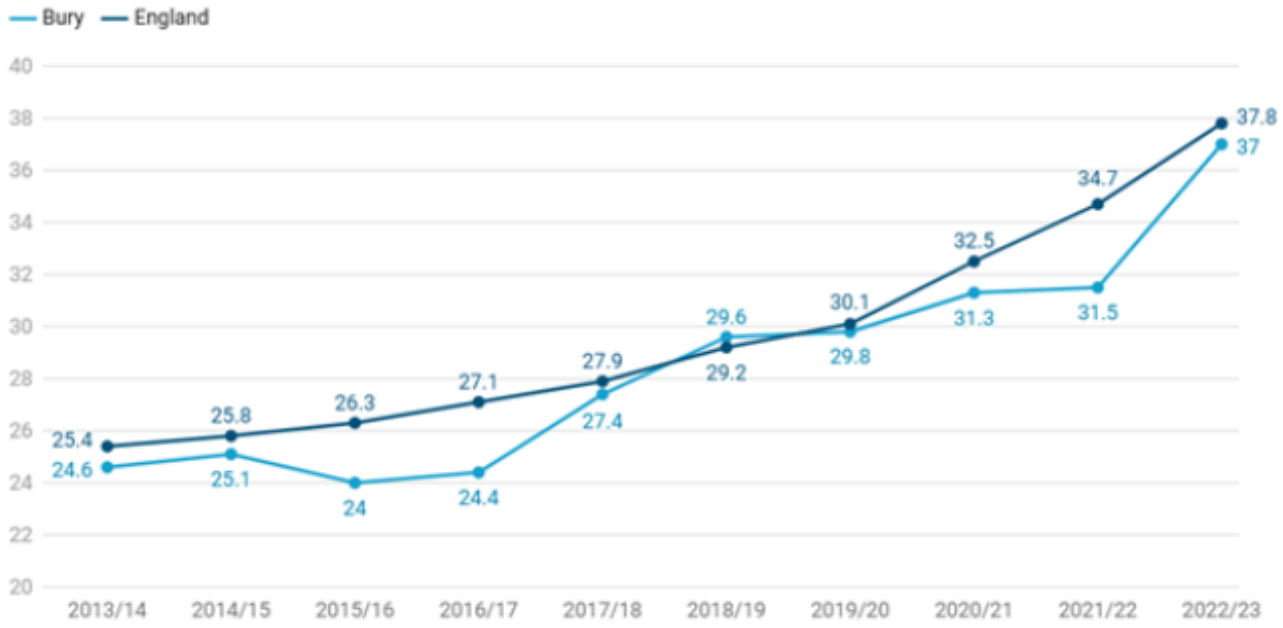
- Long-acting reversible contraceptive (LARC) methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill.
- A strategic priority is to ensure access to the full range of contraception is available to all. An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.
- In the year 2023, 49.7% of 'over 25s' chose LARC excluding injections at SRH Services, statistically similar to the figure for England of 49.6%.

Bury Maternity Services Update

Bury Level Maternity Statistics: Percentage of C- Sections

NHS Greater Manchester Integrated Care

Figure 8: Percentage of c-sections during the period 2013/14 to 2022/23 for Bury and England (Children and Maternal Health, 2023).



Bury Maternity Statistics
(Source Bury JSNA: Pregnancy and Birth | Bury Directory**)**

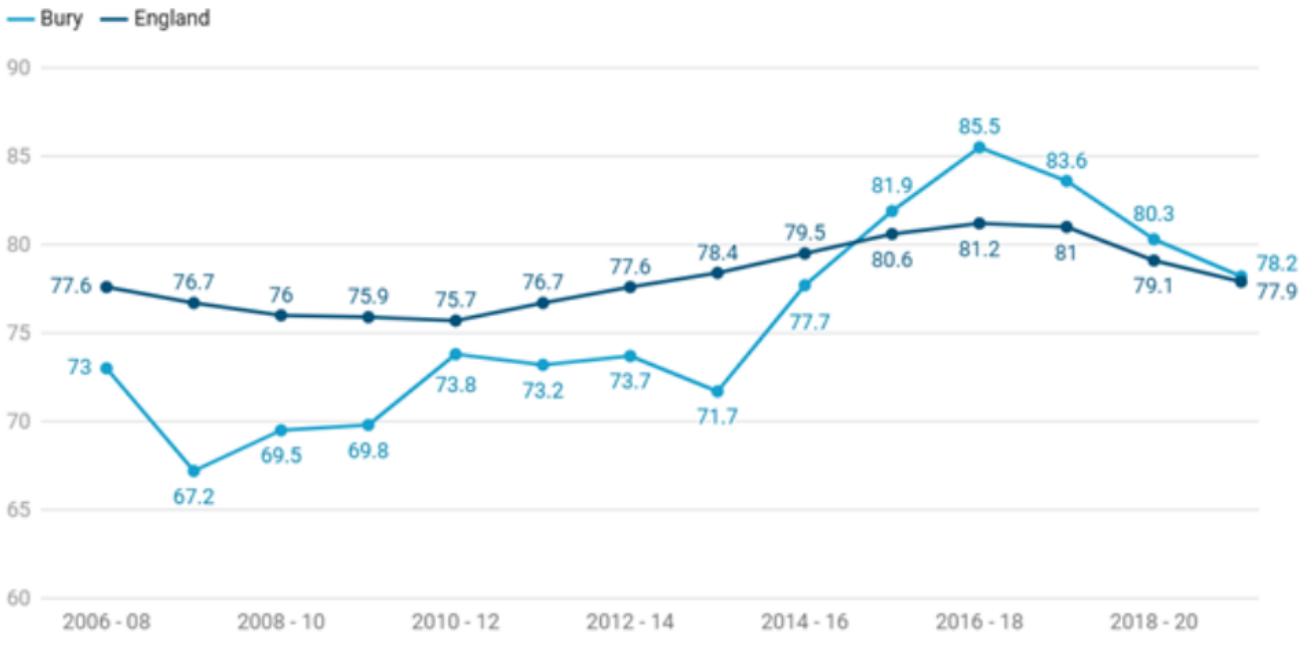
- Caesarean sections (commonly referred to as c-sections) are often required for several maternal and infant reasons. By their nature (i.e. they are used when there are complications) they are likely to be associated with an increased risk of problems.
- The percentage of caesarean sections in Bury was 37% in 2022/23 and statistically similar to England average of 37.8%.

Bury Maternity Services Update

Bury Level Maternity Statistics: Premature Births

NHS Greater Manchester Integrated Care

Figure 9: Crude rate of premature live births (gestational age between 24-36 weeks) and all stillbirths per 1,000 live births and stillbirths during the period 2006-08 to 2019-21 for Bury and England (Children and Maternal Health, 2021).



Bury Maternity Statistics
(Source Bury JSNA: Pregnancy and Birth | Bury Directory)

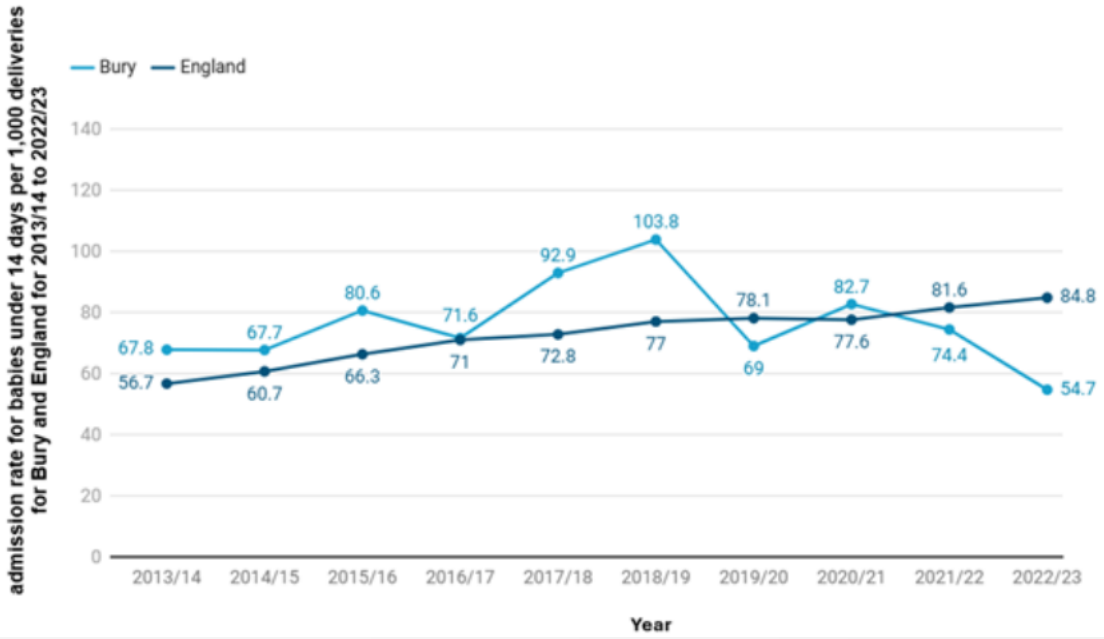
- Premature births are measured in Fingertips as crude rate of premature live births (gestational age between 24-36 weeks) and all stillbirths per 1,000 live births and stillbirths
- From 2015-17 to 2019-21, the rates in Bury were higher than England average but were not statistically significant.
- Premature birth rate in Bury has shown a more rapid increase in recent years than in England, but the most recent data for both areas show a decrease in premature birth rate (Figure 9).

Bury Maternity Services Update

Bury Level Maternity Statistics: Admission Rates

NHS Greater Manchester Integrated Care

Figure 15: Crude admission rate for babies under 14 days per 1,000 deliveries for Bury and England for 2013/14 to 2022/23 (Children and Maternal Health, 2023).



Bury Maternity Statistics
(Source Bury JSNA: Pregnancy and Birth | Bury Directory**)**

- High admission rates of mothers or infants shortly after birth may indicate problems with the timing or quality of health assessments before the initial transfer or with the postnatal care provided once the mother returns home. Dehydration and jaundice are two common reasons for re-admission of infants and are frequently associated with feeding difficulties.
- Admission rate for babies under 14 days in Bury for the period 2022/23 was 54.7 per 1,000 deliveries.
- The rate in England then increased to its highest rate for the observed time period to 84.8 per 1,000 for 2022/23

Bury Maternity Services Update

Bury Level Maternity Statistics: Low Birth Weight by Bury Ward

NHS Greater Manchester Integrated Care

Table 1: Percentage of low birth weight of live babies in Bury wards, Bury and England (five years pooled data from 2016 to 2020) (Local Health, 2020)

Area	Low birth weight of live babies, five year pooled
Radcliffe North	7.9%
Unsworth	7.9%
Besses	7.8%
Radcliffe West	7.4%
Radcliffe East	7.2%
Elton	7.1%
Redvales	7.1%
East	6.4%
Moorside	6.4%
Tottington	5.8%
Holyrood	5.7%
Church	5.1%
St Mary's	5.0%
Ramsbottom	4.8%
Sedgley	4.8%
Pilkington Park	4.1%
North Manor	3.4%
Bury	6.2%
England	6.8%

Bury Maternity Statistics
(Source Bury JSNA: Pregnancy and Birth | Bury Directory)

- This indicator is defined as percentage of all live births with a recorded birth weight under 2500g as a percentage of all live births with stated birth weight, pooled over five years.
- The percentage of low birth weight of live babies in Bury for the five year pooled data from 2016-20 is 6.2%, slightly lower than England average of 6.8%.
- Examining data by ward, the highest percentages of low birth weight of live babies are in Radcliffe North and Unsworth at 7.9% and Besses at 7.8% in the period 2016-20.
- The lowest percentage during the same time period is in North Manor (3.4%) and Pilkington Park (4.1%) (Table 1)

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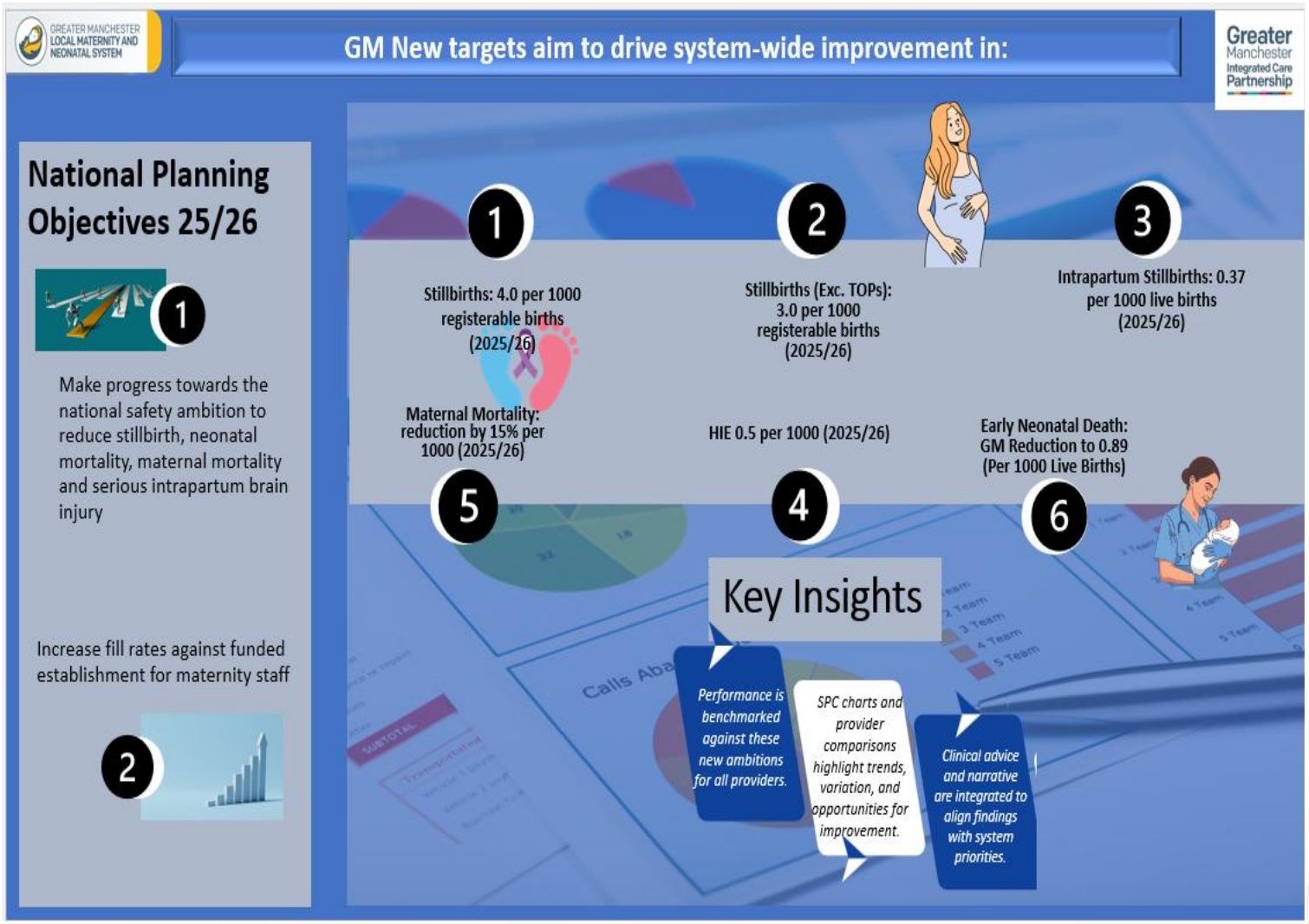
Greater Manchester Maternity and Neonatal System

