AGENDA FOR

HEALTH SCRUTINY COMMITTEE

Contact:: Josh Ashworth
Direct Line: 0161 253 5667
E-mail: J.R.Ashworth@bury.gov.uk
Web Site: www.bury.gov.uk

To: All Members of Health Scrutiny Committee

Councillors : E FitzGerald (Chair), S Haroon, C Boles, L Ryder, M Rubinstein, D Duncalfe, K Simpson, D Green, G Martin, J Southworth and S Zaman

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:	Thursday, 26 November 2026
Place:	Council Chamber, 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 5 - 14)*

The minutes from the meeting held on 24th September 2026 are attached for approval.

4 PUBLIC QUESTION TIME

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

5 MEMBER QUESTION TIME

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

6 HEALTHWATCH UPDATE *(Pages 15 - 16)*

Report attached to be supported by Andrew Griffiths Chief Operating Officer Bury Healthwatch

7 ADULT SOCIAL CARE PROPOSED SAVINGS *(Pages 17 - 22)*

Report attached to be supported by Councillor Tariq Cabinet Member for Health and Adult Care

8 ADULT SOCIAL CARE Q2 PERFORMANCE AND CQC UPDATE *(Pages 23 - 34)*

Report attached to be supported by Councillor Tariq Cabinet Member for Health and Adult Care

9 PUBLIC HEALTH ANNUAL REPORT *(Pages 35 - 112)*

Report and slides attached

10 BURY ICP LOCALITY PERFORMANCE *(Pages 113 - 160)*

Report and presentation attached

11 CHAIRS UPDATE

12 URGENT BUSINESS

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

This page is intentionally left blank

Agenda Item 3

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 24 September 2026

Present: Councillor E FitzGerald (in the Chair)
Councillors S Haroon, C Boles, M Rubinstein, K Simpson, D Green, J Southworth, S Zaman and J Roith

Also in attendance: Councillor Tariq Cabinet Member for Health and Adult Care
Will Blandamer Executive Director (Health and Adult Care)
Adrian Crook Director of Community Commissioning
Jon Hobday Director of Public Health
Dr Cathy Fines
Leah Robbins Northern Care Alliance
Ahmed Ajmi Strategic Lead Integrated Commissioning
Lynsey Postlethwaite Bury Carers Hub
Amanda Brooks N-Compass

Public Attendance: One member of the public were present at the meeting.

Apologies for Absence: Councillor L Ryder, Councillor D Duncalfe and Councillor G Martin

---

HSC.143 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.144 DECLARATIONS OF INTEREST

Councillor Simpson declared an interest due to working for Persona, this is already noted in his declaration of interest when becoming a Councillor

HSC.145 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 14th July 2026 were agreed as an accurate record.

There were no matters arising.

HSC.146 PUBLIC QUESTION TIME

There was one pre submiited question in advance of the meeting submitted by Amanda Barnes the question was:

Can the Health Scrutiny Committee seek clarification from local NHS providers and commissioners on the current eligibility criteria for prescribing Mounjaro (tirzepatide) and other GLP-1 receptor agonist medications for patients with Type 2 diabetes, under active thyroid,BMI of 44,high blood pressure, and sleep apnea in Bury, and how these criteria align with current national guidance?

In response to the question Dr Cathy Fines advised

In response to the question regarding eligibility criteria for prescribing Mounjaro (tirzepatide) and other GLP-1 receptor agonist medications, it was explained that the commissioning arrangements are set at a Greater Manchester level through the Integrated Care Board (ICB) and are not specific to Bury.

Members were advised that Mounjaro has been available for people with Type 2 diabetes for some time, although prescribing criteria have been stringent. Due to the significant number of potentially eligible patients, the ICB introduced a phased cohort approach to implementation. Initially, eligibility was restricted to patients with a BMI of 50 or above and who met four out of five specified clinical criteria, including treated hypertension.

It was noted that this approach has since been superseded following updated NICE guidance. Under the current guidance, eligibility is expected to be widened to include patients with a BMI of 35 or above where they meet the relevant clinical criteria. The ICB is working towards full compliance with NICE guidance across Greater Manchester, although a specific date for completion could not be confirmed.

Members were advised that the implementation of the guidance has been complex and challenging for both healthcare professionals and patients. Eligibility is considered on an individual patient basis, taking account of their clinical circumstances, and not all patients will meet the criteria for treatment. Future phases of implementation are expected to expand access to additional cohorts, including patients within lower BMI ranges, in line with national guidance and commissioning arrangements.

HSC.147 MEMBER QUESTION TIME

There were no member questions.

HSC.148 CHAIRS UPDATE ON GM MEETINGS

The Chair provided an update from the two recent GMCA Joint Health Scrutiny meetings, together with a verbal update from the NCA Joint Health Overview and Scrutiny Committee (JHOSC) held earlier that day. Members were advised that the purpose of the update was not to scrutinise the issues in detail, but to identify any matters that may warrant further consideration locally or feedback through regional structures.

Cllr Julie Southworth submitted a question regarding postnatal care provision across Greater Manchester and, in particular, within Bury. Discussion focused on the support available to women following childbirth, including mental health services, health visiting provision and primary care support. Concerns were raised regarding the availability of postnatal services and whether provision had reduced in recent years.

Cllr Southworth also asked what support was available for those affected by miscarriage or pregnancy-related loss. In response, it was explained that support is available through primary care, specialist mental health services, health visitors and community services, although it was acknowledged that some services had been affected during the COVID-19 pandemic.

Dr Fines advised that a range of healthcare support continues to be available, including digital support offers, but acknowledged there remained opportunities to strengthen primary care provision. Will Blandamer highlighted the role of children's services, health visitors, Family Hubs and Live Well services in providing support and opportunities for families to access help and connect with local services. Members were advised that Family Hubs would play an important role in reviewing outcomes and support available to families across the locality.

The Committee received an update from the voluntary sector regarding the challenges facing organisations, including funding pressures, poverty, the rising cost of living and the importance of community innovation and partnership working.

Cllr Green raised concerns about the impact of extreme heat on health services and asked whether the NHS undertakes preparations for periods of hot weather in the same way it plans for winter pressures. In response, Will Blandamer outlined ongoing work to support hospital flow, virtual ward provision and winter planning, while recognising that periods of extreme heat require further consideration in future resilience planning.

Cllr Green further highlighted the risks posed to older people during heatwaves, particularly dehydration and associated health complications, and welcomed the assurances provided regarding future preparedness.

Cllr Zaman declared an interest as an employee of the Northern Care Alliance working within specialist cardiac services. He referred to concerns raised nationally regarding patient experience during recent heatwaves and questioned what measures were being taken to address building temperatures and ensure patient safety. Given his own experiences he noted that windows had remained closed for infection prevention purposes and that fans had been distributed to wards but noted that this didn't help himself and others as it just circulated hot air around. He also commented that some nursing staff had been reluctant to raise concerns referring to the freedom to speak up initiative. He advised he was in a privileged position working for the NCA.

The Chair, Cllr Fitzgerald, asked that the discussion remain focused on the issue of managing high temperatures within hospital settings and not to refer to personal matters relating to workplace. Specifically advising that questions should be general concerns not specifically to workplaces where you are in a position to know more information than others.

The chair advised officers to not answers questions relating to specifics and keep the answers general with the specific question being asked how do we deal with very hot temperatures within hospitals.

Representatives from the NCA advised that recent heatwave periods had been managed as major incidents and that lessons learned were being incorporated into future planning. This included work around ventilation, building maintenance, window replacement programmes and the development of dedicated summer preparedness plans to complement existing winter planning arrangements.

The Chair advised that their was no specific discussion around winter and summer planning at the GMCA meeting it was just mentioned that this change was taking place at a time that the ICB was particularly busy however in the meeting it was picked up that winter and summer both need plans, and to take that their will now be summer plans as well as winter plans, the chair then brought this debate to a close.

Discussion also took place regarding cardiac services across Greater Manchester. Cllr Green raised a question concerning cardiac surgery and service provision within the region.

Cllr Tariq commented on the importance of cardiac health as a public health issue, particularly in parts of Bury where cardiovascular disease remains a significant concern. He suggested that a public-facing communication campaign regarding cardiac services would be beneficial, as information about service provision and service changes is not always easy for residents to access.

Drawing on personal experience, Cllr Tariq spoke positively about treatment received through the Manchester Royal Infirmary and highlighted the professionalism and responsiveness of staff. He reiterated the importance of ensuring that information regarding cardiac services is effectively communicated to residents.

Members were advised that information from the NHS Greater Manchester "Get Involved" programme would be circulated to support wider engagement and awareness.

It was noted that part of the forthcoming deep-dive review into maternity and early years services would consider variations in outcomes and support available across Greater Manchester.

The Chair provided a verbal update from the NCA Joint Health Overview and Scrutiny Committee meeting held earlier that day.

Members were informed about the scale of the Northern Care Alliance, including its four hospitals and approximately 90 community locations. The Trust's increased focus on partnership working, staff wellbeing and organisational improvement was highlighted.

Members heard that performance in some areas, particularly elective care, had deteriorated and that support had been offered by partner organisations. The Trust was developing a single improvement plan to address identified areas for improvement, which would be considered by the NCA Board.

The Committee was advised of ongoing work to improve digital records, reduce reliance on paper systems and address the impact of industrial relations issues which continued to result in operational disruption and cancelled procedures.

Updates were also provided regarding spinal surgery, clinical leadership arrangements, cost improvement plans, finance and performance management. Members were informed that a full review of the revised clinical leadership arrangements would take place after twelve months.

The Committee welcomed Leah Robins, Chief Operating Officer of the Northern Care Alliance, and invited comments on matters that members may wish to consider locally through Bury's Health Scrutiny Committee.

Councillor Zaman advised that he had three questions to raise. The Chair explained that, to aid the flow of the discussion, members should ask one question at a time. Councillor Zaman stated that earlier in the meeting he had not been given the opportunity to ask a supplementary question, whereas Councillor Green had. The Chair acknowledged this point but reiterated that asking questions individually made the discussion easier to manage. The Chair confirmed that Councillor Zaman would have the opportunity to raise his additional questions once other members had been given the chance to contribute.

Cllr Zaman asked whether Non-Executive Directors had been required to sign non-disclosure agreements and queried how such arrangements would contribute to improvements in patient care. Leah advised that Non-Executive Directors had not been asked to sign NDAs.

Cllr Zaman also asked when the Northern Care Alliance Improvement Plan would be published and made available to partners and stakeholders. Leah Robins confirmed that the plan would be shared widely and used as part of the organisation's improvement and accountability framework.

Will Blandamer advised that the Locality Board was keen to receive the Improvement Plan at the earliest opportunity and requested that it be circulated once available.

Cllr Zaman referred to the Freedom to Speak Up agenda and stated that he had not personally seen sufficient improvement and that, nothing is happening about Freedom to speak up, I'm here in a privileged position and I want to make sure staff voice is heard, consultants are engaging in party politics, and I am speaking up for people at Salford'.

He commented on concerns that had been raised with him from colleagues regarding workplace culture and asked what more could be done to ensure staff, particularly junior doctors, felt safe to raise concerns.

The Chair reminded Cllr Zaman that questions should be asked in his capacity as a councillor and not in his capacity as an employee of the NCA. She advised that questions should focus on matters relevant to Bury residents and should not rely upon personal employment experiences or information obtained through his role within the organisation.

In response, Leah outlined the work undertaken to promote a positive speaking-up culture, including the appointment of a dedicated Freedom to Speak Up Guardian and the inclusion of staff engagement and culture within the wider improvement programme. Assurance was given that staff should feel able to raise concerns without fear of detriment or recrimination.

Cllr Zaman further asked what action was being taken to ensure that Jewish patients and communities felt safe and supported when accessing services advising that this has been raised to him through a number of emails from residents. He questioned whether this would form part of the Improvement Plan.

Cllr FitzGerald advised Cllr Zaman that accusations should be formed through facts not speculation, and sought clarification on whether any concerns had been identified through engagement work and whether wider equality impacts were being considered.

Leah advised that the Trust continues to engage with community and voluntary sector partners, including representatives from the Jewish community and the FED, to understand concerns and ensure appropriate support is in place.

Cllr Rubinstein stated that he has been recently under the care of the NCA and has had no issues and the care provided was to a high standard.

Cllr Tariq highlighted the Northern Care Alliance's longstanding commitment to equality, diversity and inclusion. He noted the strength of the Trust's EDI arrangements, staff training programmes and governance structures, and recognised the resources dedicated to monitoring and reviewing equality issues.

Cllr FitzGerald referred to previous work undertaken across Greater Manchester relating to anti-racism and equality impact assessments and stressed the importance of considering the impacts of decisions on different communities and protected groups.

Leah acknowledged that while positive work was already taking place across the organisation, there was always more that could be done in general. She advised that programmes were in place to address violence, aggression, discrimination and other unacceptable behaviours experienced by staff and patients.

It Was Agreed

- The update was noted.

Actions

- Circulate information relating to the NHS Greater Manchester "Get Involved" programme.
- Circulate the Northern Care Alliance Improvement Plan when published.

HSC.149 UPDATE ON ACHIEVEMENTS OF CARERS STRATEGY

Members of the Committee had been asked to view the presentation in advance of the meeting. The Committee received a presentation from Lindsey Postlethwaite (N-Compass) and Ahmed Ajmi, Strategic Lead for Integrated Commissioning, on the Bury Carers Strategy and ongoing support available to unpaid carers across the borough.

Officers provided an overview of the strategy and highlighted a number of case studies demonstrating the positive impact of services available to carers. The Committee heard about efforts to improve access to support, including small packages of care, peer support opportunities and activities aimed at reducing isolation. Examples included community arts and crafts projects and initiatives delivered during Carers Week, such as creating post box toppers. Feedback from carers indicated that these activities had helped reduce feelings of isolation and encouraged greater community involvement.

Councillor Tariq thanked the team for their work and welcomed the progress being made through N-Compass. He reflected on attending a carers session and noted the valuable experiences, views and insights shared by carers. He emphasised the importance of continuing to engage with carers across all communities within the borough and encouraged Members to promote local drop-in sessions to their constituents.

Lindsey Postlethwaite advised that feedback gathered through drop-in sessions is helping to shape and inform the development of the strategy.
Adrian thanked staff, carers and partners for their contribution to the development of the strategy. He highlighted the importance of co-production, describing carers as the driving force behind the network and stressing the importance of connecting carers with support services and one another.

In response to a question from Councillor Simpson regarding support for young carers, Lindsey Postlethwaite advised that N-Compass works with young adult carers. Ahmed Ajmi added that there were aspirations to develop a Carers Charter in partnership with carers and stakeholders through a co-production approach. Councillor Simpson also highlighted the need to raise awareness of the experiences of siblings of children with disabilities.

Councillor Fitzgerald asked how carers who may not currently identify themselves as such are located and supported. Adrian explained that the Care Act places a responsibility on services to identify and support carers. Dr Fines added that GP registration processes include questions which help identify individuals who provide caring responsibilities.

Councillor Tariq highlighted the need to recognise and support young carers and those caring for older siblings, ensuring that appropriate support is available.

Councillor Southworth asked how support is offered to carers who may be reluctant to access services. Lindsey Postlethwaite advised that some individuals decline support because they do not wish to feel like a burden. However, carers are able to register for services and access support when required, with a range of flexible options available. Adrian added that it is important carers continue to access support for their own wellbeing while carrying out caring responsibilities.

Councillor Boles asked about transition arrangements between young carers' services and adult support. Ahmed Ajmi advised that the service works closely with GPs and other referral routes, including self-referrals. Work is also underway with young carers to build relationships and support transition planning, including the development of transition assessments within Bury.

Councillor Zaman queried waiting times for carers assessments. Adrian advised that the median waiting time is approximately 30 days, although priority cases are assessed more quickly. An initial holistic assessment is generally undertaken within one week, followed by the development of a tailored support plan.

Councillor Zaman also asked about the number of unpaid carers within the borough and how carers can be better identified. Officers advised that identification and promotion remain key priorities. Work is ongoing to increase awareness through social media campaigns, carer champions, engagement with local services and carers assessments. Adrian added that Census data indicates there are approximately 18,000 unpaid carers in Bury, highlighting the importance of continued promotion and development of the service. The Committee also heard about the role of co-production networks in helping to engage with and support carers across the borough.

It Was Agreed

- Update be noted

HSC.150 ACHIEVEMENTS OF CARE MARKET WORKFORCE SUPPORT (BURY CARE ACADEMY)

The Chair reminded Members that they were expected to have viewed the presentation in advance of the meeting and noted that carers had been a topic previously considered by the Committee, including scrutiny and challenge of Council activity in this area.

Sue Waldron, Bury Care Academy Manager, presented the update and provided an overview of the Care Academy's work and progress. Members were advised that the Academy is still relatively new and meets quarterly with providers to share learning, best practice and ideas. Currently, 51 providers are engaged with the Academy.