Bury Maternity Services Update

NHS Greater Manchester Integrated Care



Greater Manchester Local Maternity and Neonatal System 2025/26 Priority Projects

- Improved Safety Outcomes
- High Quality Bereavement Services
- Improved Triage
  - achieve the local standard of 80% of women seen within 15 mins of attendance
  - 95% within 30 mins
- Shared Learning
- Assurance – increase CNST compliance
- Workforce recruitment and improved staff survey results
- Perinatal mental health
- Personalised Care Plan
- Infant Feeding
- Pelvic Health Services
- Continuity of Care
- Community Services
- Gestational diabetes melitus follow up postpartum
- Digital maternity services
- Maternal Medicine information sharing
- Improved data quality
- Early access to antenatal care

Bury Maternity Services Update

NHS Greater Manchester Integrated Care

GREATER MANCHESTER LOCAL MATERNITY AND NEONATAL SYSTEM

Summary

Greater Manchester Integrated Care Partnership

Key Escalations to note:

- GM performance against 2025/2026 key performance metrics

Greater Manchester				
Metric	2024 Performance	2025/26 Ambition (per 1,000)	Year to August Rate	Year to October Rate
Stillbirths inc TOP	4.35	4	4.39	4.3
Stillbirths exc TOP	3.35	3	3.44	3.29
Intrapartum Stillbirths	0.4	0.37	0.27	0.18
HIE	0.52	0.5	1.03	1.1
Maternal Deaths (up to 42 days)	0.06	0.5	0.14	0.11
ENND	1.87	0.89	2.6	2.61

- Below is the provider breakdown driving this data.

Provider	BOLTON		NORTH MANCHESTER		ORC		WYTHENSHAWE	
Metric	Ambition (per 1,000)	Current (Jan–Oct)	Ambition (per 1,000)	Current (Jan–Oct)	Ambition (per 1,000)	Current (Jan–Oct)	Ambition (per 1,000)	Current (Jan–Oct)
Stillbirths inc TOP	4.54	3.42	3.9	3.7	6.35	5.12	1.9	2.76
Stillbirths exc TOP	3.8	3.42	3.17	3.08	5.04	3.04	1.55	2.26
Intrapartum Stillbirths	0.53	0.24	0	0	0	0	0	0.25
HIE	1.44	2.12	0.65	1.45	0.3	1.27	0.65	1.08
Maternal Deaths (up to 42 days)	1.28	0.25	1.22	0	0.27	0.16	0.26	0.25

Provider	NCA		STOCKPORT		TAMESIDE		WWL	
Metric	Ambition (per 1,000)	Current (Jan–Oct)	Ambition (per 1,000)	Current (Jan–Oct)	Ambition (per 1,000)	Current (Jan–Oct)	Ambition (per 1,000)	Current (Jan–Oct)
Stillbirths inc TOP	3.68	5.46	3.6	3.6	3.37	4.36	2.65	5.95
Stillbirths exc TOP	2.94	4.47	2.95	2.7	1.69	2.72	1.14	4.96
Intrapartum Stillbirths	0.74	0.55	0.65	0.45	2.1	0	0	0
HIE	0.42	0.27	0	1.09	0	0.66	0	0
Maternal Deaths (up to 42 days)	0.37	0	0	0	0	0	0	0

Maternity Pathways

Bury Maternity Services Update

NHS Greater Manchester Integrated Care

First contact - information
- nutrition, diet and food hygiene
- lifestyle factors such as smoking, drinking and recreational drug use
- antenatal screening tests, including screening for sickle cell diseases and thalassaemia, the anomaly scan and screening for Down's syndrome, as well as risks, benefits and limits of these tests

8-12 weeks - Booking appointment
- 2 hour appointment at
- information given about antenatal screening, baby's development, maternity benefits
- breastfeeding including workshops, diet nutrition, exercise and pelvic floor
- 1st trimester blood tests

Dating scan – 1st trimester screening (11-14 weeks)
- estimate when baby is due, check the physical development of baby and screen for possible abnormalities.

16 weeks
- review, record and discuss test results
- health checks

Anomaly scan at 18-21 weeks
- check the physical development of the baby

25 weeks – for women having their first baby
- health checks

28 weeks
- health checks
- offer whooping cough vaccine
- offer more screening tests

31 weeks – for women having their first baby
- review, record and discuss any test results
- health checks

34 weeks
- review, record and discuss any test results
- health checks

36 weeks
- information given about breastfeeding, caring for baby, vitamin K and screening for new-born baby, mothers health after the baby is born and post natal depression.
- health checks

Health Visitor antenatal visit
- promotional contact
- information given about infant development, feeding, parenting and the Healthy Start Programme.
- provide contact details and advise how they will/can support following birth

38 weeks
- health checks

40 weeks – for women having their first baby
- health checks
- offer of a membrane sweep

41 weeks
- health checks
- offer a membrane sweep
- discuss the options and choices for induction of labour

Postnatal
- **Discharge plus 1 day** – babies sleep environment, safe sleep messages, feeding support
- **Day 5** – newborn screening
- **Day 10-12 -** discharge and handover to Health Visitor

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Main Provider Level Maternity Infrastructure

Manchester FT (NMGH)

Bolton FT

NHS Greater Manchester Integrated Care

Main Provider Level Maternity Infrastructure

Manchester FT (NMGH)

Bury Maternity Services Update

Greater Manchester Integrated Care

MFT Midwifery Services – Community Based Maternity Service

- **Locations operational:**
  - Salford, Moston & Blackley, City & New East Manchester, Cheetham, Bury.
- **Bury Team areas:**
  - include BL9, Whitefield and Prestwich.
- **Team Composition:**
  - Band 7 Team Leader with Band 6 community midwives and Maternity Support Workers
- **Services offered face to face:**
  - All community midwifery care is face to face
- **Services offered virtually:**
  - Nil
- **Current service development:**
  - Harmonisation of AN care pathways with AN services across Managed Clinical Services. Introduction of vaccination clinic at Prestwich hub to include flu and pertussis
- **Current Service issues:**
  - 3 x Community clinics currently being held at Fairfield General Hospital due to IT availability in Bury venues.
- **Service Improvements:**
  - Digital platform HIVE now progressing well and teams are more confident when connectivity available. Redvale Hub connectivity remains poor despite refurbishment-have requested room change. Face to Face Antenatal parent education for MFT patients to commence.

Contact details: Bury Fairfield Base 0161 778 3706/ Main NMG base 0161 720 2133
- Rachel Wadkins : Bury Team Leader Rachel.Wadkins@mft.nhs.uk
- Mel Coleman: Community Ward Manager 07977644545 Mel.Coleman@mft.nhs.uk
- Farhana Faruque: Community & Birth Centre Matron (North Manchester site) 07973695232 Farhana.Faruque@mft.nhs.uk

Main Provider Level Maternity Infrastructure

Bolton FT

Bury Maternity Services Update

Provider Updates: Bolton Foundation Trust Maternity Services – Community

NHS Greater Manchester Integrated Care

- **Locations operational:**
  - Radcliffe Hub, Bury West & North Hub, Farnworth Start Well Centre (for women living in BL4 and M26 1). The team cover the M26, BL2, BL8 and BL0 postcodes of the Bury locality.
- **Team Composition:**
  - 1 WTE Band 7 Team Leader
  - 9.17 WTE Band 6 Registered Midwives.
  - 0.61 WTE Maternity Support Worker (MSW)
- **Services offered face to face:**

  Radcliffe Hub- Clinics Monday- Friday (antenatal bookings, antenatal appointments, post-natal appointments)

  Bury West & North Hub- Clinics Monday- Friday (antenatal bookings, antenatal appointments, post-natal appointments)

  Home post-natal visits (Day 1 and if clinically required)

  All clinics have a Named midwife to provide continuity of care.
- **Services offered virtually:**
  - Nil.
- **Current service development:**

Community review in progress to review services, staffing, processes to highlight any improvements required. Staff under going training for Pregnancy circles to implement across the service as an alternation method of providing care and continuity. Community Team developing Early Pregnancy Information Clinics to provide women with early heath and well-being information, screening information and screening tests. Re-introduction of antenatal face to face sessions. Digital transformation project ongoing at Bolton Maternity services to develop a end to end an maternity system, no completion date at present.

Bury Maternity Services Update

NHS Greater Manchester Integrated Care

Provider Updates: Bolton Foundation Trust Maternity Services (cont…)

- **Current service or pathway issues:**
  - Ongoing IT issues within the Bury centres that are causing issues with care. Despite lots of work to improve the IT for 3-5 years we are still having connectivity issues and maintaining connectivity. This is a quality and safety issue and is on our risk register.
  - Fragmented care- Women are choosing to birth with alternative providers and having antenatal care and post natal care provided by Bolton community midwives due to geographical boundaries. Evidence based information highlights this to be a contributor factor in poor outcomes for women and babies with issues of different IT and documentation systems, guidelines, and processes, communication, information sharing, services available, effects on staff.
  - **Contact details for the team (mobile numbers are work phones and only responded to when the staff member is on duty)**

Community Midwives Office at Bolton Hospital (clerical staff only) – 01204 390 023
Nicola Doherty (Team Leader) – 0792018**2610**
Email- nicola.doherty@boltonft.nhs.uk
Non urgent information sharing email address (checked daily) –
BFTmidwiferydischarges@boltonft.nhs.uk
Farnworth Start Well Centre (Team base) – 01204 334 955

Bury West & North Children's Centre Midwife Line – 0161 253 7734 (BL8 and BL0)
Linsay Wyatt (deputy) – 07919 598 609, Linsay.Wyatt@boltonft.nhs.uk
Geraldine Wilkes – *07471 522 936*, Geraldine.Wilkes@boltonft.nhs.uk

Enhanced Midwifery Team (safeguarding) –
01204 390390 Ext 4170, email- boh-tr.emt@nhs.net
Nicola Ainsworth (team leader) –07824897295
Email- nicola.ainsworth@boltonft.nhs.uk

Radcliffe Hub Children's Centre Midwife Line – 0161 253 7467
Jessica Robb- 07920182608, Jessica.robb@boltonft.nhs.uk
Eloise Davenport- 07824561184, eloise.davenport@boltonft.nhs.uk

Main Provider Level Maternity Statistics

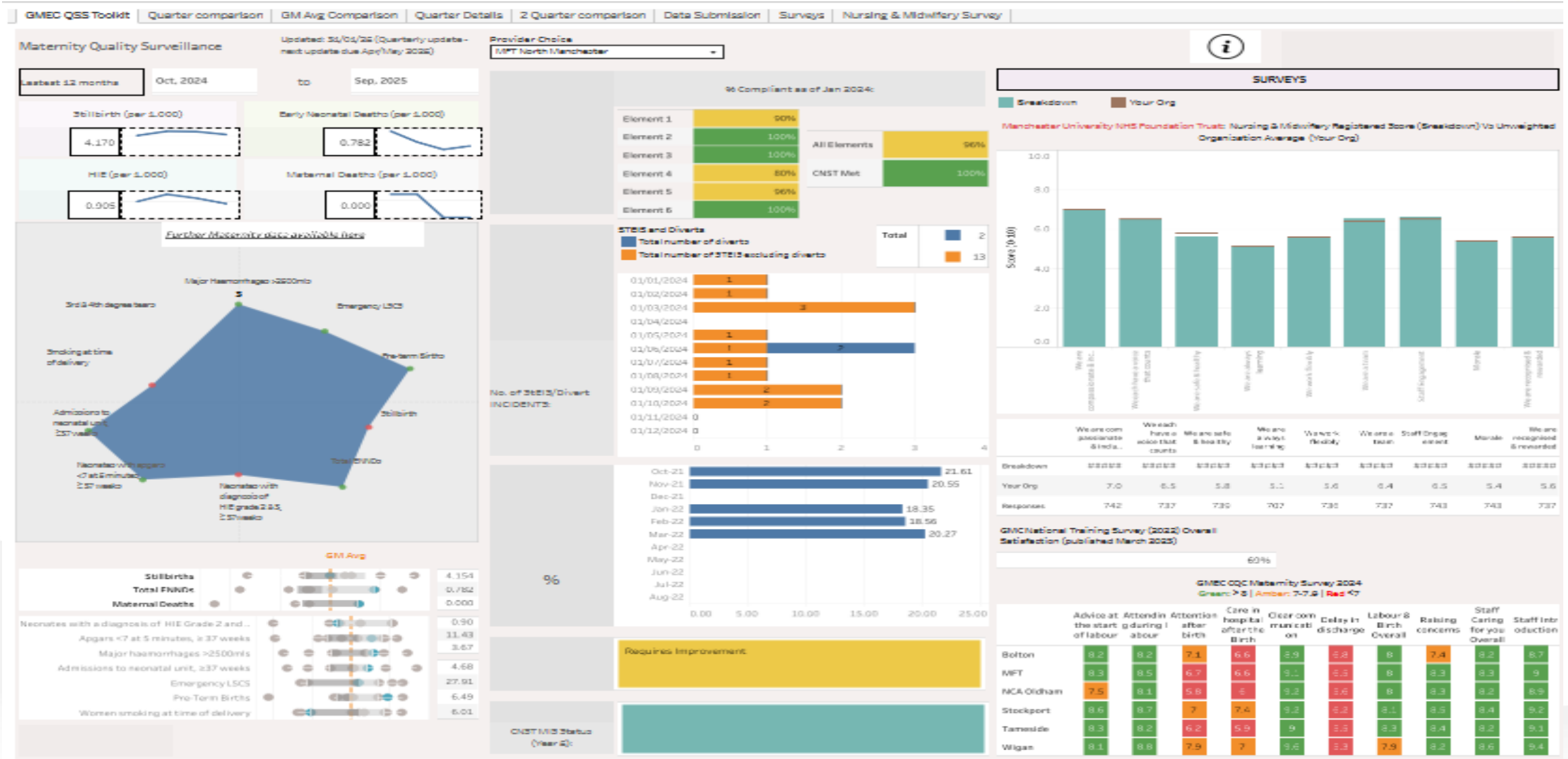
Manchester FT (NMGH)

Bolton FT

Bury Maternity Services Update

GM LMNS Provider Reports – MFT North Manchester

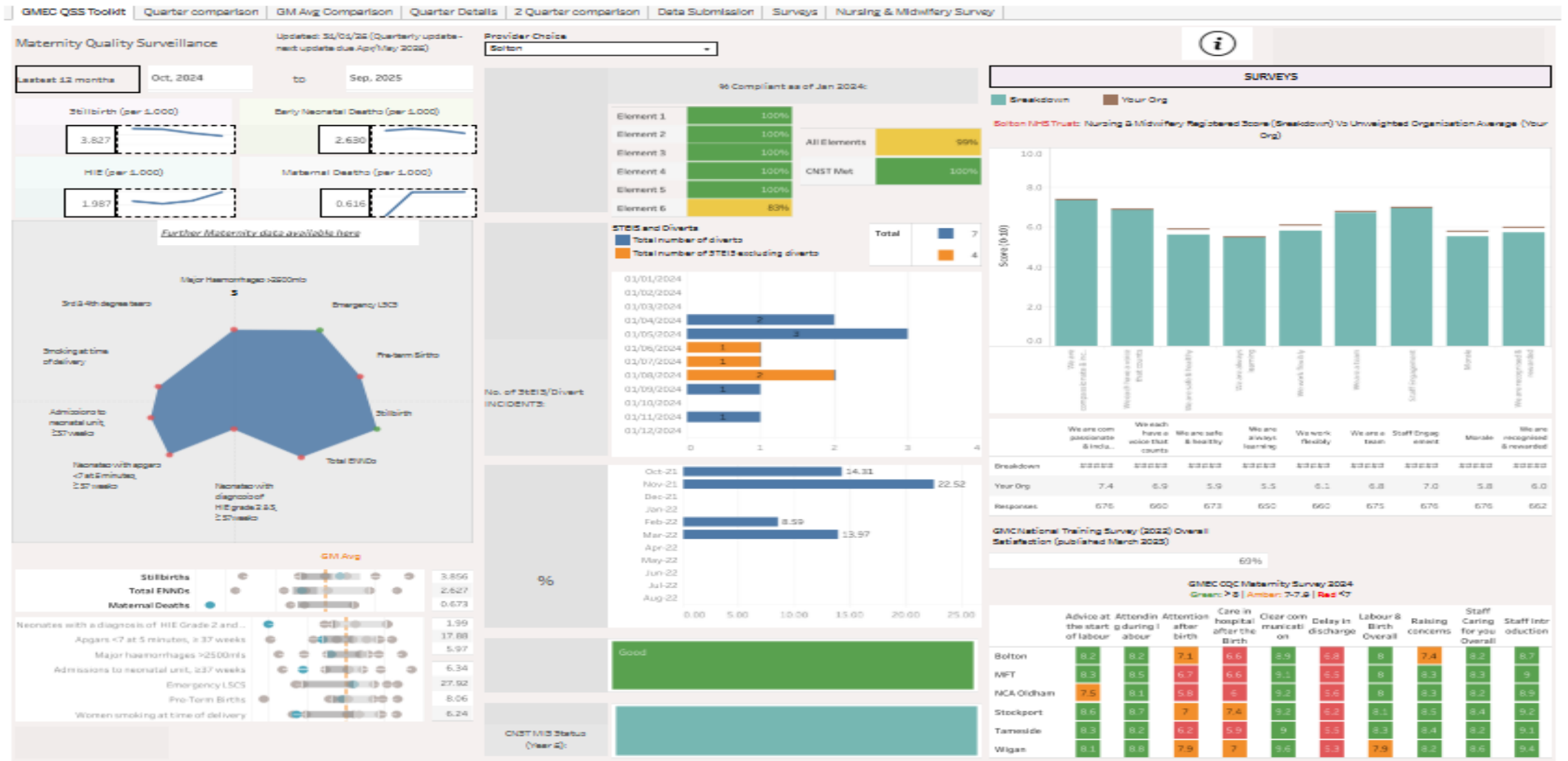
NHS Greater Manchester Integrated Care



Bury Maternity Services Update

GMEC LMNS Provider Reports - Bolton FT

Greater Manchester Integrated Care



Bury Maternity Services Update

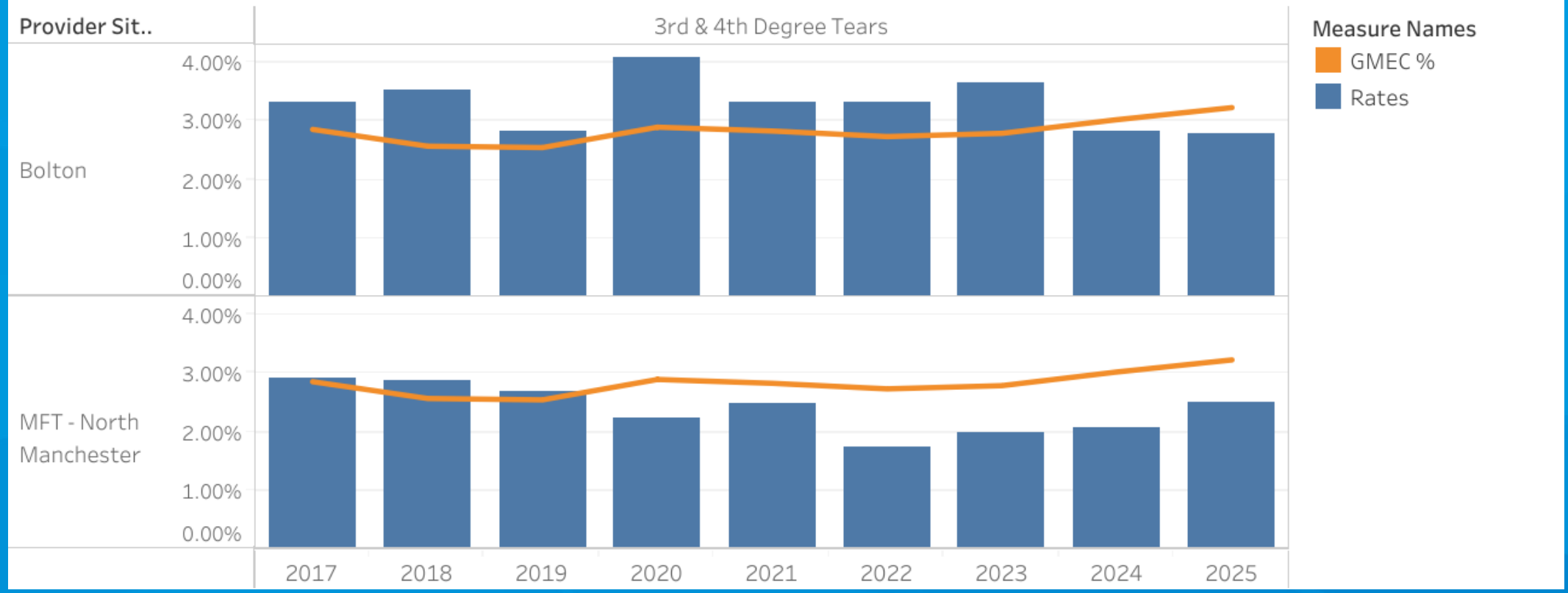
Provider Performance

NHS Greater Manchester Integrated Care

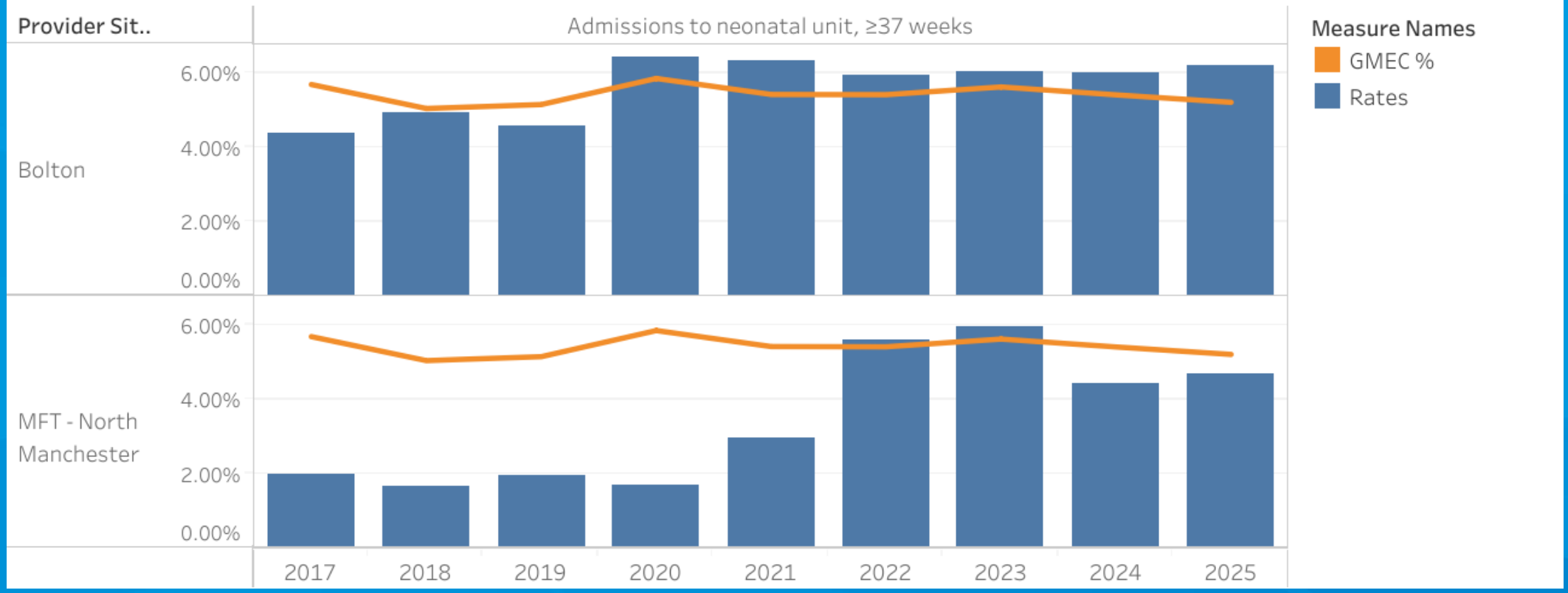
Data for all Measures Table format

Provider Sit..	Metric Desc	2017		2018		2019		2020		2021		2022		2023		2024		2025	
		GMEC %	Rates	GMEC %	Rates	GMEC %	Rates	GMEC %	Rates	GMEC %	Rates	GMEC %	Rates	GMEC %	Rates	GMEC %	Rates	GMEC %	Rates
Bolton	3rd & 4th Degree Tears	2.9%	3.3%	2.6%	3.5%	2.6%	2.8%	2.9%	4.1%	2.8%	3.3%	2.7%	3.3%	2.8%	3.7%	3.0%	2.8%	3.2%	2.8%
	Admissions to neonatal u..	5.7%	4.4%	5.1%	4.9%	5.2%	4.6%	5.9%	6.5%	5.4%	6.4%	5.4%	6.0%	5.6%	6.1%	5.4%	6.0%	5.2%	6.2%
	Emergency LSCS	17.0%	18.1%	17.3%	17.9%	17.2%	17.9%	18.3%	19.5%	19.5%	21.0%	21.9%	23.0%	25.9%	24.7%	27.8%	28.3%	28.4%	27.6%
	Inductions	35.2%	36.4%	37.5%	40.1%	37.8%	40.4%	37.4%	39.1%	34.6%	36.8%	35.1%	36.5%	34.9%	36.0%	36.8%	33.4%	37.0%	35.6%
	Major haemorrhages >25..	0.5%	0.3%	0.4%	0.2%	0.4%	0.5%	0.4%	0.2%	0.4%	0.4%	0.5%	0.5%	0.5%	0.4%	0.5%	0.5%	0.6%	0.7%
	Neonates with a diagnosi..	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.2%	0.2%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%	0.1%	0.2%
	Neonates with apgars <7 ..	0.9%	1.3%	0.9%	0.9%	1.0%	1.3%	1.0%	1.1%	1.1%	1.6%	1.2%	0.9%	1.3%	1.2%	1.2%	1.4%	1.4%	1.8%
	Pre-Term Births	11.1%	9.2%	9.2%	8.8%	8.9%	9.2%	8.6%	7.9%	8.9%	8.6%	10.1%	8.7%	9.6%	9.5%	8.8%	3.3%		
	Stillbirths	0.4%	0.5%	0.4%	0.3%	0.4%	0.4%	0.5%	0.5%	0.5%	0.4%	0.4%	0.3%	0.5%	0.4%	0.4%	0.5%	0.4%	0.3%
	Total ENNDs	0.2%	0.2%	0.2%	0.3%	0.2%	0.2%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%		
	Women initiating breastf..	65.7%	33.2%	66.0%	32.1%	66.0%	32.6%	68.3%	30.9%	66.1%	32.3%	50.9%	34.3%	53.7%	30.8%	64.5%	30.5%	65.4%	28.9%
	Women smoking at time o..	12.9%	14.8%	11.9%	13.8%	11.0%	13.1%	10.1%	12.3%	8.8%	10.4%	8.1%	10.0%	6.7%	9.6%	5.8%	7.3%	5.0%	6.1%
MFT - North Manchester	3rd & 4th Degree Tears	2.9%	2.9%	2.6%	2.9%	2.6%	2.7%	2.9%	2.2%	2.8%	2.5%	2.7%	1.7%	2.8%	2.0%	3.0%	2.1%	3.2%	2.5%
	Admissions to neonatal u..	5.7%	2.0%	5.1%	1.7%	5.2%	2.0%	5.9%	1.7%	5.4%	3.0%	5.4%	5.6%	5.6%	6.0%	5.4%	4.5%	5.2%	4.7%
	Emergency LSCS	17.0%	19.4%	17.3%	18.6%	17.2%	18.4%	18.3%	18.7%	19.5%	20.2%	21.9%	20.9%	25.9%	25.6%	27.8%	25.6%	28.4%	28.3%
	Inductions	35.2%	39.1%	37.5%	42.0%	37.8%	42.6%	37.4%	40.9%	34.6%	38.0%	35.1%	37.7%	34.9%	39.5%	36.8%	43.1%	37.0%	42.8%
	Major haemorrhages >25..	0.5%	0.4%	0.4%	0.2%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.5%	0.4%	0.5%	0.7%	0.5%	0.4%	0.6%	0.5%
	Neonates with a diagnosi..	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
	Neonates with apgars <7 ..	0.9%	0.7%	0.9%	1.1%	1.0%	0.8%	1.0%	1.0%	1.1%	0.9%	1.2%	1.0%	1.3%	1.4%	1.2%	0.9%	1.4%	1.1%
	Pre-Term Births	11.1%	7.8%	9.2%	8.0%	8.9%	8.0%	8.6%	8.0%	8.9%	7.3%	10.1%	9.9%	9.6%	8.1%	8.8%	6.2%		
	Stillbirths	0.4%	0.2%	0.4%	0.4%	0.4%	0.3%	0.5%	0.3%	0.5%	0.6%	0.4%	0.6%	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%
	Total ENNDs	0.2%	0.3%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	0.2%	0.1%		
	Women initiating breastf..	65.7%	33.9%	66.0%	33.8%	66.0%	33.5%	68.3%	30.9%	66.1%	34.5%	50.9%	63.3%	53.7%	57.4%	64.5%	47.4%	65.4%	44.5%
	Women smoking at time o..	12.9%	15.9%	11.9%	15.5%	11.0%	14.8%	10.1%	13.7%	8.8%	13.5%	8.1%	8.3%	6.7%	7.9%	5.8%	7.9%	5.0%	5.7%