Sue highlighted ongoing work to engage stakeholders and build relationships with partners, including local GP practices through BARDOC. Website engagement and social media activity had increased, with ambitions for the website to become a one-stop shop for information on careers in social care, recruitment opportunities, training and support. Members heard about myth-busting sessions promoting careers in social care, attendance at careers events, and support provided for interview preparation and employability skills.

The Committee also received information on a range of initiatives and case studies, including a young people's project where nine participants started a four-week programme, seven completed it and four subsequently secured employment opportunities. Further work included collaboration with neighbouring care academies, the Rising Stars programme for future leaders and managers, workforce development activity and preparations for CQC inspections. Sue also highlighted plans for the forthcoming Bury Care Awards.

Councillor Tariq thanked Sue and her team for the insightful presentation and commended the work of the Care Academy. He commented that the Academy was making a genuine difference in supporting individuals and contributing towards recruitment and retention within the social care sector in Bury. Councillor Tariq welcomed the progress achieved since the

Academy's establishment and highlighted the positive collaboration between the Care Academy and Persona.

Adrian Crook added that he was incredibly proud of the work being undertaken and described the Academy as a significant achievement for the sector.

Councillor FitzGerald welcomed the work being undertaken, particularly the placements and employment opportunities being created. She noted the wider challenges across Greater Manchester and highlighted the importance of health and social care careers.

Councillor Rubinstein referred to the value of the care sector to Bury's economy and asked what the main constraints were on workforce recruitment and retention. In response, Adrian Crook advised that pay levels and perceptions of careers within social care remained the key challenges.
Councillor Tariq highlighted links with the previous agenda item, noting the increasing complexity of needs and the importance of the carers strategy. He commented that the impact of workforce pressures could be felt across services and communities. Adrian acknowledged that workforce shortages could create gaps in provision and stated that attracting people into the sector required payment of the Real Living Wage, high-quality services and positive workplace cultures.

Councillor Simpson declared a personal interest as an employee of Persona. He asked how standards could be raised within the care workforce, particularly as some carers undertake responsibilities comparable to nursing roles. In response, Adrian Crook referred to emerging national proposals and anticipated recommendations from Baroness Casey's review, advising that information would be circulated once available.

Councillor Tariq referred to the example of Killelea House achieving an Outstanding CQC rating and noted the commitment demonstrated by social care staff despite ongoing challenges within the sector.

Councillor Boles asked what age groups the Academy was targeted towards and whether further work could be undertaken with Key Stage 4 pupils. Sue Waldron advised that the Academy regularly engages with schools and colleges through careers events, presentations and mock interviews.

Councillor Boles suggested there may also be opportunities to engage with alternative provision settings. Adrian Crook added that vacancy levels had reduced and that the sector was increasingly focused on developing local talent and "growing its own" workforce.

It was agreed:

- That the update be noted

HSC.151 URGENT BUSINESS

There was no urgent business

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 9.15 pm)

This page is intentionally left blank

The future of local Healthwatch

A turning point for independent public voice

On 28 October, the Government confirmed it would not proceed with plans to abolish local Healthwatch or Healthwatch England. Healthwatch Bury welcomed the decision as recognition of the importance of an independent voice for patients and the public.

The Government's updated policy now sets out a strengthened Healthwatch model: local organisations will remain independent, locally rooted and commissioned by local authorities, alongside a retained Healthwatch England. The direction is retention and reform—not simply a return to the status quo.

What will change?

More consistent quality. The Health Bill will require Healthwatch England to publish a national quality framework covering performance, data collection and research approaches. Councils commissioning Healthwatch and local Healthwatch organisations will have to have regard to it, while retaining flexibility to respond to local needs.

A stronger route from evidence to action. The Bill will require integrated care boards to respond formally to Healthwatch England's advice and information. A new patient experience directorate within the Department of Health and Social Care will bring together intelligence to inform national policy and improvement; it will complement, not replace, Healthwatch's independent voice.

Priorities for the next chapter

The following are proposed priorities for local Healthwatch and its partners, rather than additional Government commitments:

- **Protect independence and local reach:** maintain the ability to challenge services constructively and hear from people who are less often included, across both health and social care.
- **Secure sustainable delivery:** seek clear commissioning arrangements and sufficient resources to retain staff, volunteers and community relationships, alongside any new quality requirements.
- **Demonstrate change:** track recommendations, seek clear responses from service leaders and tell communities what changed because they spoke up.
- **Shape implementation together:** involve residents, local authorities and NHS partners in preparing for the quality framework, without losing locally chosen priorities.

What this means for Bury

For Healthwatch Bury, the opportunity is to put the uncertainty behind us and continue with purposeful planning: agree priorities with local people, strengthen partnerships without compromising independence, and make the impact of public feedback visible. Retention should be the foundation for a stronger service—not the end of the conversation.

This page is intentionally left blank

Agenda Item 7

SCRUTINY REPORT

Bury Council

MEETING: **Health and Social Care Overview and Scrutiny**

DATE: **Thursday 26th November 2026**

SUBJECT: **Adult Social Care Savings Proposals**

REPORT FROM: **Adrian Crook**

CONTACT OFFICER: **Adrian Crook**

1.0 BACKGROUND

1.1 The adult social care department has a long established history of delivering efficiencies in how it purchases and delivers care and support for its residents who have statutory needs under the Care Act .

1.2 Social Care experiences ongoing demand in the number of people accessing services and the cost of purchasing care to meet their needs. Health and Adult Care and Children and Young People continue to account for the largest proportion of Council expenditure. Together, these services represent £172.615m of the proposed 2027/28 net budget, approximately 65% of total expenditure, reflecting sustained demand growth, increasing complexity of need and ongoing market cost pressures across social care services.

1.3 Annually the additional income raised by the 2% adult social care precept and any increases in government grants does not cover the additional budget needed to fund increases in the cost of care driven by inflation and national policy on living wage increases or national insurance changes and therefore efficiencies are needed annually to balance the budget. This is not unique to Bury and is the experience of every council in England.

1.4 The latest published annual survey from the Association of Directors of Adult Social Services (ADASS), released 15 July 2026, paints a picture of continuing financial pressure, substantial savings requirements and limited confidence in delivering balanced budgets, with 80% of council's reporting an overspend and a total savings requirement of £909m or 3.5% of the total annual budget.

2.0 ISSUES

2.1 This paper outlines the proposed savings programmes for the adult social care department. Whilst they in the main represent a continuation of programmes designed to purchase care differently or transform services the report provides more detail one main programme, the removal of the home care cap.

3.0 CONCLUSION

3.1 Committee is asked to scutinise the contents of this report

4.0 SAFEGUARDING IMPLICATIONS

4.1 None

5.0 Saving Proposals

5.1 The draft budget report published at cabinet on Wednesday 14th October 2026 proposed the following savings for adult social care. Adult social care is a sub department of the Health and Adult Care Department (HAC) which also contains public health and leisure services.

5.2

Programme	27/28	28/29	Total
Commissioning Reviews	£1m		£1m
Single Handed Care Trial	£0.2m		£0.2m
Persona Employability and Supporting Living Review	£0.34m	£0.1m	£0.44m
Impower efficiencies	£1.667m	£1.667m	£3.334m
Commissioning Improvement for Younger Adults and Hospital Discharge	£0.625m	£0.55m	£1.175m
Review of non-discretionary budgets and non-staffing spend	£0.14m		£.014m
Review of income efficiencies	£0.35m		£0.35m
Direct Payment Clawback Policy Review	£0.365m		£0.365m
Removal of Home Care Charing Cap	£0.350m	£0.350m	£0.700m
Total			£7.578m

5.3 In 28/29 the budget allocated to the Health and Adult Care Adult Social Care Department is expected to be £96m. Savings targets of £7.578m over 2 years represent 3.5% of this and are very much in line with all other councils as reported in the most recent ADASS annual survey.

5.4 Commissioning Reviews and Commissioning Improvements for Younger Adults and Hospital discharge will specifically look at how we commission care for these groups. For example we currently we spot purchase care home placements for hospital discharge, we will deliver more a more coordinated solution for this care that will see care commissioned on blocks. We will also retender our supported living service and our home care services as their current contracts expire. For younger adults we will continue our joint work with children's services improving the independence of our younger adults as they transfer to adult services. This reduces the size of the package of support expected to be required when they turn 18 or shortly afterwards.

5.5 Persona efficiencies relate to the development of employability services, this sees people gain occupation and as they are now in occupation they require less day support or support in their accommodation.

5.6 Savings listed as Impower efficiencies is the continuation of our programmes of strength based working which helps individuals maximise their independence before creating dependency on care and support, increased used of tech and we will also be developing a reablement service for people with a learning disability and improving recovery aftercare for those with mental ill health regaining their independence following a hospital admission under the Mental Health Act. All of these changes will be codesigned with users and our co-production networks.

5.7 A single handed care trial will see us explore different moving and handling equipment that can be used by just one person rather than 2. Coordinating 2 carers to be in a property at the same time is challenging and means some wait for the second carer to arrive reducing the quality of experience of their care. Those who have 2 carers also have to contribute to the cost of 2 carers, making care more expensive. Where it is safe to do so we will explore using one carer only.

5.7 Review of non-staffing spend at £14,000 was found when a zero based budget exercise was carried out across all our operational services

5.8 Review of income efficiencies is a programme where as a result of access to shared information across the public sector about people's income we can now respond quicker to changes in this income that affect their means tested charges for their care services. Prior to this we had to wait for the user to notify us they had additional income. The council current raises £20m per year from adult social care charges levied in line with national regulations and this represents a small change in this amount from being able to apply the regulations in a timelier manner.

5.9 Direct Payment Clawback policy change. Direct Payments are a payment made to an individual to arrange their own care. At the end of every year the account is audited and reconciled, our current policy leaves 8 weeks contingency in these accounts and we are to explore reducing this to 4 weeks to bring us in line with most other councils.

6.0 Proposed Changes to Home Care Charges

6.1 The Council has a legal responsibility under the **Care Act 2014** to assess people's care and support needs, determine what support is required, and ensure services are provided to those who are eligible. The Act also gives local authorities the power to charge for care and support services, provided that charges are fair, transparent and based on an individual's ability to pay following a financial assessment. These charges are based on regulations set down in law and annual changes to thresholds relating to the minimum income guarantee, also set by the central government

6.2 Why are we proposing this change?

6.3 Like councils across the country, we are facing significant and increasing demand for adult social care services. More people are living longer with complex care needs, while the cost of providing care continues to rise.

6.4 The Council currently applies a historic maximum weekly charge (cap) of £533.87 per week for people receiving care and support in their own homes. This means that a small number of residents do not contribute towards the full cost of the care they receive, even where financial assessments show they have sufficient means to do so, or they have self-declared that they have capital and assets above the capital threshold level and therefore should pay the full cost of their care.

6.5 We are proposing to remove this cap from the 1st April 2027 so that charges more closely reflect the cost of providing care, while continuing to ensure that nobody is asked to pay more than they can reasonably afford following a Care Act financial assessment.
The Care Act charging framework already requires councils to consider a person's income, capital and disability-related expenditure, and to leave people with a protected level of income through the Minimum Income Guarantee, this will not change.

6.6 A person's home is also excluded/disregarded from their assets when financially assessed for Homecare or other non-residential services.

6.7 What this means for residents

There are currently 38 people who have their contribution capped at the £533.87 per week homecare cap level. The average age of the people in receipt of homecare and benefit from the cap is 81 years old. The average increase for this cohort is c£380 per week.

If the proposal is approved:

- People will continue to receive a care needs assessment and financial assessment.
- We will write to all 38 people and invite them to contact us for a full financial assessment.
- Charges will continue to be based on an individual's ability to pay.
- People on lower incomes or with limited savings will continue to receive financial support.
- The safeguards within the Care Act charging framework, including allowances for disability-related expenditure and the Minimum Income Guarantee, will remain in place.
- No one will be charged more than the cost of meeting their assessed care and support needs.
- People will still be able to self-declare if they are above the capital threshold and do not wish to complete a financial assessment, and if so charges will increase to the full cost of the care they receive.

6.8 Supporting fairness and sustainability

6.9 The Council must balance its duty to support vulnerable residents with its responsibility to make best use of public funds. Removing the cap will help ensure a more equitable approach, whereby those who have greater financial means contribute a fairer amount towards the cost of their care. This has been done by the majority of council's in England already.

6.10 This proposal is intended to bring charging arrangements more closely into line with the principles of the Care Act 2014, which provides a national framework for charging and financial assessment, while supporting the long-term sustainability of adult social care services.

6.11 Our commitment

6.12 The Council remains committed to ensuring that no eligible resident is denied the care and support they need because of their financial circumstances.

6.13 Everyone affected by the proposed change will be contacted and invited to arrange a full financial assessment.

6.14 Support will be available for residents who need advice or assistance in understanding their contribution towards care costs.

List of Background Papers:-

Cabinet report - https://councildecisions.bury.gov.uk/documents/s52302/2027-28%20MTFS%20refresh%20paper%20Oct%2026%20DRAFT%20260819.pdf

The Care and Support (Charging and Assessment of Resources) Regulations 2014

Social care - charging for care and support 2026 to 2027: local authority circular - GOV.UK

Contact Details:-

Adrian Crook – contact details available on request

Executive Director sign off Date:_____

This page is intentionally left blank

Agenda Item 8

SCRUTINY REPORT

Bury Council

MEETING: Scrutiny **Health and Overview Scrutiny Committee**

DATE: **Thursday 26th November**

SUBJECT: **Adult Social Care CQC and Q2 update**

REPORT FROM: **Adrian Crook Director of Community Commissioning**

CONTACT OFFICER: **Adrian Crook Director of Community Commissioning**

1.0 BACKGROUND

This report provides an update on the performance of Adult Social Care during Quarter 2 2026/27 and outlines progress made following the recent Care Quality Commission (CQC) assessment. The report details the improvements being implemented in response to the revised CQC assurance framework, alongside performance against key strategic priorities and outcome measures. It also includes findings from the latest Adult Social Care Outcomes Framework (ASCOF) and user and carer surveys, providing insight into the experiences of residents and unpaid carers across the borough

2.0 KEY AREAS

CQC Improvement Programme

The report highlights six key improvement priorities identified through the CQC assessment process:

- Reducing assessment and review waiting times.
- Improving support for unpaid carers and access to respite provision.
- Strengthening local care market capacity, particularly for specialist dementia care.
- Improving hospital discharge arrangements and service transitions.
- Improving access to advocacy, information and advice.
- Strengthening quality assurance and consistency of practice across Adult Social Care services.

Adult Social Care Performance

Performance data presents a generally positive picture, with notable improvements in:

- Quality of life for people receiving care and support.
- Overall satisfaction with Adult Social Care services.
- People's sense of control over their daily lives.
- Hospital discharge performance.
- Feelings of safety among service users.

The report also identifies areas requiring continued attention, including:

- Timeliness of assessments and reviews.
- Reablement outcomes.

- Long-term admissions to residential care.
- Carer involvement in decision-making.
- Access to information, advice and support for residents and carers.

Strategic Improvement Activity

The Committee is also updated on delivery of the Adult Social Care Strategic Plan, including progress relating to reablement transformation, strengths-based practice, independent living and adaptations, supported living, commissioning activity, preparation for adulthood, and ongoing CQC readiness arrangements.

3.0 CONCLUSION

The report demonstrates that Adult Social Care continues to deliver positive outcomes for many residents, with performance improvements evident across several key indicators including quality of life, service satisfaction, personal independence and feelings of safety. Significant work is also underway to address issues identified through the CQC assurance process.

Whilst the overall direction of travel is positive, challenges remain in relation to assessment timeliness, support for unpaid carers, prevention and reablement services, and ensuring residents can easily access information and support. Continued focus on these areas will be important in maintaining improvement and demonstrating positive outcomes under the evolving CQC assurance framework.

4.0 RECCOMENDATIONS

- Note the contents of the report

List of Background Papers:-

Contact Details:-

[Report Author]

Executive Director sign off Date:_____

1. Adult Social Care Health and Overview Scrutiny Update — Nov 2026

2. CQC Assessment update



3. What remains the same

CQC continues to assess councils against 9 quality statements across 4 themes:

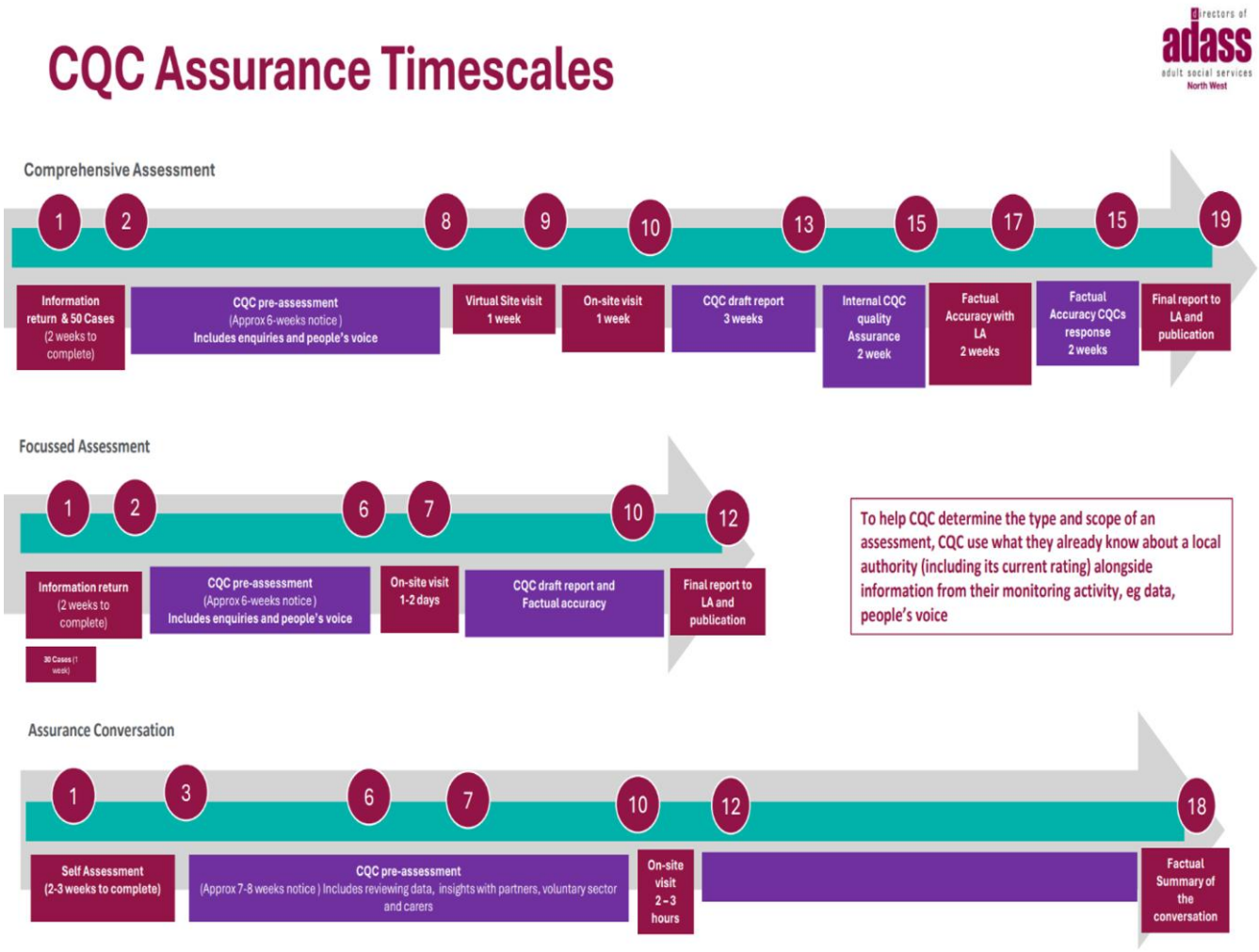
- How local authorities work with people
- How local authorities provide support
- How local authorities ensure safety within the system
- Leadership

Assessment remains focused on whether councils are delivering their statutory Care Act responsibilities and, importantly, the experiences and outcomes of people using adult social care and unpaid carers

4. What has changed

- CQC is moving beyond the baseline assessment of every council into continuing assurance. Councils need sustained assessment readiness rather than preparing primarily for a single inspection.
- CQC can undertake different types of assessment according to circumstances.
- CQC is introducing ongoing assurance meetings (expected to be annual) to understand the council's context, performance and the impact on people's outcomes and experiences.
- CQC has explicitly increased the emphasis given to unpaid carers within assessment activity, judgements and reporting.
- Assessment timescales have been compressed (see next slide).

5. CQC Assurance Timescales

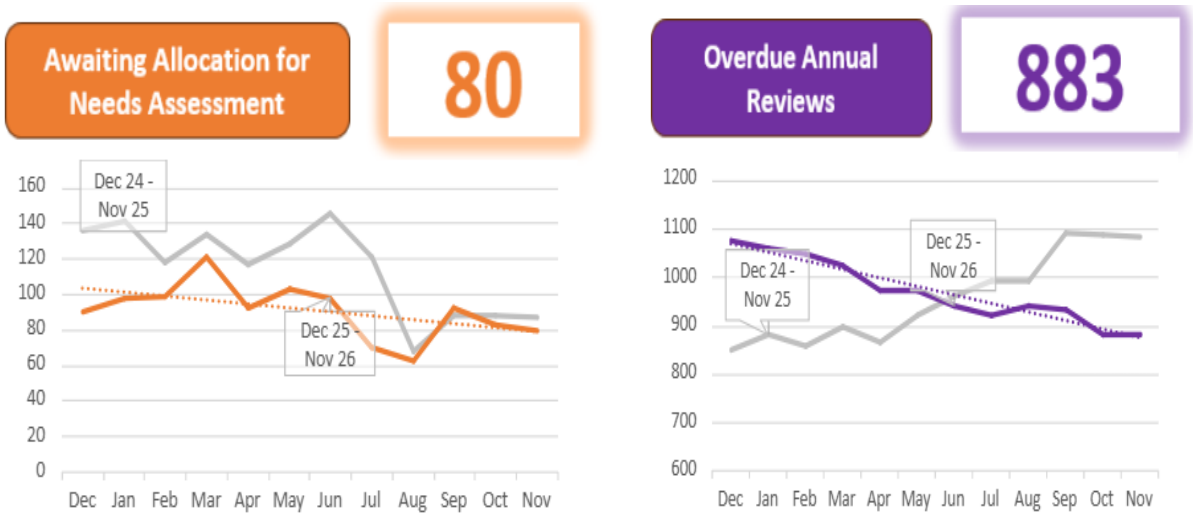


6. Improvement priorities and desired outcomes

Priority	Improvement required	Desired outcome
1	Reduce assessment and review waiting times	People receive timely assessments, care planning and reviews
2	Improve support for unpaid carers, particularly respite	Carers receive timely support and can access emergency breaks
3	Strengthen care market capacity	More specialist dementia, nursing and complex care provision locally
4	Improve hospital discharge and transitions	Safer, more consistent experiences when people move between services
5	Improve access to advocacy, information and support	People understand their rights and can participate in decisions
6	Strengthen practice consistency and quality assurance	More consistent assessments, safeguarding, recording and outcomes

7. Priority Improvements 1

Reduce assessment and review waiting times



8. Priority Improvements 2 and 3

Improve support for unpaid carers, particularly respite

- Carers Partnership Board now in place overseeing delivery on carers strategy
- Spot purchase respite options widened
- Developing improved respite offer with new carers co-production network
- 143 new carers identified last quarter

Strengthen care market capacity

- New specialist dementia care home opened
- Commissioning Strategy for dementia care underway

9. Priority Improvements 4, 5 and 6

Improve hospital discharge and transitions

- PSW now working with hospital team
- New manager now running transitions team and greater dedicated head of service support provided

Improve access to advocacy, information and support

- Training on advocacy delivered, changes to assessment templates made and use of advocacy now monitored though casefile audits
- Website refreshed and engagement on information and advice carried out to inform next steps

Strengthen practice consistency and quality assurance

- New quality assurance framework for social work practice in place
- Case file audits now taking place at much greater volumes
- Developing method of collecting user feedback

10. Adult Social Care Strategic Plan



11. Q2 Strategic Plan Highlights

Reablement transformation – New working model agreed and staff consultation underway for new job descriptions, work areas and patterns.

Independent Living and Adaptation – Improvement programme has been established with Housing, Commissioning and Finance to address the Foundations review recommendations and improve adaptations processes.

Strengths-Based Practice in Social Work – Huddles introduced, training, handbook and SOPs all introduced to support strengths-based practice.

Care at Home retender - Evaluations of conditions of participation completed and moderation done. Existing providers to be notified their existing contracted will continue under the same terms beyond the October end date.

Supported Living commissioning - Clear actions for commissioning and operational officers to understand voids situation and demand. Targeted reviews and scoping for OOB have been completed.

Front Door – working with Manchester and Social Care Futures on strengthening VCSE alignment. 'Beam Talk' (AI tool) pilot planned.

Preparing for Adulthood - caseload and financial impact tracker has been established to map cases and identify potential cost avoidance and cost savings.

CQC Assessment Planning – planning underway with updating of self-assessment and information return. Improvement work identified for unpaid carers and advocacy.

12. Q2 delivery priorities – RAG summary

RAG Status	Delivery priorities
NOT STARTED	1
ON TRACK	27
AT RISK	12
OVERDUE	0
COMPLETE	0
UNASSIGNED	0
TOTAL	**40**

13. Adult Social Care Performance: Q2 2026/27

Performance Framework and User and Carer Survey Results

Overall, Bury's adult social care performance presents a mixed but broadly encouraging picture, with improvements in people's reported quality of life, satisfaction with services and some aspects of independence. However, challenges remain around the timeliness of support, unpaid carers' experiences, access to information and the effectiveness of reablement. The results demonstrate areas of strength alongside priorities for continued improvement following the CQC assessment.

Quality of life and satisfaction

The latest Adult Social Care Outcomes Framework (ASCOF) results show improvements in the experiences of people receiving care and support. Overall quality of life has increased from 19.1 to 19.6, above both the England (19.1) and North West (19.2) averages. Satisfaction with care and support has also increased significantly, from 64.3% to 70.3%, exceeding the national average of 65.2%. This is a particularly positive finding, suggesting that people receiving services increasingly recognise the quality and value of the support provided.

The proportion of people who feel they have control over their daily lives has increased from 77.3% to 83.4%, compared with 77.4% nationally. This represents an important improvement and aligns closely with the Council's strategic emphasis on strengths-based practice, independence and personalised support.

Independence, prevention and service effectiveness

Performance relating to independence and prevention is more variable. The proportion of older people remaining at home 91 days after discharge into reablement has reduced slightly from 88.6% to 86.2%, although this remains above the national average of 77.1%. This indicates that reablement continues to deliver positive outcomes for many residents, while reinforcing the importance of the transformation programme currently underway.

Long-term support admissions for older people have increased from 664 to 672 per 100,000 population, remaining above the national comparator of 592.5. As lower admission rates are preferable, this suggests continued pressure on preventative services and the importance of developing alternatives to residential care. However, the number of older adults supported to live in a care home is 1675 per 100,000 of older adults compared to Northwest average of 1683

There are, however, encouraging improvements in hospital discharge performance. The proportion of people discharged on their discharge-ready date has increased from 88.6% to 90%, while average discharge delays have reduced from 13.1 to 8.5 days. Although delays remain above regional and national averages, the direction of travel is positive. Further transformation is underway in the reablement service in order to reduce this further.

Unpaid carers

The carers survey presents a more challenging picture and supports the Council's decision to prioritise improvements in carers' support following the CQC assessment.

Carers' reported quality of life has improved from 7.3 to 7.5, above both national and regional averages. Satisfaction with social services has also increased from 33.5% to 37.5%.

However, the proportion of carers reporting involvement in discussions about the person they care for has fallen from 70.9% to 62.8%. Similarly, the proportion finding it easy to access information has reduced from 60.5% to 56.9%, below the national average of 59.1%.

These findings highlight the importance of strengthening carers' involvement, improving access to information and developing more responsive respite and support arrangements. The establishment of the Carers Partnership Board and ongoing development of the respite offer provide opportunities to address these issues.

Safety, wellbeing and access to support

Results relating to safeguarding and wellbeing are generally positive. The proportion of people using services who feel safe has increased from 70.7% to 76.7%, above the national average of 70.2%.

Social contact measures also show improvement. The proportion of people using services who report having enough social contact has increased from 46.9% to 47.7%, above the national average of 45.4%. This is encouraging given the importance of tackling loneliness and social isolation. However, access to information remains an area requiring attention. Although the proportion of people using services who find it easy to access information has improved from 64.9% to 67.7%, it remains marginally below the national average of 67.8%. Work continues in this area to make further improvements.

Overall assessment and priorities

The performance data demonstrates that Bury is achieving positive outcomes across several important measures, particularly quality of life, satisfaction, personal control and feelings of safety. These provide a strong foundation for continued improvement and assurance.

Nevertheless, the results also reinforce the priorities identified through the CQC assessment, particularly improving support for unpaid carers, strengthening prevention and reablement, and ensuring people can access timely information and support.

The key challenge for the Council is to translate the improvement activity already underway into sustained, measurable improvements in residents' and carers' experiences. Continued monitoring of these outcome measures, alongside operational performance and direct feedback from people using services, will be essential in demonstrating progress and maintaining assurance.

14. Performance framework outcome measures

Identifier	Metric	Performance Direction	Bury					Comparators		Rankings		
			Year	Current	Previous	Status	Trend	England	NW	England (152)	NW (24)	CIPFA (16)
ASCOF - 1A	Quality of life – people using services	Higher	25/26	19.6	19.1			19.1	19.2	78	12	4
ASCOF - 1B	Quality of life – people using services (adjusted)	Higher	25/26	0.456	0.392			0.419	0.417			
ASCOF - 1C	Quality of life – carers	Higher	25/26	7.5	7.3			7.3	7.3	54	8	7
ASCOF - 1D	Satisfaction with care and support – people using services (%)	Higher	25/26	70.3	64.3			65.2	65.5	87	14	5
ASCOF - 1E	Satisfaction with social services – carers (%)	Higher	25/26	37.5	33.5			36.7	37.3	102	17	11
ASCOF - 2A	Reablement: no ongoing support needed (%)	Higher	Sep 26	86.2	88.6			77.1	78.5	40	5	4
ASCOF - 2B	Long-term support residential admissions (18–64) (per 100k)	Lower	Sep 26	5.9	3.4			17	21.3	128	15	14
ASCOF - 2C	Long-term support residential admissions (65+) (per 100k)	Lower	Sep 26	260.9	164			592.5	672	142	19	16
ASCOF - 2D Part 1	Home 91 days after discharge (%)	Higher	25/26	68.9	65.6			60.7	62.2	44	9	5
ASCOF - 2D Part 2	Reablement after hospital discharge (%)	Higher	25/26	5.1	4.1			5.7	6.6	85	15	11
ASCOF - 2E Part 1	Learning disability support in own home (%)	Higher	25/26	87.2	86.3			81.4	87.8	47	18	7
ASCOF - 2E Part 2a	Long-term support in own home (18–64) (%)	Higher	25/26	76.2	69.4							
ASCOF - 2E Part 2b	Long-term support in own home (65+) (%)	Higher	25/26	57.6	47.6							
ASCOF - 3A	Control over daily life (%)	Higher	25/26	83.4	77.3			77.4	78.6	87	18	9
ASCOF - 3B	Carer involvement in discussions (%)	Higher	25/26	62.8	70.9			66.4	65.5	36	7	5
ASCOF - 3C Part 1	Easy to find information – people using services (%)	Higher	25/26	67.7	64.9			67.8	67.8	105	16	11
ASCOF - 3C Part 2	Easy to find information – carers (%)	Higher	25/26	56.9	60.5			59.1	58.7	63	10	9
ASCOF - 3D Part 2a	Direct payments – people using services (%)	Higher	Sep 26	30.8	24.5			24.5	22.7	51	6	7
ASCOF - 4A	People using services who feel safe (%)	Higher	25/26	76.7	70.7			70.2	70	74	12	8
ASCOF - 4B	Safeguarding risk reduced or removed (%)	Higher	25/26	0.925	92.7			91.2	91	79	13	11
ASCOF - 5A Part 1	Enough social contact – people using services (%)	Higher	25/26	47.7	46.9			45.4	46.2	65	11	5
ASCOF - 5A Part 2	Enough social contact – carers (%)	Higher	25/26	32.4	26.1			30	30.4	110	15	12
ASCOF - 6A	Staff leaving adult social care jobs (%)	Lower	24/25	19				23.7	23.6	32	4	2
ASCOF - 6B	Residential providers rated good or outstanding by CQC (%)	Higher	24/25	88				81.7	79.5	41	4	4
ASCPri 01a	People accessing long term support (18 to 64) (per 100k)	Lower	Mar 26	926	1011			809.5	819.8			
ASCPri 01b	People accessing long term support (65+) (per 100k)	Lower	Mar 26	3846	4123			4125.3	3766.3			
PHOF 2.24	Emergency admissions to hospital for people (65+) (per 100k)	Lower	Mar 26	1137	1370			1640	1768			
BCF 02a	Discharged on Discharge Ready Date (16+) (%)	Higher	Apr 26	90	88.6			85.8	85.9			
BCF 02b	Average Discharge Delay (16+) (days)	Lower	Apr 26	8.5	13.1			6.7	6.8			

15. User and Carer Survey Results

Identifier	Metric	Performance Direction	Bury					Comparators		Rankings		
			Year	Current	Previous	Status	Trend	England	NW	England (152)	NW (24)	CIPFA (16)
ASCOF - 1A	Quality of life – people using services	Higher	25/26	19.6	19.1			19.1	19.2	78	12	4
ASCOF - 1B	Quality of life – people using services (adjusted)	Higher	25/26	0.456	0.392			0.419	0.417			
ASCOF - 1D	Satisfaction with care and support – people using services (%)	Higher	25/26	70.3	64.3			65.2	65.5	87	14	5
ASCOF - 3A	Control over daily life (%)	Higher	25/26	83.4	77.3			77.4	78.6	87	18	9
ASCOF - 3C Part 1	Easy to find information – people using services (%)	Higher	25/26	67.7	64.9			67.8	67.8	105	16	11
ASCOF - 4A	People using services who feel safe (%)	Higher	25/26	76.7	70.7			70.2	70	74	12	8
ASCOF - 4B	Safeguarding risk reduced or removed (%)	Higher	25/26	0.925	92.7			91.2	91	79	13	11
ASCOF - 5A Part 1	Enough social contact – people using services (%)	Higher	25/26	47.7	46.9			45.4	46.2	65	11	5

Identifier	Metric	Performance Direction	Bury					Comparators		Rankings		
			Year	Current	Previous	Status	Trend	England	NW	England (152)	NW (24)	CIPFA (16)
ASCOF - 1C	Quality of life – carers	Higher	25/26	7.5	7.3			7.3	7.3	54	8	7
ASCOF - 1E	Satisfaction with social services – carers (%)	Higher	25/26	37.5	33.5			36.7	37.3	102	17	11
ASCOF - 3B	Carer involvement in discussions (%)	Higher	25/26	62.8	70.9			66.4	65.5	36	7	5
ASCOF - 3C Part 2	Easy to find information – carers (%)	Higher	25/26	56.9	60.5			59.1	58.7	63	10	9
ASCOF - 5A Part 2	Enough social contact – carers (%)	Higher	25/26	32.4	26.1			30	30.4	110	15	12

This page is intentionally left blank

SCRUTINY REPORT

Bury Council

MEETING: **Health Scrutiny Committee**

DATE: **26th November 2026**

SUBJECT: **Public Health Annual Report**

REPORT FROM: **Jon Hobday Director of Public Health**

CONTACT OFFICER: **Jon Hobday Director of Public Health**

1.0 SUMMARY

This report introduces the Director of Public Health's Annual Report 2025/26, *Health Beyond Healthcare: Using Communities and Neighbourhoods to Build Health*. The Annual Report fulfils the statutory duty placed upon the Director of Public Health to independently report on the health of the local population and highlights how wider determinants of health, preventative approaches, and neighbourhood-based delivery models can contribute to improved health outcomes and a reduction in health inequalities across Bury.