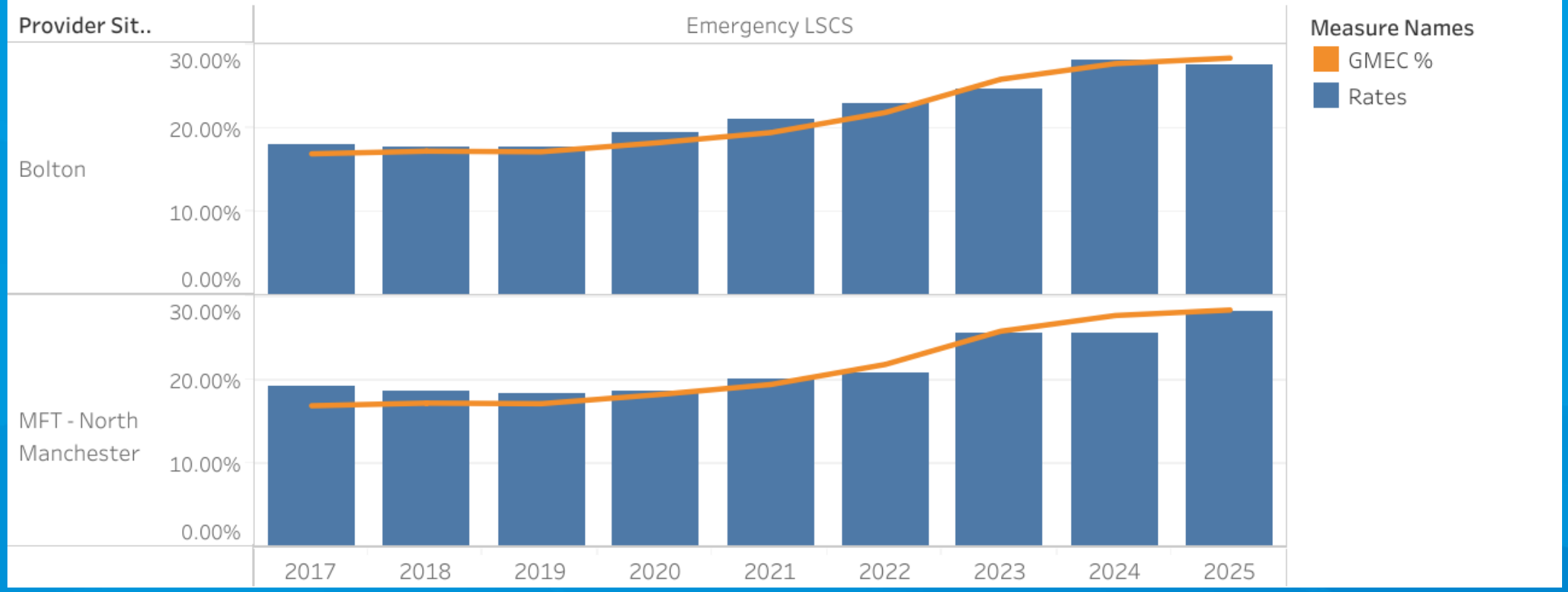
3rd & 4th Degree Tears



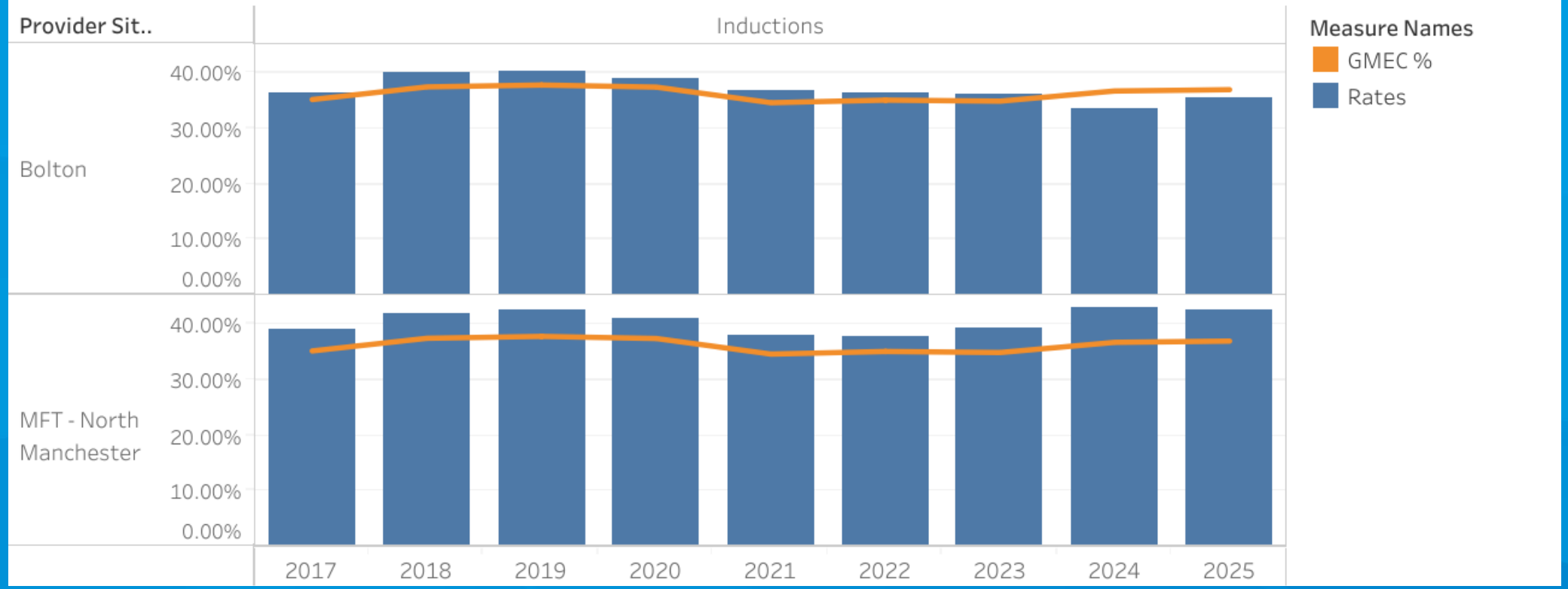
Admissions to neonatal unit



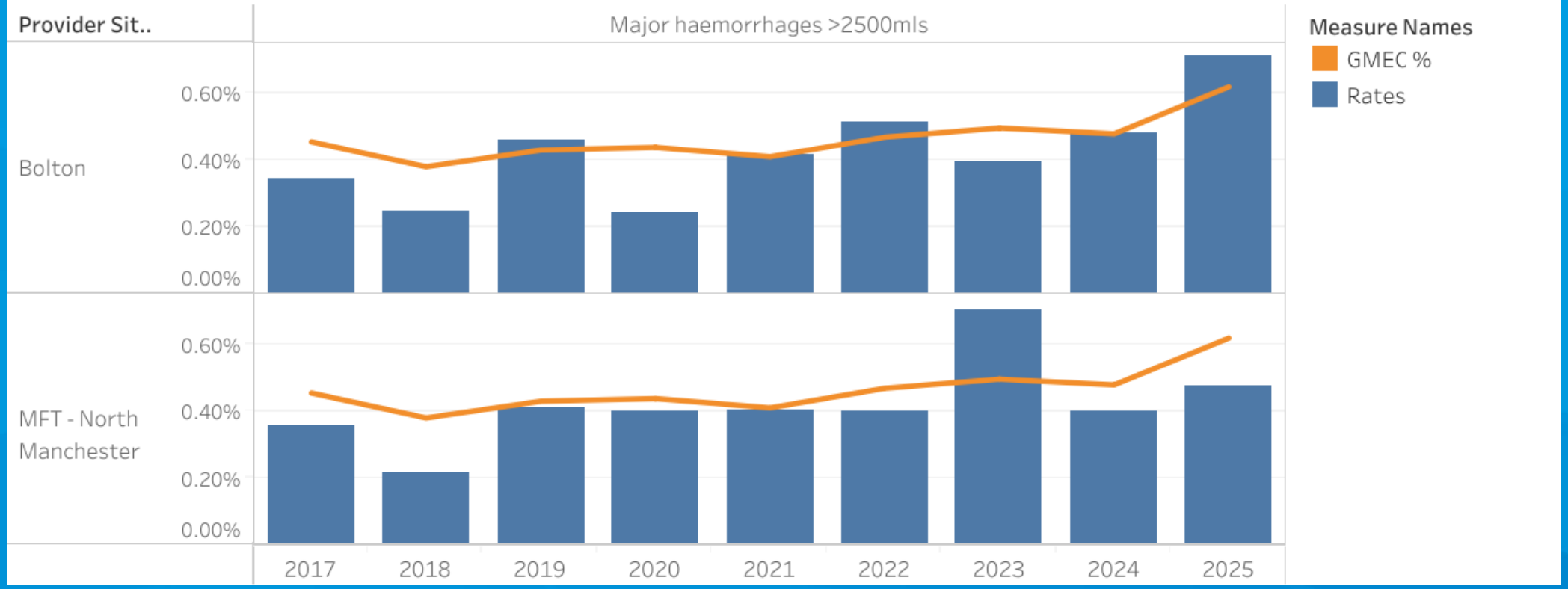
Emergency LSCS



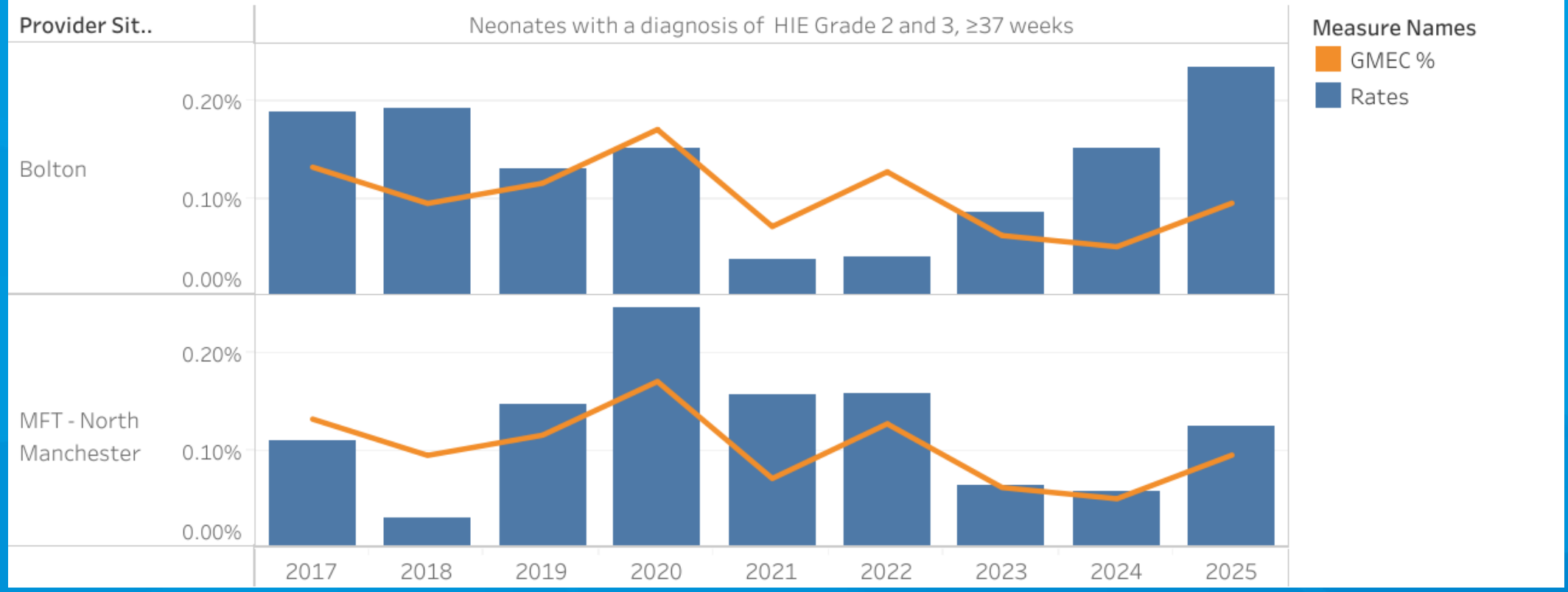
Inductions


Provider Sit..
Inductions
Measure Names
GMEC %
Rates
Bolton
MFT - North Manchester
40.00%
30.00%
20.00%
10.00%
0.00%
2017
2018
2019
2020
2021
2022
2023
2024
2025

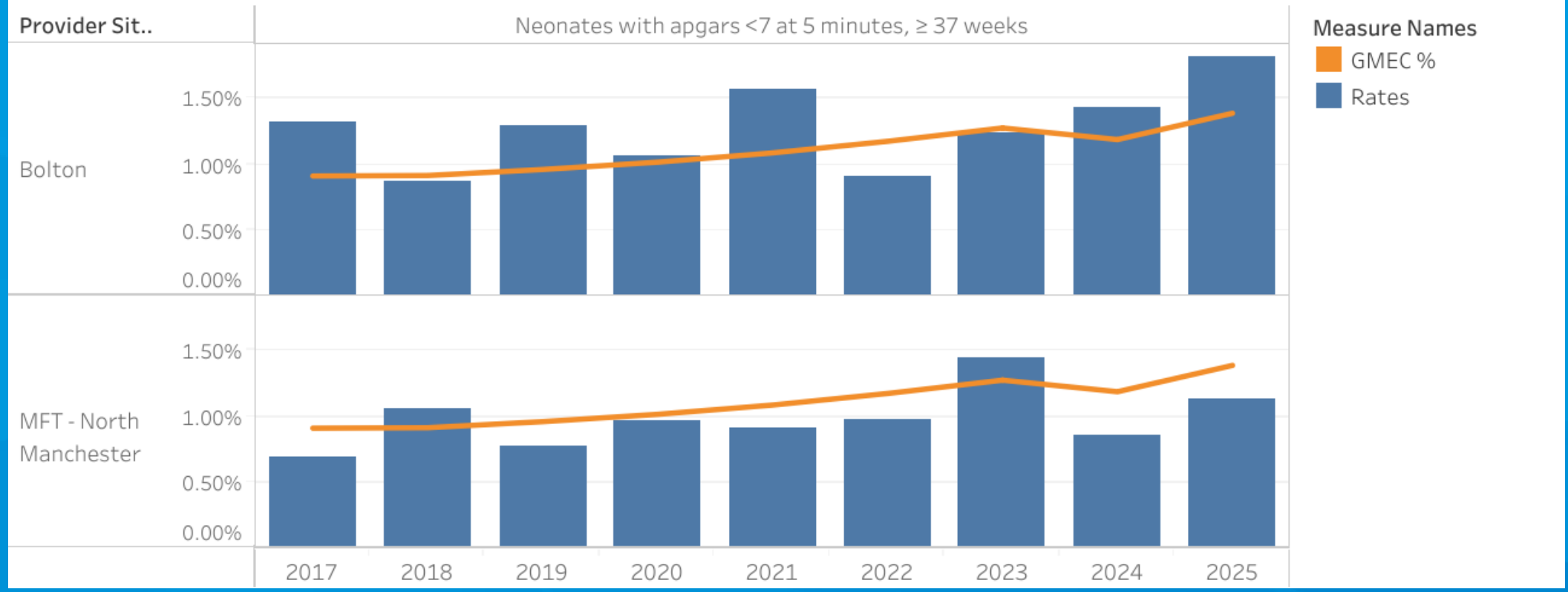
Major Hemorrhages



Neonates with a diag of HE Grade 2 &3



Neonates with apgars



Quality and Safety Assurance

Bury Maternity Services Update

NHS Greater Manchester Integrated Care

The LMNS currently oversees all maternity providers; including review of LFPSE and any StEIS, SPEN, MBRRACE.