The report provides a retrospective review of public health activity undertaken during 2025/26 and sets out recommendations to inform future priorities and delivery across the health and care system.

2.0 BACKGROUND

The Director of Public Health has a statutory responsibility under the National Health Service Act 2006 to produce an annual report on the health of the local population, with the local authority required to publish the report. The content and structure of the report are determined locally.

The 2025/26 report focuses on the concept of "health beyond healthcare", recognising that health outcomes are influenced not only by healthcare services but also by wider factors such as housing, employment, education, transport, community safety, social connections, and the environments in which people live. The report emphasises the importance of neighbourhood-based approaches and prevention activity in addressing these wider determinants of health and reducing inequalities.

The report is structured around five key themes:

- The wider determinants of health and the impact of where people live, work and learn.
- The economic case for prevention and early intervention.
- The role of neighbourhoods and community assets.
- Delivery of the Live Well prevention model in Bury.
- The strategic ambitions required to improve outcomes by 2030

3.0 ISSUES

Positive Findings

The report highlights a number of strengths across the borough and the wider health and care system:

- A strong focus on prevention and early intervention, recognising the benefits of investing in support before health problems become more acute.

- Continued development of neighbourhood-based approaches, including the work of Public Service Leadership Teams, Family Hubs, libraries, leisure centres, Live Well initiatives and the contribution of the voluntary, community and faith sector.

- Delivery of targeted programmes addressing wider determinants of health, including WorkWell initiatives, housing interventions, active travel schemes and domestic abuse initiatives.

- Progress through the Live Well model and community outreach approaches supporting cardiovascular disease prevention and health improvement activity closer to where residents live.

- Development of healthier environments through measures such as planning policies, licensing approaches and alcohol harm reduction work.

- A clear set of recommendations designed to strengthen prevention, community resilience, co-production and partnership working across the borough.

Challenges and Areas for Further Development

The report also identifies a number of ongoing challenges:

- Persistent health inequalities linked to deprivation and wider social and economic factors affecting residents and communities.

- The need to further embed a system-wide shift towards prevention across health, social care and wider public services to reduce future demand on acute services.

- Ensuring that neighbourhood-based delivery models consistently reach those communities experiencing the greatest disadvantage and poorest outcomes.

- The requirement for robust evaluation of programmes and initiatives to demonstrate impact and inform future investment decisions.

- Continued pressures associated with an ageing population and increasing demand on public services, reinforcing the importance of preventative approaches and early intervention.

- The need to maintain strong partnership working across the Council, NHS, voluntary sector and community organisations to deliver the ambitions set out in the report.

4.0 CONCLUSION

The Director of Public Health's Annual Report 2025/26 provides a comprehensive overview of the factors influencing health and wellbeing in Bury and highlights the importance of prevention, community resilience and neighbourhood-focused delivery in improving outcomes for residents. The report demonstrates the breadth of work currently taking place across the borough, whilst recognising the ongoing challenges associated with health inequalities and increasing demand on public services.

The report presents a clear strategic direction for future public health activity and complements wider Council priorities, public service reform activity and the Live Well agenda

5.0 RECCOMENDATIONS

- Review the contents of the Director of Public Health Annual Report 2025/26, *Health Beyond Healthcare: Using Communities and Neighbourhoods to Build Health*.

- Note the findings, key themes and recommendations contained within the report and the contribution they make towards improving health outcomes and reducing health inequalities across the borough.

- Note the ongoing work being undertaken across the Council and partner organisations to strengthen prevention, support neighbourhood-based delivery and improve the wider determinants of health

---

List of Background Papers:-

Public Health Annual Report

This page is intentionally left blank

Health Beyond Healthcare: Using communities and neighbourhoods to build health

Public Health Annual Report 2025/26

Jon Hobday
DPH Bury Council
26 November 2026

Purpose

- Statutory responsibility: Director of Public Health duty to write an independent annual report on the health of the local population, and local authority duty to publish said report (section 73B(5) and (6) of National Health Service Act 2006). The content and structure of the report is decided locally.
- Recommendation: That Health and Wellbeing Board members note the DPH's Public Health Annual Report (information), and authorise publication (decision).
- Background paper: Health Beyond Healthcare – Using communities and neighbourhoods to build health
  - A showcase/retrospective on data and activity undertaken by Public Health and system partners in 2025/26, to inform priorities and recommendations for 2026/27
  - No legal nor financial implications for HWBB consideration

Bury Council

Executive summary

- The “building blocks of health” help to answer the question of “what makes us healthy,” identifying the foundation that contributes to quality of life and reduces the risk of ill health.
- Delivering preventative interventions closest to where people live allows us to address these building blocks head on, using neighbourhood-centred approaches.
- The report focuses on:
  - what the data tells us about the impact of these building blocks on society’s ability to live in good health
  - the importance of neighbourhoods in supporting people to live healthy lives and actively reduce inequalities
  - recommendations to improve outcomes in Bury



Image courtesy of The Health Foundation

Bury Council

Report structure

- Chapter 1: Health starts long before the NHS – where we live, work and learn shapes our health long before we need healthcare
- Chapter 2: The economics of prevention – making the case for timely investment to impact longer-term outcomes
- Chapter 3: The power of neighbourhoods – local communities as both drivers and hosts for public health interventions
- Chapter 4: Live Well (Bury's prevention model) – programmes, initiatives and progress to help Bury residents lead healthier lives
- Chapter 5: What will success look like in 2030? – local strategy to drive progress aligned to our core aims and objectives
- Recommendations

Bury Council

Recommendations

“Rebuilding” blocks for health

- **Ensure that addressing “building blocks for health” is embedded in Public Health governance and commissioning principles**, working across statutory services – social care, education, homelessness support, planning, and licensing – to normalise multidisciplinary approaches to improving health outcomes.
- **Engage local healthcare delivery partners**, namely primary care, community trusts and acute trusts, **on driving a system-wide “left shift” towards upstream prevention in Bury**, emphasising the Return on Investment of early intervention. Deliver system-wide workshops and use forums to agree an action plan, reaching BeCCoR targets.
- **Evaluate the impact of the Enhanced Live Well Programme pilot** to apply learnings to not only those experiencing multiple disadvantages, but others that encounter barriers identified by the pilot but do not meet current eligibility requirements.
- **Build on successful local activity linked to healthier environments** including restriction of unhealthy food outlets, the use of the licensing matrix, and the alcohol harm matrix.

Bury Council

Recommendations

Strengthening and centring neighbourhoods

- **Continue the development of neighbourhood-based Live Well models during 2027/28** that integrate public services with voluntary, community, and faith organisations, as exemplified by the Whitefield Live Well Centre and Family Hubs.
- **Use Council regeneration opportunities alongside Public Sector Reform to centre neighbourhoods as core assets for population health**, continuing investment in parks, leisure, culture and libraries, emphasising community-led solutions.
- **Ensure that co-production runs throughout the design, implementation and evaluation of local prevention initiatives**, as a mechanism for community engagement, and to make sure planned improvements meet the needs of the people they are intended to support. Record evidence and build in evaluation for at least 90% of initiatives.
- **In 2027/28, work with VCFSE partners to strengthen community prevention in priority neighbourhoods**, broadening the influence and reach of Integrated Neighbourhood Teams and drawing from micro-commissioning funds to allocate tailored resource.

Bury Council

Recommendations

Enabling healthy lives and empowering individuals

- **Expand approaches that support healthy behaviours**, such as improving health literacy, social prescribing, and understanding of the Live Well offer, and empowering Bury residents to manage their health and wellbeing.
- **Increase access to prevention programmes, screening and early intervention services for long-term conditions** in neighbourhood venues, targeting support towards cohorts experiencing the greatest health inequalities.
- **Raise awareness and shared understanding of local assets amongst frontline staff**, to ensure consistency in signposting, Making Every Contact Count (MECC), and person-centred support across the borough.
- **Target social isolation and mental wellbeing as a public health priority**, with bespoke, evidence-led plans to connect people to their communities.

Bury Council

Q&A

Bury Council

Health Beyond Healthcare: Using communities and neighbourhoods to build health

Public Health Annual Report 2025/26

Jon Hobday,
Director of Public Health,
Bury Council



Bury Council

Bury Council

Health Beyond Healthcare: Using communities and neighbourhoods to build health

Public Health Annual Report 2025/26

Jon Hobday,
Director of Public Health,
Bury Council



Contents

Forewords 3
Jon Hobday, Director of Public Health
Cllr Tamoor Tariq, Lead Member for Health, Care and Public Sector Reform

Executive Summary 4

Introduction 5

1. Health starts long before the NHS 7
2. The economics of prevention 22
3. The power of neighbourhoods 26
4. Live Well – Bury's prevention model 36
5. What will success look like in 2030? 46

Recommendations 51

Conclusion 53

Appendices 54

Forewords

Jon Hobday, Director of Public Health



This year's Public Health Annual Report begins by exploring "building blocks of health" to understand the wider determinants of health, which affect Bury's population long before residents come into contact with our health and care system. The conditions in which we are born, grow, live, work and age have a huge impact on our health and wellbeing. We know that inequalities exist in Bury, and there is an unacceptable gap in life expectancy between the most and least affluent.

Exploring what these building blocks mean for Bury is timely, as national focus shifts towards upstream prevention and the use of neighbourhoods and place-based delivery as the ideal vehicle to improve people's health and wellbeing. To recognise the strengths and opportunity that can be found in neighbourhoods, it's important to acknowledge the building blocks that shape them in the first place.

I am proud to lead a team that nurtures brilliant relationships with community-based organisations, working towards common goals. This report showcases the successes of public health initiatives that cut across many aspects of public service, with involvement from numerous local partners, delivered by and for the neighbourhoods in which people live.

The report and its recommendations provide a direction of travel for public health in the coming year, aligning its vision with strategies that are already underway to make Bury a fairer, healthier borough for everyone.

Cllr Tamoor Tariq, Lead Member for Health, Care and Public Sector Reform



I am pleased to present this year's Public Health Annual Report, which focuses on communities and neighbourhoods as not only determining health outcomes from the outset, but also as the places where positive gains can be made for our population's health and wellbeing.

Throughout the report, the case is made for strengthening the partnerships that are in place with our public, private, and voluntary, community, faith, and social enterprise (VCFSE) sectors, and how public health priorities are aligned with activity happening locally in Bury – such as the implementation of our LET'S do it! Strategy – and in other local authorities within Greater Manchester, and beyond.

There is increasing recognition of the power of neighbourhoods to build health, and this report brings collaboration to the forefront, recognising that local organisations and communities are vital to shape and influence policy-making to improve outcomes for everyone in our borough.

Executive summary

The “building blocks of health” help to answer the question of “what makes us healthy,” identifying the foundation that contributes to quality of life and reduces the risk of ill health.

Against the backdrop of widening health inequalities in recent years – in which our environments, housing, work, transport, educational opportunities and financial resources all play a role – these building blocks are as important as ever for understanding how surroundings influence the health and wellbeing of Bury residents.

Delivering preventative interventions closest to where people live allows us to address these building blocks head on, using neighbourhood-centred approaches.

The Bury Public Health Annual Report for 2025/26 focuses on:

- what the data tells us about the impact of these building blocks on society’s ability to live in good health, and the cost implications when preventative action isn’t taken
- the importance of neighbourhoods in supporting people to lead healthy lives and actively reduce inequalities, with services being designed for and by the communities they serve
- recommendations to improve outcomes in Bury, with actions to be decided and taken forward in collaboration with all those who have a part to play



Image courtesy of The Health Foundation

Introduction

Bury faces rising and increasingly complex demand across health, social care, children's services, housing, community safety and wider public services. Much of this demand is associated with inequalities and the conditions in which people are born, grow, live, work and age. The Health Foundation describes these as the "building blocks of health," framed through the lens of "our jobs and homes, our access to education, public transport and safe green spaces with clean air, and whether we experience poverty or discrimination."

Each of the "blocks" holds responsibility for when and how individuals interact with the health and social care system:

inequalities between local environments, including the air people breathe and the retail or food outlets located closest to neighbourhoods, can lead to poorer respiratory health and increased risk of cardiovascular disease

a lack of affordable, good quality housing affects both physical and mental health, and overcrowding can exacerbate the spread of infectious diseases like Covid or tuberculosis

not having enough money and resources can make it difficult to save money and remain above the poverty line, especially if health deteriorates and causes unemployment (see Bury's 2023/24 Public Health Annual Report on the cost of living)

poor diets and excess calorie intake are linked to significant levels of cardiovascular disease, cancers, and muscular conditions, with foods containing high levels of fat, sugar and salt contributing to malnourishment, diabetes and other non-communicable diseases (NCDs) (see Bury's 2024/25 Public Health Annual Report on commercial determinants of health)

limited transport options disconnect people from work opportunities and public services, reducing access to employment, the ability to walk or cycle, and connection within communities

people with low job security or low job satisfaction are more than twice as likely to report poor health than the average employee, with long work hours being responsible for around a third of total estimated work-related burden of disease globally

social isolation and loneliness are risk factors for poor mental health and cognitive decline, affecting individuals of all ages with high rates of reported loneliness among teenagers

school attendance is not only linked to educational attainment, but also improved individual health outcomes and social opportunities essential to development [1]

Introduction

The list on the previous page demonstrates the far-reaching consequences of these determinants and highlights the importance of timely interventions, to avoid these building blocks crumbling, or disappearing altogether. While the absence of these blocks can worsen health outcomes, ill health and vulnerabilities can increase the risk of people living in precarious housing, being unable to access transport, isolation from family and communities, and barriers to education, to name a few.

This is where prevention steps in. Prevention reduces demand when it helps people avoid crisis, delays escalation, improves community connection, reduces duplication and enables residents to access the right support at the right time. This is a key pillar of public health, not only due to the impact on individuals' health and wellbeing, but to reduce pressure on services, resulting in a system that is more cost-effective in the long term.

Working within neighbourhoods is a vital part of ensuring these building blocks are in place for everyone. In Bury, we are making strides to strengthen existing relationships with organisations delivering services at the heart of local communities, who are instrumental in creating, maintaining and improving health. [2]

In each of its chapters, this report will explore:

- the impact of where and how we live as building blocks of health, and how these play a role long before coming into contact with health services;
- the economics of prevention and the financial impact of poor public health outcomes;
- the power of community-based and neighbourhood-centred models for improving health;
- how preventative activity in Bury forms part of wider initiatives both nationally and across our region; and
- how we will be measuring success against our local strategies and plans, including our LET'S (Local, Enterprising, Together and Strength-based) Do It! Vision for 2030.



LET'S do it!
Shared success across Bury

Chapter 1
Health starts long before the NHS

Where we live, work and learn shapes our health long before we need healthcare





1.1 Setting the scene

Health is created not only by healthcare, but by the social, economic, and environmental conditions in which people are born, grow, live, work, and age.