They are all reviewed by Sarah Owen, Associate Director of Quality and Karen Clough, Safety Lead Midwife, GM SCN and colleagues. All serious events are brought to the LMNS MDT Safety Assurance Panel (chaired by Sarah) and all relevant learning from **any** event is presented monthly at the GM Safety Special Interest Group (chaired by Karen).

The LMNS will be reporting at our System Group meeting in February that we anticipate:

- Both providers will achieve compliance with the Maternity & Neonatal 3-Year Delivery Plan, due for completion March 2026.
- MFT & Bolton are both on track to achieve 10/10, full compliance with CNST, Maternity Incentive Scheme Year 7

A series of Quality Assurance visits across GM took place recently, a summary of findings are described on slide 39. All reports available on request.

Overall - taken together, the thematic findings indicate a system that is improving, learning and increasingly aligned, with strong foundations in safety, equity and leadership. The consistent quality lens applied across providers enables comparability and shared learning, supporting ongoing assurance and continuous improvement at system level.

Quality Improvement; During Q3 2025 NHS GM and the LMNS undertook a series of provider-level quality assurance visits across ICB footprint.

NHS Greater Manchester Integrated Care

Safety and learning culture - Providers consistently demonstrate strong awareness of safety risks and outcomes, supported by effective use of data, audit and learning from incidents. There is increasing confidence in escalation processes, safety huddles and structured learning responses, reflecting a shift towards a more open, learning-focused approach. While approaches vary, the overall direction of travel is towards greater transparency, shared learning and system-based improvement.

Clinical effectiveness and improvement - Care across providers is clearly evidence-based, with sustained Quality Improvement activity visible in priority areas such as foetal surveillance, perinatal optimisation, maternity triage and neonatal outcomes. Strong maternity–neonatal integration is a recurring strength, supporting more coordinated decision-making and safer pathways. The use of data, including Statistical Process Control, is increasingly embedded to monitor performance and demonstrate improvement over time.

Experience and personalised care - Women's and families' experiences are generally positive, with consistent reports of compassionate, respectful and family-centred care. Personalised Care Support Planning and continuity-focused models are increasingly embedded, supported by active engagement with Maternity and Neonatal Voices Partnerships. Providers demonstrate growing confidence in using feedback to inform service improvement, with further opportunity to strengthen consistency of experience across pathways and settings.

Equity and population health - Providers demonstrate a strong understanding of their local populations and are using demographic intelligence, targeted continuity models and community partnerships to address health inequalities. There is evidence of equity considerations being embedded within governance, incident review and service redesign, with a system-wide commitment to reducing unwarranted variation in outcomes.

Leadership and culture - Leadership across services is increasingly visible, reflective and improvement-focused. Culture is widely recognised as a key enabler of quality, with growing emphasis on psychological safety, multidisciplinary team working and openness to challenge. While cultural maturity varies, providers demonstrate insight into their own cultural strengths and areas for development and are actively engaging in improvement.

Students, trainees and future workforce - Learning environments are generally supportive, particularly for midwifery students, with positive educational cultures evident across providers. Trainee feedback is increasingly used to inform improvements in supervision, leadership visibility and feedback mechanisms, supporting workforce sustainability and retention.

Sustainability and resilience - Providers show responsible stewardship of resources, with workforce growth, specialist role development, estates improvements and digital transformation supporting resilience. Capacity pressures remain, but there is strong evidence of proactive planning and system collaboration to support long-term sustainability.

Provider Safety Profile – Manchester University Foundation Trust

GREATER MANCHESTER LOCAL MATERNITY AND NEONATAL SYSTEM

CQC	Date of visit	Date Report Published	Rating Overall Maternity Services	Safe	Effective	Caring	Responsive	Well-led	Link to report			
ORC	7.3.23-9.3.23	28.7.23	Requires Improvement	Inadequate				Requires Improvement	St Marys CQC Report			
NMGH	7.3.23-9.3.23	28.7.23	Requires Improvement	Inadequate				Requires Improvement	North Manchester CQC Report			
Wythenshawe	7.3.23-9.3.23	28.7.23	Requires Improvement	Inadequate				Requires Improvement	Wythenshawe CQC Report			
Ockenden Compliance April 2025	IEA1 - Enhanced Safety	IEA2 - Listening to women & families	IEA3 - Staff training & working together	IEA4 - Managing Complex Pregnancy	IEA5 - Risk Assess throughout pregnancy	IEA6 - Monitoring fetal wellbeing	IEA7 - Informed consent	Workforce				
CNST Year 6	S.A.1 - PMRT	S.A.2 - MSDS	S.A.3 - TC	S.A.4 - Clinical Workforce	S.A.5 - Midwifery Workforce	S.A.6 - SBL	S.A.7 - MNVP	S.A.8 - Local training	S.A.9 - Board	S.A.10 - MNSI / EN	**Achieved 10/10**	
MPOP – 3yr Plan Progress As of Year 3 Quarter 2	**Objective 1** Blue – 1 Green - 5 *- Are Personalised care audits being undertaken regularly* *- Is the trust in a position to roll out MCoC* *- Number of Teams (planned & Current)* *- Has the trust achieved UNICEF BFI accreditation?*	**Objective 2** Blue – 1 Green – 1 *- Is data collected and disaggregated based on population groups?*	**Objective 3** Green – 1 *- Are service users involved in quality, governance, and co-production when planning the design and delivery of maternity and neonatal services*	**Objective 4** Blue – 10 Green – 2 *- Planned date of next BR+* *- Bi-Annual workforce plan for maternity and neonates including obstetrics in place?*	**Objective 5** Blue – 6 Green – 1 *- Do the trust have a mechanism to identify and address issues highlighted in student and trainee feedback surveys?*	**Objective 6** Blue – 2 Green – 1 *- Do junior and SAS obstetricians and neonatal medical staff meet RCOG and BAPM guidance for clinical and support supervision?*	**Objective 7** Blue – 4 Green – 2 *- Does the trust board support the plan to improve and sustain culture* *- Is there a clear and structured route for the escalation of clinical concerns*	**Objective 8** Blue – 5 Green – 1 *- Is the organisation sensitive to culture, ethnicity, and language when responding to incidents?*	**Objective 9** Blue – 5 Green -2 *- Does the organisation regularly review the quality of services* *- Are MNVPs involved in the quality, safety and surveillance group*	**Objective 10** Green – 3 Amber – 1 *- Is the organisation on track to adopt the national MEWS and NEWTT-2* *- Has the organisation implemented V3 SBL* *- Does the organisation regularly review and act on local outcomes*	**Objective 11** Blue – 2 Green – 1 *- Does the organisation have a process for reviewing available data which draws out themes and trends and identifies and addresses areas of concern including consideration of the impact of inequalities*	**Objective 12** Blue - 3
LMNS/ICB Oversight	**ICB Enhanced Oversight (NOF 25/26 Segment 3)**											
Date of next Annual												

Provider Safety Profile - Bolton

CQC	Date of visit	Date Report Published	Rating Overall Maternity Services	Safe	Effective	Caring	Responsive	Well-led	Link to report			
	24.11.24	3.3.23	Requires Improvement	Requires Improvement				Requires Improvement	Royal Bolton Hopsital			
Ockenden Compliance April 2025	IEA1 - Enhanced Safety	IEA2 - Listening to women & families	IEA3 - Staff training & working together	IEA4 - Managing Complex Pregnancy	IEA5 - Risk Assess throughout pregnancy	IEA6 - Monitoring fetal wellbeing	IEA7 - Informed consent	Workforce				
CNST Year 6	S.A.1 - PMRT	S.A.2 - MSDS	S.A.3 - TC	S.A.4 - Clinical Workforce	S.A.5 - Midwifery Workforce	S.A.6 - SBL	S.A.7 - MNVP	S.A.8 - Local training	S.A.9 - Board	S.A.10 - MNSI / EN	**Achieved 10/10**	
MPOP – 3yr Plan Progress As of Year 3 Quarter 2	**Objective 1** Blue – 1 Green – 5 *- Personalised care audits undertaken regularly* *- Is the trust in a position to roll out MCoC* *- Number of Teams (planned & Current)* *- Has the trust achieved UNICEF BFI accreditation*	**Objective 2** Blue - 1 Green – 1 *- Does the trust provide access to interpreter services, which adheres to the Accessible Information Standard?*	**Objective 3** Green – 1 *- Are service users involved in quality, governance, and co-production when planning the design and delivery of maternity and neonatal services*	**Objective 4** Blue – 7 Green – 5 *- Bi-Annual workforce plan for maternity and neonates including obstetrics in place* *- Does the annual workforce plan include support for newly qualified staff and midwives who wish to return to practice*	**Objective 5** Blue – 5 Green – 2 *- Do the trust offer newly appointed Band 7 and 8 midwives support with a mentor* *- Does the trust have a leadership succession plan which reflects the ethnic background of the wider workforce*	**Objective 6** Blue – 1 Green – 2 *- Does the trust's TNA align with the core competency framework* *- Do junior and SAS obstetricians and neonatal medical staff meet RCOG and BAPM*	**Objective 7** Blue – 4 Green – 2 *- Do maternity and neonatal leads have time within their job plan to access training and development* *- Does the trust board support the implementation of a focused plan to improve and sustain maternity and neonatal culture*	**Objective 8** Blue – 4 Green – 2 *- Is the organisation sensitive to culture, ethnicity, and language when responding to incidents* *- Is there a process of triangulation of outcomes data, staff, and MNVP feedback*	**Objective 9** Blue – 5 Green –2 *- Are MNVPs involved in the development of the organisations complaints process* *- Are MNVPs involved in the quality, safety and surveillance group*	**Objective 10** Blue – 3 Green – 1 *- Has the organisation implemented version 3 of the Saving Babies' Lives Care Bundle*	**Objective 11** Blue – 3	**Objective 12** Blue – 2 Green -1 *- Does the organisation have an EPR system that complies with national specifications and standards*
LMNS/ICB Oversight	**ICB Routine Oversight (NOF 25/26 Segment 3)**											
Date of next Annual GM/LMNS Assurance visit	2025 Visit completed on 14-Oct-25											

Maternity Voices Partnership

Bury Maternity Services Update

NHS Greater Manchester Integrated Care

National Maternity and Neonatal Voices Partnership

- National Maternity Voices is the association of Maternity & Neonatal Voices Partnership leaders that aims to network, support and represent Maternity & Neonatal Voices Partnerships (MVPs) in England.
- Purpose and values are to champion the voices of women, birthing people and their families in the development of maternity services in England. Read about National Maternity Voices guiding principles, how we work and our vision.

Greater Manchester and Eastern Cheshire Maternity Voices Partnership

- MVP network co-chairs are Cathy Brewster & Natalie Qureshi. They sit on the Greater Manchester & Eastern Cheshire Maternity Transformation Board to represent the views of service users.
  - Bolton MVP – Chaired by Amy Rohwell
  - North Manchester MVP – Chaired by Ashleigh Reed
- Our MVPs are linked together via the Greater Manchester & Eastern Cheshire Maternity Voices Partnership network. Every month the chairs of all the MVPs meet via Zoom with our network co-chairs to discuss local feedback, share our challenges and successes and work together on Local Maternity System-wide projects
- An MNVP listens to the experiences of women and families, and brings together service users, staff and other stakeholders to plan, review and improve maternity and neonatal care.
- MNVPs ensure that service users' voices are at the heart of decision-making in maternity and neonatal services by being embedded within the leadership of provider trusts and feeding into the LMNS (which in turn feeds into ICB decision-making).
- This influences improvements in the safety, quality, and experience of maternity and neonatal care.

GREATER MANCHESTER & EASTERN CHESHIRE Maternity Voices
Networking Maternity Voices Partnerships in GMEC

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Report from Safeguarding Adult Board

To:	Health & Wellbeing Board
Chair/Author:	Rachael Strutz- Safeguarding Partnership Manager
Date:	4th November 2025

This report provides an overview of the SAB Annual Report 2024/25

Annual Report 2024–2025

Our Purpose and Strategic Role

At the heart of BSAB's work is our commitment to protecting adults with care and support needs who are at risk of abuse or neglect. We aim to promote their well-being, dignity, and safety through strong strategic leadership, oversight, and challenge. Our work is underpinned by a person-centred approach and a drive for continuous improvement.

Case Spotlight: Operation Vardar

A key highlight this year was **Operation Vardar**, which successfully disrupted organised crime groups, safeguarded seven vulnerable tenants, and contributed to a reduction in local crime. This case exemplifies the power of multi-agency collaboration and proactive safeguarding.

Partner Highlights

Our partners have made significant contributions:

- **Adult Social Care** advanced its **Transformation Plan**.
- **Health** introduced **IDVAs** (Independent Domestic Violence Advisors) and improved data dashboards.
- **Probation** embedded trauma-informed practices.
- **Housing** focused on safer accommodation.
- **Greater Manchester Police (GMP)** led impactful joint operations.