Modifiable risk factors are a significant driver of non-communicable disease (NCD) in the UK, raising the question of what steps can be taken to prevent ill health in the first instance. Investment in prevention and health equity using both targeted and universal approaches is crucial to reduce the period people live with ill health. This is one of the focus areas of the government's 10 Year Health Plan for England published in July 2025 [3], which pushes for a shift in focus from sickness to prevention.

The NHS and social care play a vital role, there are thousands of people working in Bury's health and care systems who treat people with health and social care needs. Preventing chronic illness across the life course, however, moves away from a disease-orientated approach and allows us to identify opportunities to make a difference to health and wellbeing at an earlier point. This will empower individuals to start well, live well, and age well.

This section will examine the factors impacting our health long before the NHS's and public services' involvement, and how Bury fares in comparison with national and regional figures.

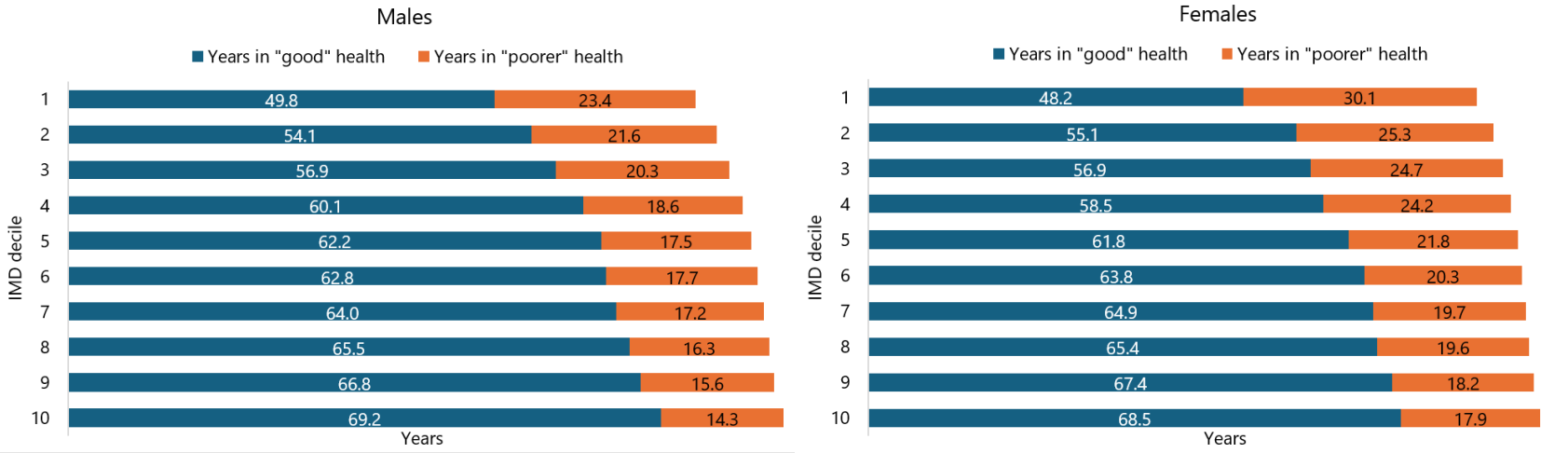


Figure 1: In 2022 to 2024, in the most deprived areas of England, males and females were expected to spend only 49.8 and 48.2 years respectively in "good" health. Source: ONS, 2026

Healthy life expectancy (HLE) is the average number of years a person can expect to live in "good" general health and is based on death rates and self-reported health surveys. [4]

HLE for males in Bury is **57.4 years** (based on 2022-24 data), the lowest (worst) it has been since at least 2011-13.

The England average is 60.9. HLE for females in Bury is **58.2 years** (2022-24), and England's is 61.3.

1.2 Poverty and deprivation

How do we define poverty?

The Joseph Rowntree Foundation describes poverty as "Not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertainty, and impossible decisions about money. It means facing marginalisation, and even discrimination, because of your financial circumstances. The constant stress it causes can lead to problems that deprive people of the chance to play a full part in society."

How is deprivation defined?

Deprivation refers to a lack of access to opportunities and resources required for a sufficient standard of living such as quality housing, access to health care and employment. Deprivation is not the same as poverty and although both are related, they are distinct concepts. For example, despite having a relatively high income, a person or family may still experience deprivation because of other factors like poor housing conditions, a lack of social support systems, or limited access to opportunities and services.

Deprivation and health have a bidirectional relationship, meaning that often a cycle can form where poverty can lead to poor mental and physical health outcomes, and periods of ill health can heighten someone's risk of experiencing poverty.

In 2016, it was estimated that the cost of poverty on health care – defined as additional public spending owing to greater health care need and use – was £29 billion nationally. [5] With the number of people living in poverty in the UK increasing since, it is sensible to assume that this figure will now be considerably higher.

The main causes of the gap in life expectancy between rich and poor are cardiovascular diseases, cancers, and liver diseases (the latter particularly for women). The main behavioural causes of these illnesses include poor diet, excess alcohol consumption, lack of physical activity, and smoking. These can be driven by low incomes, poor access to good food, and housing, as described in the introduction to this report.

Health in Bury is somewhat less equal than across England as a whole. This reflects the diversity of population that Bury contains, ranging from urban to rural, and affluent to deprived. There are deprived areas located in Radcliffe and Bury East, and pockets elsewhere in the borough too. Meanwhile, there are areas in Bury North that experience certain advantage, although still alongside areas of deprivation.

1. Health starts long before the NHS

Children living in deprived areas are likely to experience health inequalities at an earlier point, with a heightened risk of Adverse Childhood Experiences (ACEs), and increased likelihood of obesity and poorer mental health, to name just a couple of examples.

In Bury in 2024/25, 25.5% of children (aged under 16 years) lived in low-income households, a decrease from 27.8% for the previous year (2023/24). [6] This proportion was significantly higher than the England average of 19.8%. Data by parliamentary constituency from 2023/24 shows that the percentage of children living in relative poverty (after housing costs) in Bury North is at 37.8% and in Bury South is at 38.0%, higher than the national average of approximately 31%. [7]

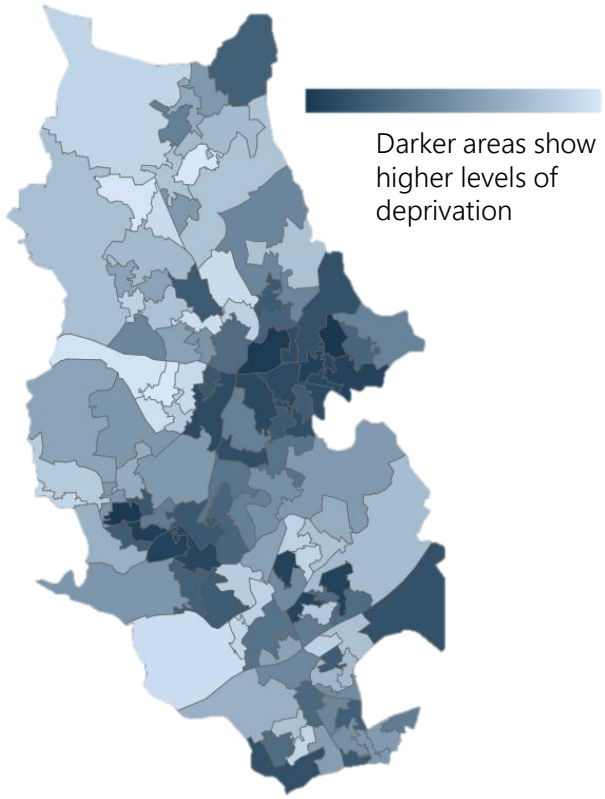


Figure 2: Lower super output areas (LSOAs) in Bury showing their national deprivation decile (2025 data)

In 2020, Bury launched its LET'S do it! Strategy, focusing on recovery following the Covid-19 pandemic, system reform, and longer-term goals to drive the borough's efforts to reduce levels of deprivation and improve delivery of public services.

Rooted in LET'S principles, Bury's Anti-Poverty Strategy has been updated for 2025-2027, addressing root causes of poverty and implementing sustainable solutions to reduce poverty and improve the quality of life for all residents in Bury.

In Bury, the Anti-poverty Steering Group meets monthly, and many partners contribute to this including Public Health, Collection and Support, Citizen's Advice, Housing, Strategic Partnerships, the Voluntary Community and Faith Alliance (VFCA), Children's, Climate Action, Communications, NHS GM Integrated Care Board (ICB), Resolve Poverty, Adult Education, Economy and Skills, Business Growth and Infrastructure, Community groups, Councillors and Foodbanks.

According to the Greater Manchester Resident Survey (August 2026), in GM:

- **24%** of parents are materially deprived, a measure focused on everyday experience and whether residents are enjoying a minimum acceptable standard of living
- **30%** of working age adults are materially deprived
- **15%** of those aged 65+ years are materially deprived
- **59%** of materially deprived parents say they are not able to pay bills without cutting back on essentials
- **62%** of materially deprived working age adults cannot take an annual break away from home

1. Health starts long before the NHS

The Fishpool, Goshen, Redvales, and Springs (FGRS) Community Hub provides school uniform support for families across all schools in Bury, supporting well over 1,000 children each year.

Providing a combination of recycled and brand-new uniform, FGRS works with community distribution points and in partnership with local uniform suppliers. The support extends beyond standard uniform, and includes PE kits, coats, shoes, school bags, stationery and football boots, ensuring children can participate fully in school life.

Through grants and fundraising activity, FGRS maintains a small discretionary fund which can be used to spot-purchase essential items for families where specific needs have been identified.

Referrals are received from a range of partners, including schools, with increased referrals from Social Work and Early Help services over the last year reflecting growing levels of need.

In addition to practical support through uniform banks, financial support is available through Bury Council's Crisis Resilience Fund (CRF). Through a single application process, families experiencing financial hardship may be eligible for £50 per primary school child and £100 per secondary school child towards the cost of school uniform.

Public Health has supported partnership working between FGRS, schools and colleagues administering the CRF to improve awareness, access and uptake of available support.

Schools are also expected to support affordability in line with Department for Education guidance, including making second-hand uniform available to parents, keeping branded items to a minimum, and ensuring that uniform costs do not act as a barrier to education.

Collectively, these initiatives help reduce financial pressures on families, remove barriers to school attendance, and support improved health, wellbeing and life opportunities for children and young people across Bury.

Average cost of a secondary school uniform, including PE kit



£389

Year-round service, busiest period during summer holidays with additional peaks in demand around Christmas and January





Blazers retailing for £45 may be available for between £20 to £35, with flexible payment options if needed



1.3 Employment

Work is an important building block, with clear evidence that unemployment has a negative impact on health. Likewise, good work is an important contributor to health and wellbeing across people's lives [8], and low-quality work can be worse for health than unemployment. [9]

As we see with the bidirectional relationship with poverty, health also influences employment. It is estimated that around a third of the productivity gap between the North and South of England is caused by poor health. [10]

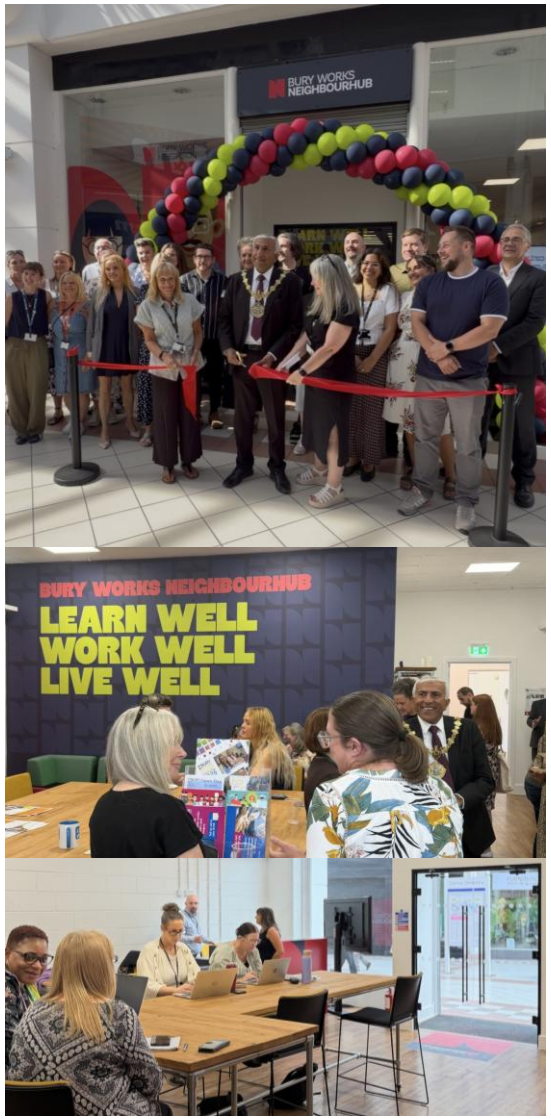
The percentage of people in employment in Bury aged 16 to 64 was 70.1% in 2024/25, which is statistically worse than both regional (73.7%) and national (75.7%) averages. [11]

Links between unemployment and poor mental health have been explained by the psychosocial effects of unemployment: stigma, isolation and loss of self-worth. People with long term psychiatric problems are less likely to be in employment than those with long-term physical disabilities, despite indications that most people with severe mental illness would like to work.

Between 2013 and 2023, the unemployment rate in Bury showed a steady overall decline, reflecting improving labour market conditions. In 2013, the rate stood at 7.0%, gradually decreasing to 4.2% by 2017, and falling further to 3.4% in 2023. In 2025, however, there was an uptick in unemployment at 5.3% (a 1.3 percentage point increase from 2024). This increase is mirrored in the North West and England, and will need to be monitored closely to see whether a trend is maintained.

Of the 981,000 young people not in education, employment or training (NEET) in the UK, around 60% were economically inactive, with around 40% being unemployed [12] – this means most are disconnected from both employment and education opportunities. Ill health is a large factor in who becomes NEET, particularly when it comes to mental health conditions. [13]

In Bury, the proportion of young people who are NEET is has increased slightly according to recently released figures, and is 4.3% (2025/26) of 16–17-year-olds, compared with 3.9% in 2022/23. This percentage remains below national regional averages (4.9% and 5.8% respectively). [14]



1. Health starts long before the NHS

Greater Manchester WorkWell Partnership Vanguard

The Department for Work and Pensions (DWP) and the Department for Health and Social Care (DHSC) committed £57 million in grant funding to enable pilot areas in England to design and deliver local integrated work and health support services, termed WorkWell Partnership Vanguard Services.

During the pilot period for this programme, between October 2024 and March 2026, 356 Bury residents were provided with personalised support to reduce the risk of falling out of work due to health conditions, or for those recently unemployed and experiencing health-related barriers.

"I feel I have been listened to, given great guidance and am thankful to say that support around interview preparation, in particular, has led to a job offer with a company I had previously applied to and been unsuccessful at. I have nothing but positive feedback to express regarding my experience with The Growth Company. Thank you so much for all of the support!"

Bury resident accessing the WorkWell programme

Bury WorkWell delivers a partnership-driven model, with strong collaboration between the local authority and the Growth Company to generate referrals and support delivery. The offer is characterised by growing integration with primary care, engagement with Jobcentre Plus and employers, and plans to embed support within health services (including musculoskeletal and secondary care via the Northern Care Alliance).

Bury is also developing its business engagement approach and co-location models, alongside a focus on targeted cohorts (e.g. MSK and mental health) and aligning WorkWell within the wider work and skills system.

"The WorkWell Vanguard provided a valuable opportunity to strengthen relationships with colleagues across the Integrated Care Board (ICB) and the wider health system. The continued support and collaboration were greatly appreciated throughout the programme. The Vanguard has been instrumental in demonstrating how services can be simplified and adapted to better meet the needs of residents. It has also helped to establish stronger foundations for the further integration of health, employment, and skills services."

Bury WorkWell

Key learnings:

- Relationships are key – participants consistently valued empathetic, non-judgemental coaches, personalised support, regular engagement and trusted relationships. Collaboration between local leads and the Greater Manchester project team also supported the programme's success
- Core consistency with local flexibility – instead of a one-size-fits-all approach, each locality tailored delivery to local needs, assets and existing infrastructure
- No wrong door integration – integration of health, employment, skills, local authority, NHS, DWP, and VCFSE. This was a key enabler of positive participant outcomes.

1.4 Housing

Houses are more than physical structures providing shelter. They are homes where we bring up our families, socialise with friends, keep our possessions safe and take refuge from the rest of the world. In Bury, an ageing population, increasing numbers of individuals with complex needs, and growing demand for accessible and supported housing mean that a more integrated and person-centred approach is essential in this context.

In England, 3.7 million households live in "non-decent" homes, costing the NHS an estimated £1.4 billion a year. [15] National recommendations include treating housing as a core determinant of health and a prevention priority, rather than a contextual factor to health and wellbeing. [16]

Owner occupation of housing in Bury stands at 66.9%, above the England average of 63%. Private renters now make up 17-18% of households, up sharply over the last decade and approximately 15% of households live in affordable housing. Individuals living in Bury are significantly more likely to find it difficult to afford rent compared to the Greater Manchester average (59% and 46% respectively). [17]

Data published in September 2026 points to 9.7% of households in Bury living with fuel poverty in 2024, showing a steady decrease from 13.4% in 2021. [18] Housing conditions, especially being able to heat our homes adequately, are linked to lower rates of excess winter deaths. [19] In view of rising fuel prices, measures should be taken to improve insulation which, in addition to retaining heat within the home, also reduces the risk of serious damp and mould. [20]

With more frequent and intense heatwaves taking place, overheating also presents a public health risk particularly in urban housing, although there are less data surrounding the health impacts of overheated homes when compared with cold homes. [21] Nevertheless, as with other wider determinants, there will be population groups who are more vulnerable to the consequences of climate change.



1. Health starts long before the NHS

The Homes for Bury Housing Strategy 2026-2036, shaped by residents, stakeholders and partners across the borough and beyond, has a vision of working together to ensure everyone in Bury has access to a safe, affordable home that reduces inequalities, supports health and wellbeing, and creates strong, thriving communities. As a result of the strategy, housing plans will be more aligned with health and care priorities, and pathways in this space will be strengthened to support long-term wellbeing.

Damp and mould

Over the last year, Housing Services has continued to strengthen its approach to damp and mould, recognising the significant impact poor housing conditions can have on residents' physical and mental health.

Key areas of focus:

- Preparing for the implementation of Awaab's Law by reviewing policies, procedures and operational practices to ensure compliance with emerging legislative requirements and response timeframes
- Introducing enhanced monitoring, reporting and escalation arrangements for damp and mould cases to ensure concerns are identified and addressed more quickly
- Delivering damp and mould awareness training across Housing Services and working with partner organisations to improve understanding of the causes, health impacts and appropriate responses to damp and mould issues
- Strengthening collaboration between housing staff, repairs teams, health professionals and support services to ensure vulnerable residents receive coordinated support where risks to health are identified
- Promoting a proactive approach to property inspections, early intervention and prevention, helping to identify issues before they become more severe

Hoarding and tenancy sustainment

Housing Services has continued to work closely with Adult Social Care, health services and other partners to support residents displaying hoarding behaviours. Our approach recognises that hoarding is often linked to wider health, wellbeing and vulnerability issues and requires a multi-agency response.

Activity has included:

- Early identification of hoarding concerns through tenancy visits, estate inspections and safeguarding referrals
- Multi-agency case management involving Housing, Adult Social Care, health professionals and support providers
- Person-centred interventions focused on supporting residents to safely remain independent while reducing risks associated with hoarding
- Coordinated support to improve property conditions, reduce fire risks and improve resident wellbeing



Photo: Kevin Waterhouse / Geograph, CC BY-SA 2.0

1.5 Education

Education brings many benefits for individuals and for society more broadly. It improves career prospects, boosts the economy and extends our lifespans. Education is not only about acquiring knowledge and skills but also about personal growth, critical thinking and social development.

Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future.

Educational attainment is influenced by both the quality of education children receive and the building blocks described in the introduction to this report. Indicators such as educational attainment, resilience and emotional wellbeing offer valuable insights into the experiences and outcomes of young people in education.

In 2024/25, 65.2% of children in Bury achieved a good level of development at the end of Reception, which is statistically worse than the national average of 68.3%, and similar to the North West average at 65.0%. "Good level of development" is determined by whether children reach expected level for learning goals within 5 areas relating to: communication and language; personal, social and emotional development; physical development; literacy; and mathematics.

Analysis of the data shows lower levels of school readiness among the following groups of children in Bury:

- living in the most deprived areas
- first language status other than English
- free school meal eligibility
- born in the summer (May to August)
- males show a lower level of good development when compared with females

Promoting educational inclusion and engagement is crucial for ensuring every child and young person has equal opportunities to thrive academically and socially. It involves creating an inclusive educational environment that supports the needs of all pupils, including those facing challenges or barriers to learning. By addressing factors like disengagement, absence and exclusion, we can strive for educational equity and positive outcomes for every pupil.

Bury's Education and Inclusion Strategy (2025) commits to inclusivity, safety, effective settings, collaboration and connectivity, and sufficient and sustainable systems to achieve the best outcomes for our borough's children and young people. Governance is led by an Education and Inclusion Board, bringing together stakeholders from a variety of agencies, and interacting with other leadership boards with involvement from public health.



1.6 Transport

- According to research, transport, health and wellbeing can be linked by three factors [22]:

- access to health services, particularly for vulnerable groups
- how modes of transport affect physical and mental health
- transport as a facilitator for social interactions and social inclusion

A transport system that is easily accessible, reliable and affordable enables access to work, friends and family, as well as health-supporting facilities. People who rate public transport as "good" are almost three times more likely than those who rate it as "poor" to be able to access public services like health care, food shops or education. They are also less likely to report feeling under strain, being dissatisfied with life or experiencing mental health problems. [23]

When certain population groups are less likely to have access to cars – young adults, members of ethnic minority groups, and individuals with no qualifications [24] – a car-dependent (and car-centred) transport system risks exacerbating existing health inequalities and social exclusion.

According to Census 2021 data [25], 49.7% of Bury residents described their method used to travel to work as driving a car or van, compared with 45.1% in England and Wales, with public transport and active travel also less frequent (with the exception of the "underground, metro, light rail, tram" option). Percentages for each also varied within Bury depending on the ward, for example Radcliffe North & Ainsworth had the highest percentage of people aged 16+ driving to work in a car or van at 57.5%, while St Mary's had the lowest at 43.1%.

Inequalities in accessing public transport, such as infrequent services in more rural areas, lack of transport network coverage, and barriers to disabled adults, can contribute to transport poverty and health inequity. [26] Public transport offers a huge amount of wellbeing benefits and autonomy, ranging from increased physical activity to walk or cycle to a travel hub, to the environmental impact of taking the train or bus over private cars.

Satisfaction with the availability of **public transport in Bury is in line with the GM average (71%),** however **half of respondents are dissatisfied with the conditions of paved areas,** significantly higher than the GM average (GM Residents Survey, September 2026)





1. Health starts long before the NHS

The development of the Bee Network, managed by Transport for Greater Manchester, saw bus franchising and cheaper fares for Bury residents from September 2023 onwards. A refurbished Bury Interchange will be more accessible, with proposals to modernise existing stops in the Bury Metrolink line to Manchester.

Active travel must also be factored into any transport plans, with walking, wheeling and cycling essential for targeting carbon neutrality and encouraging physical activity. These two aims go hand in hand.

Using schools as an example, traffic-related pollution around schools has been reported to have significant health impact on children, including air pollutants affecting lung development. For accessibility, lots of schools are located near main roads where emissions from vehicles reach beyond the road, and into classrooms. [27] The creation of school clean air zones, active travel schemes for the school commute, and green infrastructure are just a few interventions that can provide health benefits in and around schools.

Active Travel Schemes are already underway in Bury funded by the UK Government's City Region Sustainable Transport Settlement (CRSTS), with Phases 1 and 2 completed in Fishpool and Pimhole benefitting from the £5.7 million project as part of the Bee Network.

The vision set out in the Bury Local Transport Strategy 2040 states that "by 2040, the Borough's townships will be connected to each other, to Greater Manchester and beyond by an affordable, safe, reliable, and well-maintained low carbon transport system. It will be easy to get around by public transport, on foot and by bike. Walking and cycling will be the first choice for short journeys and for those who are able to walk and cycle. Investment in transport will help grow the economy, reduce deprivation and improve the health and wellbeing of residents."





Number of bike loans in 2025/26 across Bury's four bike library sites: 126

Number of bikes fixed through "Bury Bike Hospital": 180

Number of bikes fixed at "Dr Bike" pop-ups (12 events): 364

1.7 Community Safety

Community safety, crime and public health are interconnected, and often highlight inequalities. Community safety is a determinant of health – people who feel unsafe being less likely to use parks and public spaces, walk or cycle, and participate in community activities and build social connections.

Offending behaviour is very often linked to physical and mental health, taking the example of drug and alcohol use increasing the risk of being both a perpetrator and victim of crime. Reoffending has a wide impact on the health and wellbeing of individuals, their children and families, and the communities in which they live.

Tackling offending and reoffending benefits a wide range of services, as well as enhancing their outcomes. Public health is a crucial part of a multi-agency approach to reducing reoffending, which includes police, courts, prisons, probation, community safety partners, social services, housing and education at a local level.

Bury is overall one of the safest boroughs in Greater Manchester, however criminality and harm are not experienced equally by all communities according to protected characteristics and geographies. Bury's rate of total recorded offences (excluding fraud) per 1,000 population was 91.91 in 2026, compared with Stockport at 74.53 as the lowest and Manchester at 143.02 as the highest in Greater Manchester.

Bury CSP priorities for 2025-28

- Tackling offenses against children
- Prevention of, and earlier intervention on, serious violence
- Domestic abuse in the context of the trio of vulnerability
- Supporting and safeguarding cohesive communities
- Ensuring resilient, safer places and spaces

Community Safety Partnerships work on the basis that no single agency can address all drivers of crime and antisocial behaviour, and that effective partnership working is vital to ensuring safer communities. [28]
Health partners are statutory members of CSPs in England and Wales, due to their role in:

- supporting individuals with mental health needs
- providing drug and alcohol treatment services
- identifying opportunities for early help and intervention
- safeguarding children and vulnerable adults
- sharing data on violence-related injuries

Bury Community Safety Partnership's (CSP) Strategy for 2025-28 emphasises dialogue with local partners and communities across the borough.

Over four in five Bury residents (84%) agree their local area is a place where **people from different backgrounds get on well together,** significantly higher than the GM average (77%) (GM Residents Survey, September 2026)



Bury Domestic Abuse Strategy

Domestic abuse has far-reaching consequences, affecting individuals of all ages, backgrounds and communities. Profoundly impacting individuals, children, families and neighbourhoods, it is intrinsically linked to health, wellbeing and long-term life outcomes.

Domestic abuse affects thousands of Bury residents each year, with many incidents going unreported and unseen. The Domestic Abuse Act of 2021 defines domestic abuse as any single incident or pattern of behaviour, between people aged 16 and over who are or have been personally connected. The Act also covers children who see, hear or experience the effects of abuse as victims in their own right, including unborn children.

Bury is working towards a "no wrong door" approach through neighbourhood working, universal services, Live Well, and a coordinated partnership response. Shaped by local data and victim, survivor and children's voices, the strategy is governed by the Domestic Abuse Partnership Board (DAPB) which ensures services are coordinated, needs are assessed, and gaps in provision are identified and addressed. Partners range from healthcare providers, Greater Manchester Police, Bury VCFA, charities, and the Council itself.

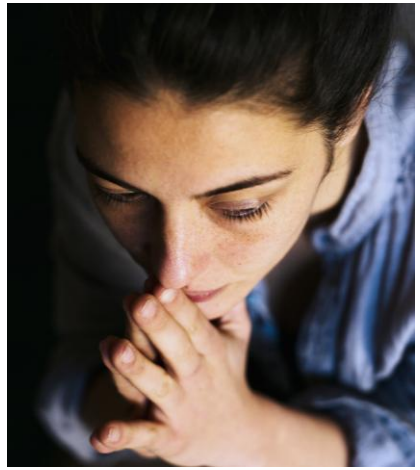
We want to see Bury become a borough where domestic abuse is recognised early, responded to consistently, and where victims, survivors and children are heard, supported and never left to navigate the system alone.

Prevention & Early Intervention	Victims, Survivors & Communities	Children & Young People	Perpetrators & Risk Management	Leadership, Learning & Accountability
Recognise abuse early and prevent harm sooner	Providing the right support, at the right time	Ensuring children are seen, heard, supported and safe	Reduce harm and hold perpetrators to account	Learn, improve and deliver better outcomes

Figure 3: Bury Domestic Abuse Strategy 2026-2028 Priorities

The estimated economic cost of DA is £89.3 billion nationally (2025/26) (Source GOV.UK)

One in eight women experienced DA, sexual assault or stalking in 2025 (Source GOV.UK) **– this equates to around 12,073 Bury women**



Enhanced Live Well Test & Learn pilot

In late 2026, the Enhanced Live Well (ELW) Programme pilot was launched, designed to support a small cohort of individuals experiencing the highest levels of multiple disadvantage who are not engaging effectively with existing services.

Through a coordinated, targeted and intensive multi-agency approach, the pilot's aims are to improve engagement, reduce barriers to support, and provide flexible, person-centred interventions that promote independence, wellbeing and long-term positive outcomes.

The ELW Test & Learn pilot aims to:

- Provide a coordinated, targeted and intensive approach for individuals experiencing multiple disadvantage and complex needs
- Reduce barriers to accessing and navigating support, preventing individuals from being passed between services
- Deliver flexible, person-centred support that promotes independence, autonomy and wellbeing
- Share risk, responsibility and case coordination across partner agencies for a small cohort of complex cases
- Strengthen system-wide collaboration, improve professional relationships and reduce pressure on frontline services



Eligibility:

The service is for adults aged 18+ living in Bury (or without a fixed address in Bury) who experience significant multiple disadvantage and have historically faced barriers to accessing or engaging with traditional support services.

Individuals must meet at least three of the following five indicators:

- Homelessness or risk of homelessness
- Drug and/or alcohol dependency
- Complex mental health challenges
- Contact with the criminal justice system
- Domestic abuse



Due to the intensive nature of the support provided, the pilot will start by supporting a maximum of 20 individuals at any one time. The programme will involve multiple partners, delivered by a team of dedicated Navigators employed by local VCFSE organisations, including Project Free, Early Break, and Big Life Group.

The pilot's delivery will take place during 2026/27, with the possibility to extend its duration. Bury Council will work with Greater Manchester Combined Authority (GMCA) to evaluate the project and demonstrate impact.

Chapter 2
The economics of prevention

Making the case for timely investment to impact longer-term outcomes





2.1 Framing prevention as cure

As seen in Chapter 1, lack of action in each of the building blocks leads to increasing costs at the expense of individuals' health, and society's pocket too.

Health inequalities are not only unfair in terms of life chances; they also create substantial economic costs, driving demand on public services, constraining the borough's growth, and result in lost individual contributions.

Published in September 2024, Lord Darzi's independent investigation of the NHS in England stated, "everybody knows that prevention is better than cure." Protecting health is far less costly than tackling the consequences of illness [29], especially considering increasing numbers of people living with long-term conditions, rising urgent and emergency care demand, elective care backlogs, and workforce challenges.

Prevention matters now more than ever. Public health interventions have a vital role, in addition to keeping people living healthier lives for longer, as cost-saving measures. Cuts to public health budgets are likely to generate billions of pounds of additional costs to health services and the wider economy according to reviews focused on the return on investment (ROI) of public health expenditure. [30]

A sustainable health and care system relies on timely treatment of illness, but also on collective efforts across the council, NHS, and voluntary sector to prevent ill health to start with. This chapter focuses on the costs, not only financial, associated with the burden of ill health, framed through the lens of economics of prevention.



Photo: Gerald England / Geograph, CC BY-SA 2.0



Photo: David Dixon / Geograph, CC BY-SA 2.0

2.2 Rising demand

The population of Bury is growing and ageing. The proportion of the population aged 65 and over is projected to grow from 18% to 21% by 2040, and the proportion of the population aged 80 and over is projected to from 5% to 7% by 2040. Over the same time the proportion aged under 20 is projected to fall from 25% to 23%.

This poses a challenge for our adult social care services, which already support nearly 3,000 adults, with a rising need for home care.

Bury's Primary Care landscape tells us that demand continues to outstrip supply. Approximately 4,000 GP appointments are made available across Bury each day, and referrals to community pharmacies are increasing due to the wider range of services available through schemes like Pharmacy First or the Minor Ailments Service.

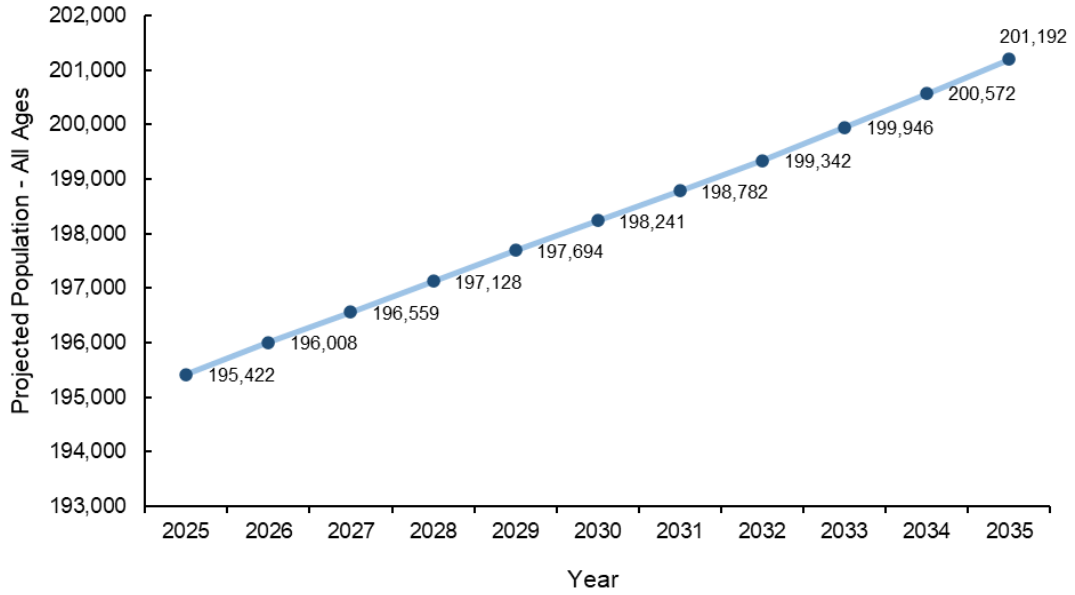


Figure 4: Population projections for all ages in Bury from 2025 to 2035 (Source: ONS, 2022)

Despite investment in community and primary care capacity, including extended access services, pressures also seen in urgent and emergency care are leading to greater use of primary care services.