National and Regional Engagement

BSAB continues to influence and learn from broader networks:

- Our **Independent Chair** plays a national leadership role through the **National Chairs Network** and as **Vice Chair of SARN**.
- The **Business Manager** is actively engaged in both **Greater Manchester and national safeguarding networks**, ensuring Bury's voice is heard and best practices are shared.

Key Statistics

- **10 Safeguarding Adults Review (SAR) referrals** were received; 3 were commissioned, and 7 did not meet the threshold.
- **161 SAR actions** were tracked, with **68% discharged**.
- In Adult Social Care, **93% of risks were reduced or removed**, and **89% of outcomes were achieved**, reflecting strong safeguarding effectiveness.

Strategic Priorities

Our work is guided by three strategic priorities:

1. **People and Outcomes**
2. **Safeguarding Effectiveness**
3. **Lessons and Future Practice**

Subgroups and Governance

BSAB's work is driven by four key subgroups:

- **Learning and Development**
- **Multi-Agency Working Group**
- **Adult Case Review Group**
- **Multi-Agency Risk Management Strategic Risk Panel**

These groups ensure robust oversight, learning, and coordinated responses to complex safeguarding issues.

Themes from Safeguarding Adults Reviews

Recurring themes include:

- Self-neglect and complex risk management
- Domestic abuse and coercive control
- Professional curiosity and escalation
- Inter-agency communication and coordination
- Involving families and carers to strengthen **Making Safeguarding Personal**

Training and Protocols

We've delivered a wide range of training, including:

- **Mental Capacity Act (MCA)**
- **Domestic Abuse**
- **Professional Curiosity**
- **Neglect and Acts of Omission**
- **Multi-Agency Safeguarding**
- **MARM (Multi-Agency Risk Management)**
- **Dual Diagnosis**
- **Hidden Harm**

Updated protocols include:

- MCA and DoLS
- Pressure Ulcers
- Domestic Abuse
- PIPOT (Person in a Position of Trust)

Looking Ahead: 2025–2026 Focus

Our focus for the coming year is to:

- **Strengthen safeguarding culture and embed the voice of communities**
- **Promote a culture of learning, improvement, and assurance**
- **Strengthen accountability, governance, and use of data**

Bury Safeguarding Adults Board

Annual Report 2024-2025

Contents

1. Foreword – Independent Chair's Introduction and Welcome

It is with both pride and purpose that I present the Bury Safeguarding Adults Board (BSAB) Annual Report for 2024–2025.

This report reflects a year of significant progress, collaborative resilience, and a shared commitment to safeguarding adults at risk across Bury. Since taking on the role of Independent Chair in late 2024, I have been struck by the strength of our partnerships and the integrity with which agencies, professionals, and communities work together to protect those most at risk.

This year has been a turning point: we have moved from reflection to action, sharpening our focus on impact, assurance, and learning. Our safeguarding culture has been strengthened through a person-centred, preventative approach — one that listens carefully to lived experience, learns from Safeguarding Adult Reviews (SARs), and responds to emerging challenges such as exploitation, self-neglect, and transitional safeguarding.

We are proud of the progress made against our strategic priorities, and throughout this report you will find examples that evidence this.

At the same time, we remain transparent about the areas that need sustained attention. The challenges of embedding learning consistently, widening engagement to seldom-heard groups, and ensuring robust responses for people with complex needs remain priorities as we move forward.

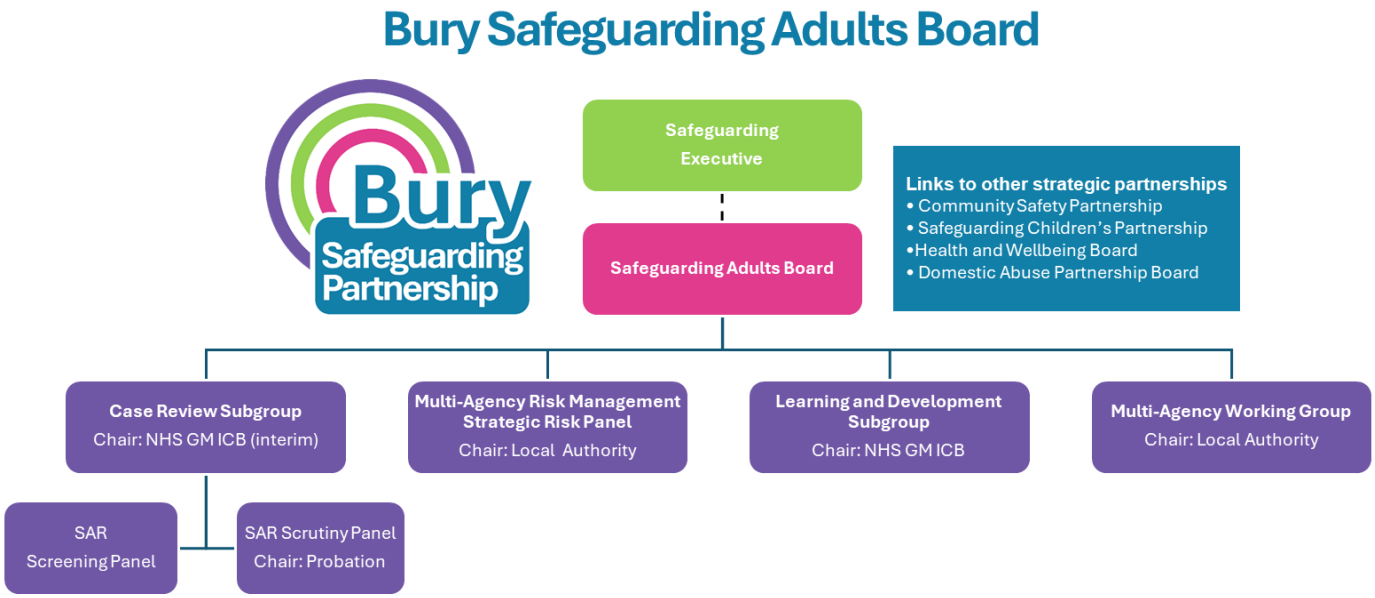
Looking ahead, this report does not just mark the end of a year — it sets the stage for the next chapter. The learning, progress, and partnership working described here provide the platform for our new Strategic Plan 2025–27: Learning from the Past, Leading for the Future, which will drive forward our ambition for safeguarding in Bury.

Finally, I extend my sincere thanks to all partners, practitioners, Board members, and individuals with lived experience who have shaped and supported our work. Your voices, insights, and actions are the foundation of our success. Together, we are not only safeguarding lives — we are upholding the right of every adult in Bury to live with dignity, safety, and inclusion.

Frances Millar, Independent Chair of Bury Safeguarding Adults Board

2. About the Board – Purpose, Membership and Governance

2.1 The Structure of the Safeguarding Adults Board (SAB) [Fig 1.]



This chart explains Bury's SAB (BSAB) organisational structure. It is framed as a safeguarding reporting and assurance framework, showing how sub-groups feed into the Board, how risks and learning are escalated, and how strategic links are maintained with other partnerships. This framework ensures there are clear lines of accountability, robust mechanisms for scrutiny, and a direct connection between frontline practice, multi-agency learning, and Board oversight.

2.2 Our Purpose

The Bury Safeguarding Adults Board (BSAB) is a statutory multi-agency partnership established under the Care Act 2014. Its core purpose is to protect adults with care and support needs who are at risk of abuse or neglect, and to promote their well-being, dignity, and safety. The Board provides strategic leadership, oversight, and challenge to ensure that safeguarding arrangements are effective, person-centred, and continuously improving.

2.3 Board Membership

The Board unites statutory partners and key organisations, reflecting the shared responsibility for safeguarding across our community. Under the Care Act 2014, three partners are legally required to be members of every Safeguarding Adults Board:

Statutory Partners:

- Bury Council
- NHS Greater Manchester Integrated Care Board

- Greater Manchester Police

Alongside these statutory members, the BSAB also includes other key organisations whose contribution is vital to safeguarding adults, such as:

- Greater Manchester Fire and Rescue Service
- Public Health
- Northern Care Alliance NHS Foundation Trust
- Pennine Care Foundation Trust
- Bury Voluntary, Community and Faith Alliance
- Community Safety Partnership
- Probation Service
- Housing Services
- Greater Manchester Mental Health NHS Foundation Trust

This diverse membership ensures both legal compliance and a holistic approach to safeguarding, drawing on statutory responsibilities as well as the expertise and perspectives of the voluntary, community, and faith sectors.

The Independent Chair provides impartial leadership, ensuring that the Board fulfils its statutory duties under the Care Act 2014. The role is to hold partners to account for delivering safeguarding priorities, to provide assurance on the effectiveness of local arrangements, and to advance the collaborative culture necessary for safeguarding to succeed.

Governance is delivered through sub-groups including Learning & Development, Adult Case Review Group, and Multi-Agency Working Group, alongside the Multi-Agency Risk Management Strategic Risk Panel. Policies and procedures support consistent practice, while strategic partnerships link the BSAB to children's safeguarding, community safety, and health priorities.

3. Our Values and Behavious

Our values guide how we work together across the system. They are lived commitments, not just aspirational statements. We:

- Listen actively and compassionately
- Learn from successes and challenges, and act on them
- Speak up when we see risks or gaps
- Stay curious and challenge assumptions
- Celebrate good practice
- Support and hold each other to account

4. Governance and Accountability

The Bury Safeguarding Adults Board (BSAB) operates within the statutory framework of the Care Act 2014 (Section 43), which requires every local authority to establish a Safeguarding Adults Board with defined objectives, duties, and clear lines of accountability. This legal duty is underpinned by statutory guidance, which sets the expectation that Boards provide strategic leadership, independent assurance, and effective scrutiny of local safeguarding arrangements.

In Bury, governance arrangements are structured to deliver transparency, assurance, and continuous improvement. The Board is supported by its formal sub-groups:

- **Learning & Development Sub-Group** – strengthening the workforce through training and development.
- **Multi-Agency Working Group (MAWG)** – coordinating operational responses to emerging risks and priorities.
- **Adult Case Review Group (ACRG)** – overseeing Safeguarding Adult Reviews and embedding system learning.

Alongside these, the **Multi-Agency Risk Management (MARM) Strategic Risk Panel** provides a mechanism for escalation in cases where adults are at risk of death or serious harm due to self-neglect and where established processes have not sufficiently reduced the risk. This is set to be reviewed in November 2025.

Together, these structures ensure that the BSAB is not only statutorily compliant, but also delivers on national expectations for robust governance, effective challenge, and collective accountability across the partnership.

A set of policies and procedures provides consistency across agencies. These set out how partners will work together, uphold ethical standards, and deliver safeguarding practice that is lawful, transparent, and accountable.

5. Community Engagement and Lived Experience

Making Safeguarding Personal remains at the heart of the BSAB's approach. During 2024–25, the Board strengthened opportunities for adults with lived experience to inform our priorities, shape training, and contribute to Safeguarding Adult Reviews. A particularly powerful example of multi-agency safeguarding in action has been Operation Vardar.

5.1 Operation Vardar

Operation Vardar exemplifies the power of integrated safeguarding. While led by GMP, its success was demonstrated by the collective commitment of all neighbourhood

partners. It demonstrates how safeguarding is not only about protection, but also about prevention, empowerment, and building community resilience.

Operation Vardar – Disrupting Exploitation in the Community

Operation Vardar was launched following concerns that organised crime groups were exploiting vulnerable adults in Whitefield. Adults with care and support needs were being coerced into criminality, financial exploitation, and unsafe living conditions.

Through a co-ordinated response, Greater Manchester Police, Adult Social Care, Housing, Health and the Voluntary, Community and Faith Sector (VCFS) worked together to protect individuals, disrupt criminal activity, and reassure the community.

What we did:

- Safeguarding enquiries, health checks, housing support and advocacy for those at risk
- GMP targeted perpetrators, closed unsafe properties, and disrupted exploitation networks
- Housing and VCCFS partners supported community reassurance and resilience

Impact:

- Adults safeguarded and moved to safer environments
- Exploitation networks dismantled, reducing risks to others
- Community confidence strengthened through visible action
- National recognition as an example of effective cross-boundary working across sectors

Learning:

- Early information-sharing across agencies in critical
- Housing providers are key in tackling “cuckooing” and exploitation
- Community voice and intelligence help shape effective operational responses

6. Strategic Priorities and Achievements 2024-2025

In 2024–25, the BSAB continued to deliver on its Strategic Plan 2024–27, aligned with the Care Act 2014 and the Making Safeguarding Personal (MSP) approach. Table 1 below summarises the progress made against the Board's three strategic objectives, focusing on outcomes, impact, and learning.

Strategic Objective	**Outcome**	**Impact**	**Learning**
1. *People and Outcomes Ensure safeguarding is person-centred and effective.*	Easier access to safeguarding information and policies. Families and individuals more engaged in SARs. Safeguarding embedded in workforce induction.	Adults and families report greater confidence that their concerns are taken seriously. Improved safeguarding in care homes and wider VCSE sector.	Importance of involving people with lived experience at every stage. Trauma-informed responses and ACE awareness need to be embedded across practice.
2. *Safeguarding Effectiveness Strengthen governance, risk management, and assurance.*	Risk register and dashboards in place. Launch of MARM Strategic Risk Panel and multiple safeguarding policies (e.g. MCA, Domestic Abuse).	Improved timeliness and consistency of safeguarding enquiries. Stronger assurance for the Board through scrutiny panels and training evaluation.	Policies and dashboards are effective only when partners use them consistently; need to continue building engagement and accountability.
3. *Lessons Learnt and Shaping Future Practice Embed learning from SARs and thematic reviews.*	Joint learning events delivered (e.g. MCA, Self-Neglect). Cross-partnership training calendar established.	Workforce demonstrates increased awareness of themes such as self-neglect and coercive control. Closer alignment between Adult, Children's, and Community Safety Partnerships.	Sharing learning across boundaries is critical – "Think Family" approach must underpin all safeguarding work. Ongoing evaluation is required to test whether training changes practice.

7. Performance Data

Safeguarding activity in Bury during 2024–25 reflects both the increasing recognition of risk and the growing confidence of partners and the public in reporting concerns. The Board monitors performance not only against statutory expectations but also through

locally agreed measures that provide assurance about quality and impact. The table below summarises the key safeguarding indicators for the year.