Bury residents are experiencing long waits for secondary care, for example 65+ week waits for urology and gynaecology following a referral, and large numbers of patients waiting for dermatology, and trauma and orthopaedics.

Many plans linked to public service reform are born out of a predicted rise in residents relying on public services to keep them well, and prioritise collaborative efforts to design a sustainable, supportive health and care system.



2.3 Spending to save

Despite the compelling argument for prevention, it is often difficult to prioritise within organisations, particularly those that bear the brunt of supporting people during times of urgent need or crisis.

To realise the full value of prevention, organisations must think beyond their "natural" boundaries and consider the health and care system in its entirety, helping shape outcomes through interconnected services, community-based delivery and collective efforts.

Elsewhere in Greater Manchester, community hub models have demonstrated ROI in the form of £5.22 for every £1 invested based on 2024 activity data at two hub locations, increasing to £17.71 if scaled for all contacts at hubs. The ROI calculation was based on GP appointments avoided, costed at £45 per consultation, and police-related costs attributed at £846 per incident. Lots of outcomes stemming from this research could not be assigned financial values, such as reduced social isolation, improved wellbeing, and employment support. [31]

Many prevention programmes generate returns significantly exceeding their initial investment, particularly when benefits are considered across health, social care, welfare, education and employment systems. Importantly, these benefits often build over time, which is why it is helpful to view prevention an investment rather than a cost.

We should not question whether prevention works, nor ask it to act as solely a cost-saving measure, but how much we are willing to invest and at what scale to reap the rewards of early investment.

Strengthened prevention measures run through Bury's Locality Plan, particularly through the adoption of a neighbourhood approach across its five neighbourhoods – Prestwich, Whitefield, Bury, Radcliffe, and Ramsbottom/Tottington. These plans align with the "left shift" approach towards upstream prevention [32], reducing avoidable demand and improving sustainability.

Chapter 4 will highlight examples of public health programmes resulting in net savings to the public sector and health system, while improving health outcomes for our population.

Chapter 3
The power of neighbourhoods

Local communities as both drivers and hosts for public health intervention





3. The power of neighbourhoods

Like the building blocks of health, neighbourhood health is based in the understanding that the best health outcomes are not created in hospitals but instead start in communities. [33] With a national shift towards neighbourhood health, aiming to bring care closer to where people live, Bury's public health efforts are already well placed to bring this vision to life.

Neighbourhood working and empowered local communities are also at the heart of LET'S do it! and Public Service Reform.

This chapter outlines key programmes of neighbourhood-based interventions delivered in Bury with public health partners, supporting residents to maximise their health potential.

3.1 What does neighbourhood-based delivery look like in Bury?

An asset-based approach starts with the skills, relationships, places, groups and informal networks that already exist in communities. This shifts the narrative from dependency to capability and helps residents, groups and services work together to create sustainable solutions.

Bury has begun to develop neighbourhood placemats and asset mapping. These should be strengthened, maintained and connected to social prescribing, community navigation, Family Hubs, libraries, customer services and wider frontline practice.

Integrated Neighbourhood Teams (INTs) are at the centre of Bury's plans to bring together health, social care, and voluntary/third sector services in the community. The core functions of the INTs are to deliver and co-ordinate person centred care through detailed assessment of clinical, social and environmental needs working with the individual to plan and enable independency, whilst achieving personal goals and fulfilling aspirations. Active case management aims to prevent escalation and crisis. Co-ordinated multidisciplinary working, across professional and organisational boundaries, are a key part of this.

3. The power of neighbourhoods

Public Service Leadership Teams (PSLTs) are groups of place-based individuals leading the delivery of activity at a neighbourhood level from across each pillar of our neighbourhood model. There is a PSLT in each of Bury's five neighbourhood footprints, providing system leadership, these teams act Team Bury at place, for example, Team Prestwich, or Team Radcliffe.

PSLT representatives provide a vital link between the overall strategic direction set for our neighbourhood model through the Public Service Reform Steering Group and the array of front-line practitioners across the borough. Core Membership of each neighbourhood PSLT consists of a representative from the below teams. However, in keeping with the 'Local' principle of LET'S do it!, there is flexibility in broader membership to reflect specific attributes and activity in each neighbourhood.

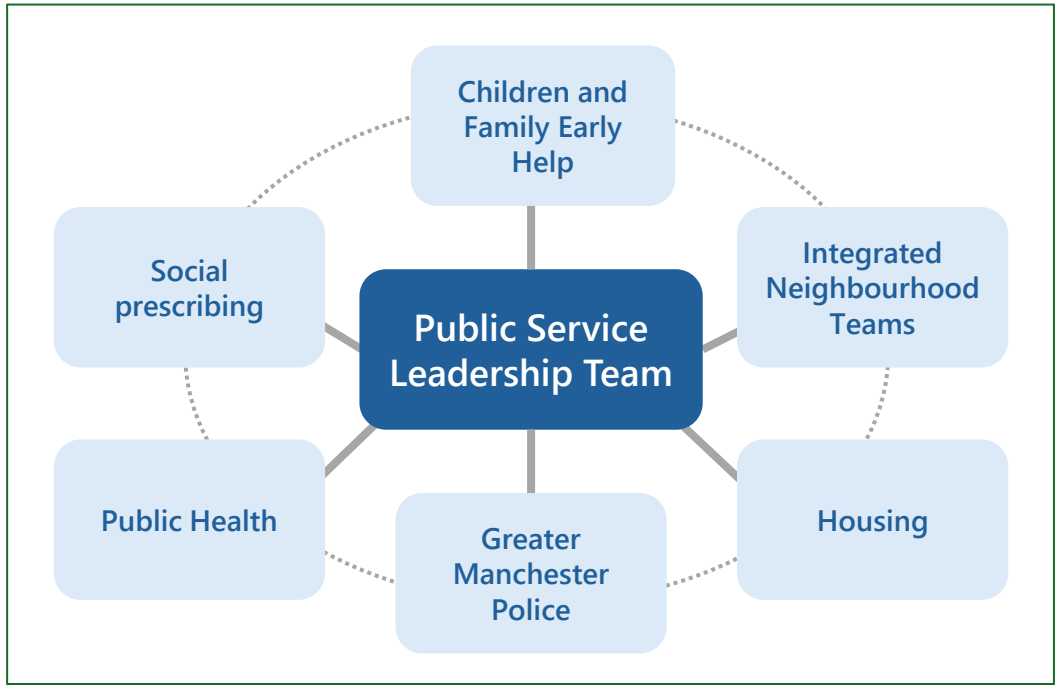


Figure 5: Public Service Leadership Team (PSLT) participation



Figure 6: Bury's community wellbeing ecosystem

3.2 GM Live Well

Bringing place-based prevention to people's front doors, GM Live Well is a key Greater Manchester mayoral manifesto commitment, funded through investment from GMCA, National Lottery Community Fund, NHS Greater Manchester (NHS GM) and national government.

Live Well is a programme designed to provide stronger network of support to make it easier for people to help themselves, their families and those they care for in the community. It is about building a connected and resilient network of community organisation, public services and local businesses working together.

The opportunities presented by the GM Live Well partnership represent a shift towards community-based prevention, aimed at removing barriers and creating conditions where people can thrive.

The shared vision for Live Well is underpinned by hallmarks that have been coproduced to provide a framework for design and delivery of neighbourhood support, so that communities can act on what means most for them.

Bury's Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is a driving partner in the rollout of Live Well activity, led by Bury Voluntary, Community and Faith Alliance (VCFA).

Whitefield welcomed Bury's first Live Well Centre in August 2026, a dedicated centre to bring together community activity, advice, support and services under one roof. The centre forms part of a wider ambition to create a network of accessible Live Well spaces across Bury, helping residents access support, opportunities and connection closer to home.

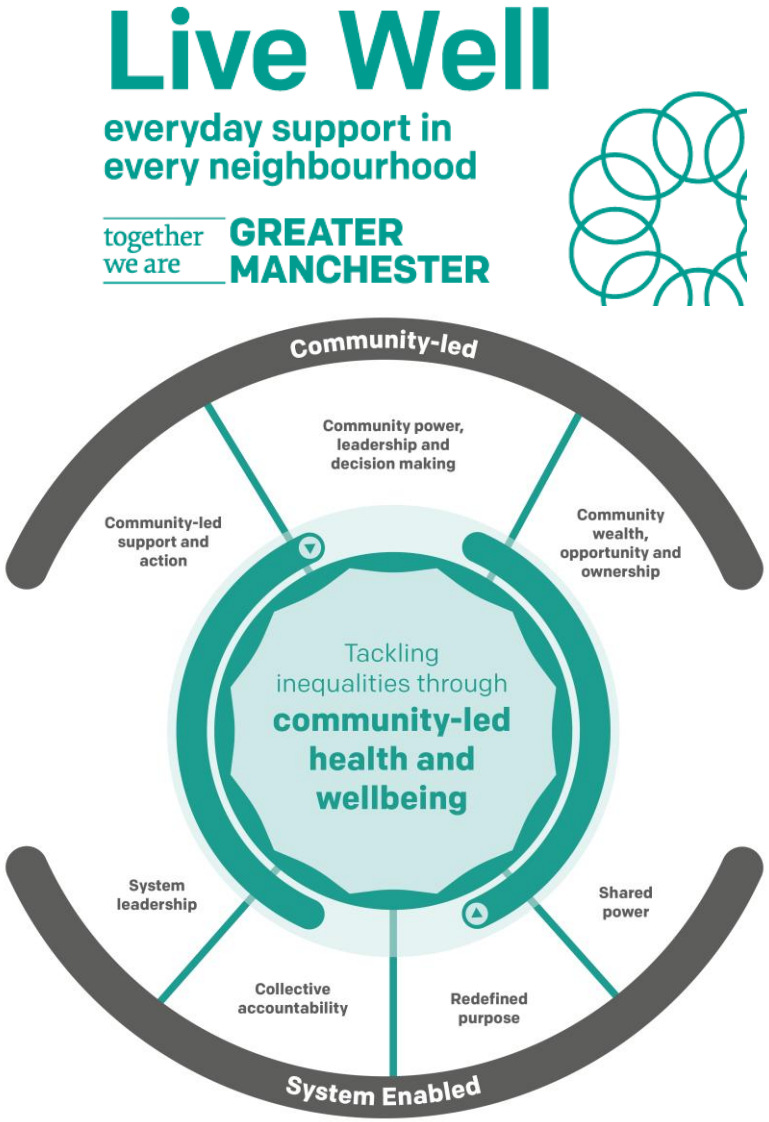


Figure 7: Greater Manchester Live Well framework

3. The power of neighbourhoods

The aim is for the Whitefield site to inform the development of further Live Well centres and neighbourhood spaces across the borough. Around 200 residents, community organisations and partners came together to celebrate the official opening, and the event provided an opportunity for residents to learn about support available in their area and explore the new facilities.

Due to funding being secured for 2026/27 and 2027/28, the Live Well offer will continue across Bury, providing a "no wrong door" approach to universal and targeted support. Multi-agency collaboration across sectors and coproduction with our population will remain core components of the programme as it expands.



3.3 Family Hubs

Forming part of the Best Start Local Plan which is Bury's Vision for Improving Outcomes in the Early Years, Bury's Family Hubs are designed to provide accessible, integrated support, helping families to find the right information, services, and support at the right time. This includes a strong focus on early intervention, child development, parenting support, inclusion and reducing inequalities.

Currently, there are six main Family Hubs in Bury located across our neighbourhoods. Each has an individual timetable of sessions that can be accessed by families ranging from antenatal care through to youth services. [34] Alongside Family Hub sessions, the team work closely with the Parenting Team, Adult Learning, Health and a wide range of partners to provide a broader, connected offer for families.

In October 2025, it was announced that Bury would benefit from £137,208 allocated from central government grant funding for Best Start in Life Family Hubs. This built on pilot activity elsewhere in the country, with a national aim of hubs in every local authority by 2028. As Bury's trailblazer site for the government initiative, Whitefield Hub based in Whitefield's Children's Centre brings together providers, VCFSE and community assets, and health services. Bringing value to the wider system, the Hub creates one coordinated front door for families, reduces duplication and silo working, builds trust between families and services, and strengthens the neighbourhood model by supporting place-based delivery.

Key outcomes for the site include:

- Improved early identification of family needs through coordinated triage
- Reduced escalation into statutory services through preventative, holistic support
- Stronger family resilience and greater capacity for self-help
- Children achieving better health, education and wellbeing outcomes
- Families experiencing smoother pathways, with fewer assessments and fewer repeated stories
- Stronger connections between families, community assets, schools and services

Between July and September 2026, Family Hubs recorded 8,357 attendances across their centres, outreach venues, and outdoor play sessions



Live Well Hallmark	How Family Hubs deliver this in Whitefield
Prevention First	Universal activities, drop-ins, early identification, and early help pathways
Person-centred	Whole-family assessments, tailored plans, and flexible support options
Strengths-based practice	Building on family strengths, networks and existing capabilities
Connected communities	Linking families to local groups, peer support, and community-led initiatives
Living Well at Home and Neighbourhood level	Support delivered close to home, reducing barriers and increasing engagement
Collaborative working	MDTs, co-location, shared plans, and integrated case reviews

Table 1: Alignment with the Live Well model – embedding hallmarks through Family Hubs

3.4 Libraries

Libraries are a key vehicle for supporting health literacy and self-management, providing health-related information and activities, and connecting individuals from across communities. [35] Partnerships focused on targeting specific health priorities deliver an array of interventions in libraries, helping to tackle inequalities and support informed decision-making.

Lots of studies suggest a close link between frequent library use and reported wellbeing. Research carried out in the South East of England found that, based on modelling methods endorsed by the Treasury, weekly arts and craft sessions for older people generate at least £491,000 each year in health and wellbeing benefits across a range of services. Examples like this are crucial to reducing social isolation and feelings of loneliness, demonstrating the hugely positive impact these settings can have on health and wellbeing. [36]

Bury libraries have almost 40,800 registered members, and in 2025/26 they issued 285,442 items and welcomes 193,500 visitors. Residents also have access to a 24-hour eBooks, audiobooks and magazines via the Borrowbox platform, and home deliveries for vulnerable adults unable to visit libraries.

Our main library sites, located in the town centre, Prestwich, Radcliffe, and Ramsbottom, host a variety of services enhancing their core offer, ranging from "Digital Buddy" sessions to support digital inclusion for our residents, to knitting groups, Stay and Play for families, and Citizen's Advice drop-ins. In 2025/26, our libraries held 2,347 social, educational and advice sessions, with 21,822 people in attendance.

In many ways, libraries are natural delivery partners for informal Live Well spaces and are ideally placed to support the delivery of neighbourhood-based prevention.

Universal Library Offer

Libraries Connected identifies four core offers for delivering community outcomes through libraries:

- **Reading** – from learning to read, to school readiness, to adult literacy, education and self-help, and reading for pleasure
- **Health and wellbeing** – access to health information and signposting, public health programmes, health and wellbeing events
- **Information and digital** – free access to Wi-Fi and PCs, digital support, access to Council and online services
- **Culture and creativity** – social connection opportunities, learning and skills development through community activities



3.5 Leisure centres

The link between leisure centres and improving public health outcomes is clear to see. Across Bury, our leisure offer is shaped by:

- the role of accessible local leisure provision in supporting prevention and increasing physical activity
- concessionary and targeted approaches as part of work to reduce barriers to participation and health inequalities
- the contribution of leisure centres as neighbourhood assets, providing opportunities for activity, community connection and prevention work beyond physical activity

A key current development for leisure is the new Radcliffe Hub, as a major step in the local leisure offer, integrated into a wider community setting. The £40 million Hub, funded through UK Government, Bury Council, and Sport England, the new permanent home for leisure in Radcliffe should provide an accessible local setting through which residents can be supported to become more active and connect with wider community services.