7.2 Safeguarding Performance Summary 2024–25 – Table 1

Measure	Performance	Notes / Assurance
Timeliness of Concerns	Median: 3 days Longest: 156 days	Within statutory expectations. Outlier reviewed and closed with no ongoing risk.
Section 42 Enquiries	Median to close an enquiry: 56 days Maximum to close an enquiry: 514 days	Extended case due to Court of Protection involvement. Allocation within 5 days consistently achieved since May 2025.
Conversion Rate	24% of concerns progressed to enquiry	Not a statutory metric, but monitored locally to test practice quality.
Safeguarding Outcomes	89% of individuals asked about desired outcomes 94% of outcomes fully or partially achieved	Strong Making Safeguarding Personal (MSP) practice demonstrated.
Risk Outcomes (460 cases)	Removed: 146 Reduced: 291 Remains: 33	93% of risks either reduced or removed. Positive assurance of impact.

This data provides the Board with assurance that safeguarding responses in Bury are timely, person-centred, and outcome-focused. It also demonstrates that the vast majority of safeguarding interventions reduce or remove risk, reflecting effective multi-agency working. At the same time, the persistence of some long-duration cases and the proportion of risks that remain highlight the importance of continued scrutiny, escalation processes, and learning to improve practice further.

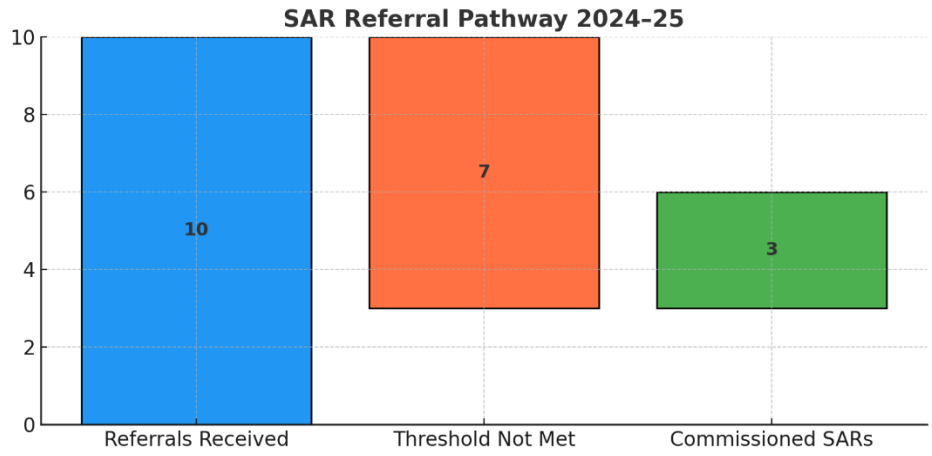
8. Safeguarding Adult Reviews (SARs)

8.1 Overview

Under Section 44 of the Care Act 2014, Safeguarding Adults Boards must commission a Safeguarding Adult Review (SAR) when an adult with care and support needs dies or suffers serious harm as a result of abuse or neglect, and there is concern about how agencies worked together. The purpose of a SAR is not to apportion blame but to promote learning and drive system-wide improvement.

Analysis of referral demographics shows that the majority of SARs concerned White British adults, with no referrals relating to Black, Asian, or Jewish individuals. This highlights a potential gap in recognition or access across communities, which the Board has committed to exploring further as part of its ongoing equity and inclusion work.

8.2 SAR Referral Pathway 2024-2025 [Fig. 3]



During 2024–25, the BSAB received 10 referrals [Fig.3] for Safeguarding Adult Reviews (SARs). Each referral was subject to structured screening to determine whether the statutory threshold was met. Of these, seven referrals did not progress to a SAR and were redirected to alternative learning pathways, while three referrals were commissioned (two mandatory and one discretionary). This approach ensures that SARs are applied proportionately and that learning is generated from every referral, even when the threshold is not met.

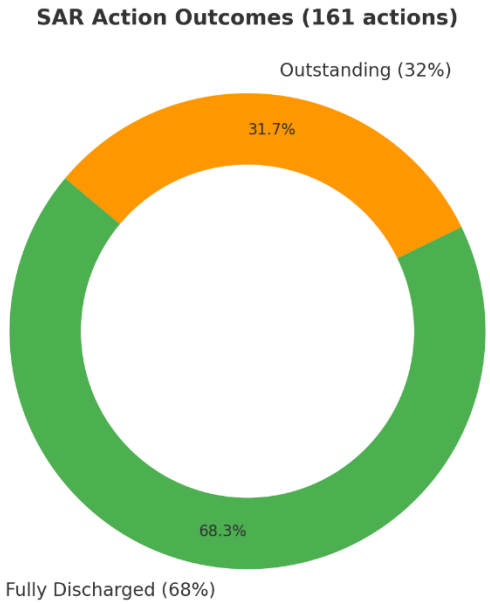
8.2 SAR Data and Assurance

To ensure learning is not only identified but embedded, the Board has implemented a robust SAR action monitoring framework.

- 161 SAR actions were tracked across multiple reviews.
- Each action was allocated to a lead agency with clear accountability and timescales.

- Evidence of implementation was presented to five multi-agency scrutiny panels.

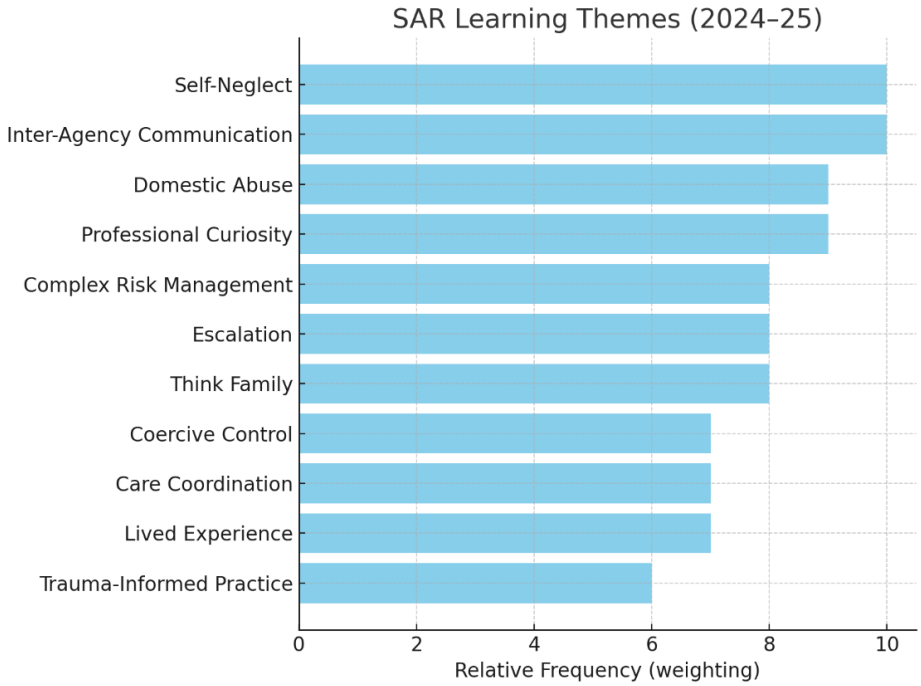
8.3 Outcomes of Scrutiny [Fig. 4]



- 68% of actions fully discharged with robust evidence.
- Remaining actions were either partially discharged (requiring further work) or re-opened (where evidence was insufficient).

This process has significantly strengthened transparency, accountability, and assurance across the partnership. It provides a model of good practice now being shared with other SABs regionally.

8.3 Themes and Learning – [Fig. 5]



Analysis of SARs during 2024–25 highlighted recurring themes:

- Self-neglect and complex risk management → reinforced the need for escalation through the Multi-Agency Risk Management Panel.
- Domestic abuse and coercive control → emphasised the importance of trauma- informed, whole-family approaches.
- Professional curiosity and escalation → highlighted the need for practitioners to probe, challenge, and escalate when risks are not reducing.
- Inter-agency communication and coordination → especially at points of transition between services (health, housing, social care).
- Families and carers were actively involved in reviews, ensuring lived experience shaped findings and strengthened the Making Safeguarding Personal approach.

These findings mirror the themes highlighted in the First and Second National Analyses of Safeguarding Adults Reviews (Preston-Shoot et al., 2020; 2022), which identified self-neglect, domestic abuse, professional curiosity, and inter-agency communication as the most common recurring issues. The alignment between national and local findings strengthens the case for prioritising these themes in Bury's strategic plan.

8.4 Embedding Learning into Practice

The BSAB has worked to ensure that learning from Safeguarding Adult Reviews translates into meaningful and sustained change across the partnership. Over the past

year, this has included the delivery of a broad programme of multi-agency training, with a particular focus on the Mental Capacity Act, self-neglect, domestic abuse, and professional curiosity. Alongside this, a number of protocols have been developed or refreshed – including those on MCA/DoLS, pressure ulcers, domestic abuse, and PIPOT – to provide practitioners with clear guidance and support in complex situations.

Learning has also been strengthened through joint events with the Bury Safeguarding Children Partnership and the Community Safety Partnership, helping to embed a Think Family approach and ensure that learning is shared across different areas of safeguarding. To provide assurance that changes are not just made but are effective in practice, Independent Scrutiny Panels have been used to test evidence of implementation, rather than relying on assurances alone.

This has been reinforced by audit activity and by seeking feedback from frontline practitioners, giving the Board confidence that new approaches are building confidence and improving safeguarding responses. The BSAB's approach to monitoring SAR actions through independent scrutiny panels and the SAR Learning Tracker is consistent with recommendations from the Second National SAR Analysis, which emphasises the need for Boards not only to identify learning but to demonstrate and evidence its impact

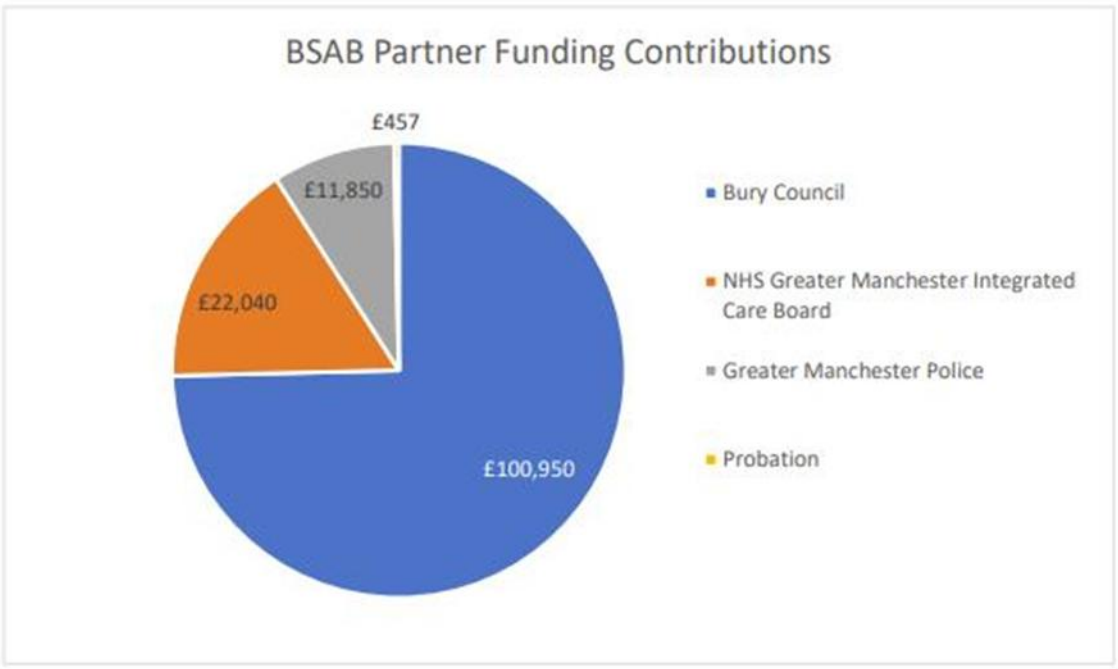
Importantly, the BSAB has also shared learning with regional and national networks, contributing to wider system improvement and drawing on external insights to benchmark its own progress. Taken together, these measures demonstrate the Board's commitment not only to completing actions but to embedding a culture of continuous learning and improvement that delivers tangible benefits for adults at risk.

8.5 Summary

SARs remain a cornerstone of accountability and learning for the BSAB. In 2024–25, the combination of robust action monitoring and embedding of thematic learning demonstrated the Board's capacity to hold agencies to account while driving continuous improvement. Moving into 2025–26, the priority will be sustaining improvements, evidencing impact, and ensuring that the voices of adults and families remain central.

9. Finance and Resources

The BSAB is funded through partner contributions, which provide the resources to deliver statutory functions, commission reviews, and build workforce capacity. In 2024–25 [Fig 6.], the Board received contributions from Bury Council, NHS Greater Manchester, Greater Manchester Police, and other statutory partners.



10. Safeguarding in Partnership Contributions 2024/25

Safeguarding adults in Bury is only possible through the commitment and collaboration of our statutory and non-statutory partners. Each organisation brings unique strengths, resources, and perspectives, and together they form a whole-system response that ensures adults at risk are supported, protected, and empowered.

This section sets out the contributions made by partners during 2024/25, highlighting their strategic progress, key achievements, challenges, customer impact, and forward plans. These summaries demonstrate not only the breadth of safeguarding activity across the borough, but also the collective accountability that underpins the work of the Bury Safeguarding Adults Board.

10.1 Adult Social Care (Bury Council)

Strategic Progress

Adult Social Care has taken forward a Safeguarding Transformation Plan that has reshaped how the service oversees and delivers safeguarding. The creation of the Safeguarding Operational Group has provided a clear structure for assurance, enabling better monitoring of risks and accountability for outcomes. This structural change has been supported by strengthened links with other council services, including housing and public health, ensuring safeguarding is not seen in isolation but as part of wider local wellbeing priorities. The service has also embedded reflective practice into routine operations, supporting staff to learn from complex cases and improve decision-making.

Key Achievements

- Delivery of the Safeguarding Transformation Plan.
- Reduction in safeguarding enquiries in care homes through proactive oversight.
- Strengthened governance through the Safeguarding Operational Group.

Challenges & Areas for Development

- Ensuring safeguarding services are accessible for those with complex needs or language barriers.
- Embedding preventative safeguarding approaches earlier in the intervention process.

Customer Voice & Impact

Feedback has highlighted that individuals and families feel their concerns are taken seriously and acted on more quickly than before, particularly within care homes. The introduction of stronger oversight arrangements has meant that safeguarding enquiries are addressed more efficiently, resulting in less disruption for residents and greater reassurance for families. Case examples show that collaborative responses between Adult Social Care and partners have prevented repeat safeguarding concerns, with service users reporting a greater sense of safety and trust in the system.

Forward Plans

The service will focus on embedding SAR learning into daily practice, while further developing quality assurance tools to provide stronger evidence of impact

10.2 Probation Service

Strategic Progress

The Probation Service has placed safeguarding at the centre of its practice by building closer connections with multi-agency partners, particularly in the management of complex cases. Strategic progress has been made in embedding trauma-informed approaches across the workforce, supported by targeted training programmes. A sharper focus has been placed on transitional safeguarding, especially for young adults moving from youth to adult services, ensuring their risks and vulnerabilities are recognised consistently. Partnership work with housing and social care has been enhanced, enabling smoother transitions for individuals leaving custody.

Key Achievements

- Strengthened support for transitions for 17–25-year-olds.
- Trauma-informed training embedded in practice.

- Reduction in homelessness through coordinated case management.

Challenges & Areas for Development

- Maintaining consistent attendance at safeguarding learning subgroups.
- Developing earlier interventions to prevent escalation of risk.

Customer Voice & Impact

Service user feedback demonstrates improvements in how transitions from custody to community settings are managed. Individuals have reported feeling better supported, particularly in securing accommodation and addressing health or substance misuse needs. Families of service users have also expressed greater confidence in how safeguarding concerns are identified and acted upon, noting that communication between agencies has improved. Case studies evidence reduced reoffending and improved stability, directly linked to multi-agency safeguarding support.

Forward Plans

The Probation Service will continue embedding trauma-informed approaches, with a particular emphasis on resettlement planning and preventing repeat safeguarding concerns.

10.3 Pennine Care NHS Foundation Trust

Strategic Progress

The Trust continue to have representation from Safeguarding leads at all Network Quality & Safety Panel meetings. Additionally, it continues to ensure that safeguarding forms a mandatory term of reference for all patient safety investigation reports. The safeguarding team also deliver the level 3 training, complete bespoke lunch and learn sessions and 7-minute briefing to complement the training and are themed based on learning from safeguarding adults' reviews, domestic homicide death reviews.

Key Achievements

- The roll-out of a live, standalone Domestic Abuse training, which is delivered by the safeguarding team. An accompanying policy has been designed with a signposting toolkit.
- The safeguarding team have also offered additional multi-agency training in professional curiosity and internal briefings into allegation management, modern slavery, and making safeguarding personal.
- Compliance with safeguarding training at all levels has been consistently high throughout 2024-25.
- The implementation of the allegations management guidance has been successful during 2024-25.

- The safeguarding team held our first annual conference, covering the Life Span of Safeguarding; 112 colleagues attended.
- The safeguarding team have recruited a Mental Capacity Act and DoLs lead to bring this specialism into the team and trust.

Challenges & Areas for Development

- Ensuring central oversight of referrals and thresholds for safeguarding referrals – this is mitigated through systems held by the safeguarding team but cannot be reported on centrally at present.
- Embedding new digital documentations for MCA and DoLs.

Customer Voice & Impact

- 399 Bury colleagues sought consultation with the safeguarding team in 2024-25. The team have also reviewed 3230 incidents across the Trust Footprint, giving advice and guidance to the teams.
- The Trust continues to actively engage with families and patients affected by safeguarding issues relevant to staff actions.

Forward Plans

- Digital dashboard to understand safeguarding activity centrally
- Implementation of safeguarding champion's model.
- Enhance work within the Trust in relation to the Mental Capacity Act to ensure knowledge, compliance, and governance

10.4 Northern Care Alliance NHS Foundation Trust

Strategic Progress

Adult safeguarding is embedded in practice within the healthcare setting; safeguarding training is a mandated requirement across the NCA. To date compliance in Adult Safeguarding Level 1,2 and 3 training thresholds, as outlined in the Greater Manchester Contractual Standards for Children, Young People and Adults at risk has been achieved, with full commitment from the NCA to deliver this ongoing programme of training.

Key Achievements

- Mandated training in Disordered Eating in response to a SAR, alongside introduction of a robust Disordered Eating pathway
- Supported Domestic Abuse Specialist Nurses to take the Independent Domestic Violence Advocates (IDVA) training, thus having two health based IDVAs, offering support and advice to those requiring this service.

- Monthly safeguarding champions meetings to raise topics for discussion such as multi-agency working, impact of domestic abuse alongside learning and thematics from safeguarding enquiries alongside SARs.

Challenges & Areas for Development

- Despite the mandated training, challenges remain regarding staff incorporating safeguarding practices following this. As a supplementary measure, the Adult Safeguarding Service provide visibility and advise to all wards and departments in Fairfield General Hospital and Bury Community Services, offering assurance that adult safeguarding practices remain high on the agenda.

Forward Plans

Progressing with the Oliver McGowan Code of Practice regarding mandatory training of learning disabilities and autism, the NCA following the achievement of compliance in the first tier of this training programme, are progressing arrangements for tier 2 mandated training.

10.5 Greater Manchester Mental Health NHS Foundation Trust

Strategic Progress

During Q2 2024-25 a review of the governance arrangements for safeguarding across the Trust was undertaken. During each Quarter there would be the following sequence of meetings Strategic Safeguarding Sub-Committee, Safeguarding Effectiveness Group, Operational Safeguarding Group and a Learning from Reviews Group. In addition, a new cycle of business developed for reporting to the Strategic Safeguarding Sub-Committee to ensure oversight and assurance. The Trust has a comprehensive suite of safeguarding policies, procedures, and practice guidance, alongside the multi-agency procedures, which support staff to identify and respond to safeguarding concerns. These are accessible on the staff intranet.

Key Achievements

- New network established for identified Champions, facilitated by the Corporate Safeguarding Team; and Champion role supported by 'Champion Role Descriptor.'
- Introduction of Quality Visits across service areas which includes adults with lived experience and a safeguarding subject matter expert.
- The following briefings have been completed during 2024-25 in response to key learning and themes emerging from internal and external multi-agency reviews:
    - Self-Neglect and MCA

  - Care Leavers
  - Prevent and radicalisation
  - Domestic Abuse – policy and resources
  - Professional Curiosity
  - Distressed Behaviours
  - The recording of children and safeguarding alerts on the clinical record system
  - In Q3 2024/25, new bitesize learning sessions were introduced in response to key themes from learning: this included sessions on Wilful Neglect – legalities/roles/responsibilities, Domestic Abuse Policy re-launch and Section 117.

- 'Let's Talk about Domestic Abuse' - training developed and delivered. This training is available via the GMMH Recovery Academy and was co-developed and co-delivered by an adult with lived experience and the Corporate Safeguarding Team. It is available for both staff and service users.
- Trust wide Professional Curiosity Learning Event co-developed and co-delivered by the Corporate Safeguarding Team in Q4 2024/25.
- The Trust delivers Levels 1-3 Safeguarding Adult Training. Level 3 is facilitated by a Safeguarding Trainer. In addition, the Trust also delivers Section 42, Mental Capacity Act and Safeguarding Chair Training on a regular basis.

Challenges & Areas for Development

Safeguarding staffing capacity and consistent attendance at sub-groups – additional resource has now been allocated and staff recruited into posts.

Customer Voice & Impact

Quality Visits introduced which captures the voice of the adult across services.

Forward Plans

Finalisation of a central safeguarding dashboard to improve oversight and ease of access to live safeguarding data.

10.6 Housing Services

Strategic Progress

Housing services have advanced safeguarding by embedding risk recognition and response into day-to-day housing management. A strategic focus has been placed on

issues linked to exploitation, such as cuckooing, and on poor housing conditions, such as damp and mould, which have direct impacts on health and wellbeing. Housing partners have worked more closely with the police and Adult Social Care to ensure residents in high-risk areas are safeguarded more effectively.

Key Achievements

- Delivery of cuckooing and damp/mould awareness sessions.
- Joint work to address anti-social behaviour in high-risk areas.
- Support for vulnerable tenants to access safer accommodation.

Challenges & Areas for Development

- Closer integration of housing risk assessments into safeguarding plans.
- Strengthening preventative approaches within housing services.

Customer Voice & Impact

Residents have reported improved confidence in raising concerns about safety and living conditions. Case examples demonstrate that vulnerable tenants who were previously at risk of exploitation or living in unsafe environments have been supported into safer housing. Families have expressed relief at improved communication between housing officers and safeguarding partners, leading to faster resolution of risk.

Forward Plans

Housing partners will continue prioritising safeguarding referrals, strengthening operational links with police and social care, and embedding safeguarding into core housing processes.

10.7 Greater Manchester Police (GMP)

Strategic Progress

GMP has made safeguarding a strategic priority through targeted operations and improved intelligence-sharing with statutory partners. High-profile operations such as Operation Vardar in Whitefield have disrupted organised crime groups exploiting adults and demonstrated the impact of coordinated enforcement and safeguarding activity. Police have also invested in strengthening frontline officers' knowledge of safeguarding pathways and ensuring safeguarding referrals are timely and appropriate.

Key Achievements

- Successful disruption of organised crime groups through Operation Vardar.
- Strengthened safeguarding referrals and intelligence-sharing across agencies.

- Delivery of community campaigns to raise awareness of adult exploitation.

Challenges & Areas for Development

- Further embedding early intervention into exploitation cases.
- Ensuring consistent engagement with all safeguarding subgroups.

Customer Voice & Impact

Community feedback following joint operations has been positive, with residents reporting increased feelings of safety and confidence in policing. Families directly affected by exploitation have expressed appreciation for rapid safeguarding responses and the visible presence of police working alongside housing and social care. Case examples highlight reduced risks for vulnerable adults and a stronger sense of protection within local communities.

Forward Plans

GMP will continue to strengthen preventative safeguarding approaches, expand joint operations with partners, and embed SAR learning into operational policing.

10.8 NHS Greater Manchester Bury – Integrated Care Board (ICB)

Strategic Progress

NHS GM as with all NHS Organisations, has a requirement to safely discharge its statutory duties in relation to the safeguarding of both children, young people and adults as outlined in national guidance. NHS GM has continued to discharge our statutory safeguarding duties throughout 2024-25. The ICB has submitted quarterly Safeguarding Assurance Self-Assessments to provide assurance of its arrangements to NHSE, this includes the oversight of the NHSE self-assessment audits from our GM commissioned providers. NHS GM safeguarding team has established infrastructures to support learning from Adult Safeguarding Reviews, Children Safeguarding Practice Reviews and Domestic Homicide reviews, this supports embedding system learning when significant incidents occur.

Key Achievements

- Continuation of statutory safeguarding functions across the 10 Greater Manchester Localities,
- Development of revised safeguarding assurance systems and processes for all commissioned services,
- Continued dedication to support the strengthening of safeguarding processes in Bury.

Challenges & Areas for Development

- Constant change within Bury and across Greater Manchester, creates challenge when aiming for a consistent safeguarding system.

Forward Plans

Going forward, NHS GM will continue to address any newly acquired statutory responsibilities and reforms including the ICB duty to co-operate in line with the Serious Violence Duty (2022), the Domestic Abuse Act (2021) and the implementation of the Sexual Safety Charter in line with the Worker Protection Act 2023 (amendment of the Equality act 2010). System assurance demonstrating the impact from learning remains a key area of focus for the team in 2025/26.

11. Bury Safeguarding Adults Board Priorities 2025-27

The strategic priorities for 2025/26 are clearly aligned with the BSAB's long-term vision of safeguarding that is inclusive, evidence-led, and shaped by lived experience. Each priority reflects a natural progression from the work completed in 2023–2024 and responds directly to identified risks, gaps, and opportunities.

11.1 Priority 1: Strengthen Safeguarding Culture and Embed the Voice of Communities

Strategic Plan Alignment:

This priority corresponds directly with Strategic Priority 1 in the BSAB Strategic Plan: "Strengthening Community Voice in Safeguarding – From Awareness to Impact."

2025/26 Focus:

- Co-production of safeguarding messages.
- Culturally relevant campaigns and improved accessibility.
- Expansion of community feedback mechanisms.

Impact: This priority builds on the foundation laid in 2023–2024 and aims to transform awareness into action, ensuring safeguarding is responsive to diverse community needs.

11.2 Priority 2: Promote a Culture of Learning, Improvement and Assurance

Strategic Plan Alignment:

This aligns with Strategic Priority 2: "Embedding Impact Evaluation and Learning Mechanisms from SARs for Accountability."

Progress from 2023–2024:

- SAR dashboard and Learning Tracker introduced.
- SAR Champions Network expanded.
- SAR learning integrated into training and supervision.

2025/26 Focus:

- Formal impact-tracking tools.
- Broader dissemination of SAR learning.
- Structured feedback from practitioners and families.

Impact: This priority deepens the commitment to learning that drives change, ensuring SARs lead to measurable improvements in safeguarding practice.

11.3 Priority 3: Strengthen Accountability, Governance, and Use of Data

Strategic Plan Alignment:

This aligns with Strategic Priority 4: "Driving Quality, Insight and Assurance in Safeguarding."

Progress from 2023–2024:

- Performance data and dashboards were developed.
- Governance structures were strengthened.
- Risk register and audit frameworks were initiated.

2025/26 Focus:

- Launch of a multi-agency quality assurance framework.

- Quarterly learning audits and refreshed risk register.
- Enhanced use of shared data in decision-making.

Impact: This priority reinforces the Board's ability to monitor, evaluate, and improve safeguarding arrangements, ensuring transparency and accountability across the partnership.

11.4 National and Regional Engagement

Strategic Plan Alignment:

This supports the overarching theme of "Learning from the Past, Leading for the Future" and is embedded across all strategic priorities.

2025/26 Focus:

Bury SAB is actively engaged with regional and national networks, including the LGA, ADASS, and the Safeguarding Adults Review Network (SARN). The Independent Chair also contributes at a national level as a member of the National Chairs of Safeguarding Adults Boards Network, Vice Chair of the SARN Management Committee, and convenor of one of the national workstreams arising from the Second National SAR Analysis.

The Board Manager and Business Unit also play an active role, participating in the Greater Manchester Board Managers Regional Network and the National SAB Managers Network. This combined involvement ensures that Bury SAB both contributes to and benefits from national and regional learning, enabling local practice to be directly shaped by emerging evidence, research, and policy.

12. Appreciation

Safeguarding is only possible because of the commitment, care, and persistence of so many people across Bury. The Board recognises that behind every policy, review, and statistic are colleagues and communities working tirelessly — often in difficult circumstances — to make adults safer.

- **Our statutory partners** — Bury Council, NHS Greater Manchester Integrated Care Board, and Greater Manchester Police — whose leadership and shared accountability provide the foundation for safeguarding across the borough.
- **Our wider partnership network** — housing providers, health trusts, voluntary and community organisations, and faith groups — who extend safeguarding into every corner of our community and bring vital creativity, knowledge, and reach.
- **Colleagues and volunteers across all services** — whose compassion, persistence, and professionalism ensure that safeguarding is not just a principle but a daily reality for people at risk.

- **People with lived experience** — whose honesty and courage in sharing experiences continue to challenge us, shape our priorities, and remind us why this work matters.

The Board is grateful to every individual who has played a part in safeguarding adults this year. It is your dedication — not structures or strategies alone — that makes the difference. Together, we continue to uphold not only the duty to protect life, but the responsibility to enable every adult in Bury to live with dignity, safety, and inclusion.

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