Bury Leisure

Total Castle Leisure Centre attendances in 2025/26 **451,477**

Number of registered members by March 2026 across all Bury leisure sites **5,094**

Jigsaw Bury, a sports and social group for young disabled people in the borough:

- **6 social walks** in April and May 2025 (22 members)
- **5 accessible cycling sessions** (68 members) in June, July and August 2025

3.6 Community groups and the VCFSE sector

The voluntary, community, faith and social enterprise (VCFSE) sector is central to prevention because it is trusted, rooted in communities, responsive and able to reach people in ways statutory services often cannot. VCFSE organisations often identify emerging risks earlier than statutory services, and can also support in fulfilling statutory services often in more creative and cost-effective ways than provided through public sector organisations.

In public health and across the council, we work closely with the VCFSE sector who support our population's health and wellbeing across a variety of themes and venues.

There are approximately 1,250 VCFSE organisations in Bury, 71% of which are micro-organisations (annual income under £10k) which is comparable to the region. This equates to approximately 2,500 full-time equivalent employees and over 26,000 volunteers contributing around £81 million each year to Bury's economy.

The Bury Voluntary, Community and Faith Alliance (VCFA) is the Local Infrastructure Organisation (LIO) for the VCFSE sector in Bury, whose function revolves around leadership and advocacy, partnerships and collaborations, capacity building, and volunteering. Our partnerships with VCFA enable us to ensure community voices help to shape decisions to improve outcomes for residents, communities, places and the environment. Bury VCFA, in turn, nurtures collaborative working and provides opportunities for local voluntary and community organisations to access support and build connections.

VCFA BURY VOLUNTARY, COMMUNITY & FAITH ALLIANCE







3. The power of neighbourhoods

In 2025, a Memorandum of Understanding (MoU) was signed between Bury's VCFSE sector and public sector bodies, setting out shared principles and commitments to work together more effectively as "Team Bury." The MoU is aligned with the Greater Manchester VCSE Accord and ensures community voices are key to decision-making and service delivery. Central to the MoU are commitments to ensure the VCSE sector are represented at strategic governance levels, supporting a financially resilient sector, and recognition of social value.

Key partnerships and projects with Bury VCFA involvement and support include:

- GM Live Well, as showcased earlier in this section
- Bury Older People's Network, "to provide a voice for older people within the local community, giving the opportunity to share what matters and enabling them to enjoy life" as defined by the network's members
- Refugee Welcome Programme (RWP), to support refugees and people seeking asylum across Greater Manchester with education and training, inclusion, and community connection
- Violence Reduction Unit (VRU) Community Led Programme, working with young people aged 10-25 years and their families to offer a diversion away from youth crime and anti-social behaviour
- Working in Green Spaces, involving many types of groups dedicated to maintaining our borough's green spaces
- Keep It Local, offering Corporate Social Responsibility (CSR) solutions to Bury's business community to enhance links to VCFSE organisations



Figure 8: Bury VCFA's offers of support services to local VCFSE groups and organisations

The following groups are less likely to volunteer, compared to the GM average (where 66% have not volunteered, source: GM Residents Survey):

- **85%** those not in work due to ill health or disability
- **83%** those who don't use transport
- **79%** those aged 55-64
- **78%** those who do not go online
- **75%** those who haven't heard of Live Well

Chapter 4
Live Well: Bury's prevention model

Programmes, initiatives and progress to help Bury residents lead healthier lives





4.1 Delivering prevention through a neighbourhood model

In line with Bury's neighbourhood ambitions and the vision set out within the Bury Wellness Strategy centred around prevention, early intervention and community resilience, the Bury Live Well Service has significantly evolved its delivery model to become more place-based, community-focused, and responsive to local need.

The service has supported thousands of people across Bury to reach a healthy weight, build more activity into their daily life, stop smoking, eat better, and generally improve health and wellbeing. Live Well offers a choice of face-to-face or telephone appointments, and accepts self-referrals alongside referrals from GPs or health specialists.

Moving away from a predominantly centralised model of delivery, the service now operates across Bury's five neighbourhoods, embedding staff, programmes and outreach interventions within local communities. Working alongside primary care, voluntary, community and faith organisations, local authorities, housing providers and community groups has helped to create integrated pathways of support.

This in turn enables residents to access holistic support for a range of health and wellbeing needs, including smoking cessation, healthy weight, physical activity, mental wellbeing and wider determinants of health, through a locally coordinated system.

Outreach activity has been tailored to reflect the differing demographic, social and health needs of each neighbourhood, ensuring that interventions are targeted towards communities experiencing the greatest health inequalities.

Bury Live Well

EVERYBODY CAN LIVE WELL

The transition to a neighbourhood delivery model has enabled the Bury Live Well Service to increase its visibility and accessibility within local communities, strengthen partnerships across the health and care system, and ensure resources are directed towards areas of greatest need. Through operating consistently across all five neighbourhoods, the service contributes directly to the delivery of the Bury Wellness Strategy and the wider ambition of creating healthier, more connected communities where every resident has the opportunity to live well.

By aligning service delivery with Bury's five neighbourhoods, the Live Well Service is better positioned to understand local priorities, build trusted relationships with communities, and contribute to reducing health inequalities across the borough. Supporting Bury's ambition to empower residents and communities to live healthier, more independent lives, this chapter showcases the efforts and outcomes of Bury's Live Well Service as an exemplar of neighbourhood-based prevention.

4.2 Primary Care and community outreach

Primary care plays a critical role in prevention through the early identification and management of cardiovascular (heart and circulatory) risk factors, including hypertension (high blood pressure), raised cholesterol and diabetes. GPs make an important contribution to smoking cessation by recording smoking status and supporting those with long-term conditions to access support.

All 25 GP practices in Bury deliver NHS Health Checks for people aged 40 to 74 years, providing a key opportunity to identify risk early, intervene before disease develops, and act as an accessible first point of contact for residents. All practices work towards ensuring all eligible patients are offered structured weight management support and behavioural intervention within 90 days of their body mass index (BMI) being recorded.

As part of the Greater Manchester Live Well model, general practices are funded through the Beyond Core Contract (BeCCoR) scheme to work with neighbourhood partners, taking a more preventative approach: proactively identifying people with poorly managed long-term conditions and those less likely to engage with services, and connecting them with tailored support through VCFSE partnerships. Bury neighbourhoods have already started identifying unmet need and "missing" populations, by analysing data and building relationships with pharmacies, Staying Well teams, VCFSE organisations, Public Health, Social Prescribers and other practices in their Primary Care Networks (PCNs).

An example of primary care community outreach are the drop-in clinics at Growing Together in Radcliffe and the sessions at Red Door in East Bury, delivering outreach and health promotion with local populations. Other work includes providing training and blood pressure monitors to the Staying Well Team to carry out checks. Some neighbourhoods are using the enhanced access scheme to provide appointments for patients outside of normal clinic hours, for example during evenings and weekends, for individuals who wouldn't otherwise be able to attend appointments during the working day.

Following a needs assessment undertaken by Bury's Public Health team, a diabetes prevention and management project – funded through £50,000 from Population Health Greater Manchester's Multi-Year Prevention Plan – was also delivered by Bury GP Federation, Bury VCFA and the Live Well Service. It aimed to improve diabetes prevention, awareness and access to structured diabetes education, particularly within South Asian communities. Key achievements included engaging over 200 residents through community and faith-based settings, delivering health checks and risk conversations through Live Well, and increasing structured diabetes education referral rates. The project demonstrates how neighbourhood-based partnerships with primary care can support prevention, early intervention and the Live Well approach by reaching communities that do not routinely access healthcare services.

4. Live Well – Bury's prevention model

Live Well Community Model

Bury Live Well has delivered over 220 community drop-in sessions within local neighbourhoods, prioritising engagement with communities experiencing the greatest health inequalities including South Asian communities, adults with learning disabilities, children and young people, and families.

By delivering outreach in areas of highest need, the model has reduced barriers to participation, increased access to support and opportunities to improve individual health and wellbeing. This has ensured that residents who are often underserviced can benefit from a preventative, community-based, and person-centred approach – meeting people where they are and focusing on what matters most to them.

Sessions are delivered in community venues and operate as informal drop-in opportunities, with Bury Live Well having had over 2,600 conversations with residents during the last year on topics such as:

- Stop smoking
- Specialist exercise guidance for people with long-term health conditions
- Falls and frailty
- Blood pressure and carbon monoxide (CO) readings
- Diet
- Alcohol
- Breastfeeding
- Menopause
- Vaping

"I have a newfound lease of life from attending the Whitefield bowling club drop-in, I was lonely and isolated before I found this group, I am now travelling and seeing the world with new relationships I've formed."

"I wouldn't have ever referred myself into a Stop Smoking service, but because you are here I am actually prepared to give quitting a go."

"This group saved my breastfeeding journey at 5 weeks, thanks to their support I fed my son until he was 2 years old."

"It's more than just breastfeeding support, it's friendship, expert advice, and a judgement free space."

"I feel less lonely and more supported."

Bury's Live Well Service community approach is built on the principles of:

- **Person-centred support:** listening to what matters to individuals and supporting their own health and wellbeing goals
- **Prevention and early intervention:** addressing health issues early before they escalate into crisis, receive health information and interventions tailored to their needs
- **Accessible support:** delivering services in venues where people already feel comfortable and connected

4.3 Creating healthy environments

Right to Grow

Launched in June 2025, Bury's Right to Grow Policy is a key enabler of the borough's public health ambitions, supporting a preventative approach to health and wellbeing by improving access to green spaces, strengthening community connections, and creating opportunities for residents to take an active role in shaping their local environment. Driving benefits beyond environmental impact, the policy exemplifies how community-led environmental action can directly support improved health outcomes and help create a more inclusive and sustainable borough.

The policy empowers residents and community groups, at five sites across Bury, to utilise appropriate public land for growing food, gardening, biodiversity improvements and community-led greening projects. By increasing opportunities for people to engage with nature and participate in local growing activities, the policy contributes to improved physical health, mental wellbeing and overall quality of life.



Access to high-quality green spaces is recognised as an important determinant of health. Through the creation of new community growing spaces and the enhancement of existing green environments, the Right to Grow Policy helps ensure that more residents can benefit from accessible, welcoming outdoor spaces within their neighbourhoods.

The policy also plays a significant role in tackling social isolation and promoting social inclusion. Community growing projects bring together people of different ages, backgrounds and cultures around a shared purpose, helping to build relationships, develop social networks and foster a greater sense of belonging. This is particularly important for residents who may otherwise experience loneliness, poor mental wellbeing or barriers to community participation.

In supporting community ownership and stewardship of local spaces, the Right to Grow Policy contributes to stronger community cohesion and neighbourhood resilience. Residents are encouraged to work collaboratively to improve local environments, creating pride in place and strengthening collective responsibility for community assets. These activities help build social capital and support Bury's wider ambition of empowering communities to lead local change.

4. Live Well – Bury's prevention model

Bury VCFA have provided comprehensive support with implementing the Right to Grow in Bury by supporting Incredible Edible Prestwich with insights and evidence for their topic paper, support for residents and groups interested in taking on a site and ongoing support for established Right to Grow sites. There are now three Right to Grow sites managed by community groups in Bury who have all received support from Bury VCFA with their Right to Grow sites.

Lancaster Roots Community Garden in Ramsbottom received support with setting up as a community group which included support with writing a governing document, policies, insurance and funding. They were successful in receiving £1,000 through Bury VCFA's Let's Make a Difference fund in October 2025.

Abingdon Green Community Garden in Whitefield received support with applying for funding and were successful in receiving £2,000 through the Let's Live Well and Make Whitefield Green Grant in May 2026. The group is also part of Incredible Edible Prestwich who have been further supported by Bury VCFA to help manage the new volunteers.

Besses Together are the latest community group to take on a Right to Grow site. They were supported by Bury VCFA with setting up the group including advice on bank accounts and insurance. They were also successful in receiving £2,000 through the Let's Live Well and Make Whitefield Green Grant in May 2026.

Putting Bury on the Greater Manchester map

In June 2026, Bury hosted the Greater Manchester Green and Blue Spaces Action Network at Philips Park, welcoming delegates from across the city region.

The event showcased Bury's Right to Grow journey, highlighted some of the borough's newest growing projects and shared learning with partners from other Greater Manchester localities*. Community groups spoke about their experiences and demonstrated the benefits that Right to Grow is bringing to local areas.

The event generated significant interest from organisations across Greater Manchester, with many now exploring how they might develop similar approaches in their own localities. Bury is increasingly being recognised as an example of good practice and innovation in community growing.

*A few weeks later, Right to Grow was also explained at the Greater Manchester Parks Network

4. Live Well – Bury's prevention model



Hot food takeaway planning policy

Bury Public Health has worked closely with the council's Planning team over several years to ensure that planning decisions support the borough's ambitions to improve health outcomes and reduce health inequalities. As part of this approach, Public Health developed and utilised a Hot Food Takeaway Matrix as an evidence-based tool to inform discussions around new hot food takeaway applications.

The matrix brought together a range of locally relevant health and environmental factors, enabling planning policy leads and development management officers to better understand the potential cumulative impact of new hot food takeaway premises on health. Whilst the matrix was not a formal planning policy document, it acted as an important advisory mechanism, ensuring that public health intelligence is consistently considered within the planning process.

As a result of this work, Bury Council has strengthened its approach through the formal adoption of a Hot Food Takeaway Supplementary Planning Document (SPD) in June 2026. The SPD establishes a more robust policy framework for assessing new hot food takeaway applications and reflects the council's commitment to creating healthier food environments.

The SPD introduces a presumption against new hot food takeaway developments unless specific criteria can be satisfied. Applications are now assessed against a range of health-related considerations, including:

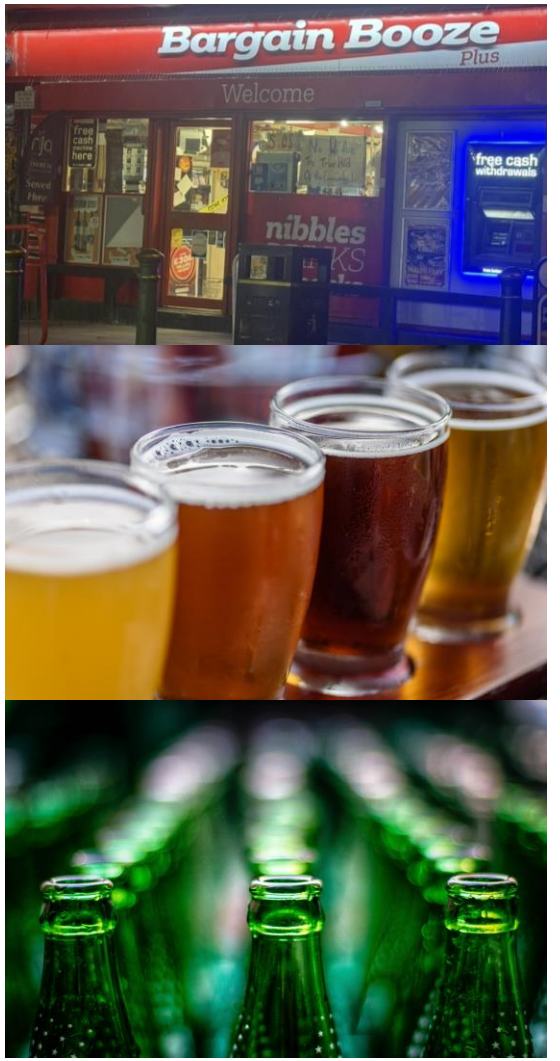
- A 400-metre exclusion zone around secondary schools, helping to limit children's exposure to unhealthy food options during the school day
- Local childhood overweight and obesity prevalence, recognising the importance of planning policy in supporting healthier weight outcomes
- Existing hot food takeaway saturation levels within Lower Super Output Areas (LSOAs), ensuring that areas already experiencing high concentrations of takeaways are not subject to further clustering
- Wider considerations relating to health inequalities, community wellbeing and the creation of healthier neighbourhoods

4. Live Well – Bury's prevention model

The formal adoption of the SPD represents a significant step forward from the previous matrix approach. Whilst the matrix provided valuable intelligence and guidance, the SPD gives planning officers and decision-makers a formally adopted planning framework that carries greater weight within the planning system. This provides greater consistency, transparency and defensibility in decision-making and ensures that health considerations are embedded within the assessment of planning applications from the outset.

Importantly, the SPD supports the wider ambitions of the Bury Wellness Strategy and the council's neighbourhood-based approach by helping to shape healthier local food environments across the borough. By limiting the proliferation of hot food takeaways in areas of greatest need and around locations frequented by children and young people, the policy contributes to efforts to tackle childhood obesity, reduce health inequalities and promote healthier choices.

The adoption of the SPD also demonstrates the value of collaboration between Public Health and Planning, showcasing how local authorities can utilise planning policy as a preventative tool to influence the wider determinants of health. Through this strengthened policy position, Bury is better equipped to support healthier communities and create environments that enable residents to live healthier lives.



Alcohol Harm Matrix

Reducing alcohol-related harm remains a key public health priority in Bury, with alcohol contributing to a range of adverse health outcomes alongside hospital admissions, crime and anti-social behaviour, domestic abuse, and wider social and economic impacts. To support a more evidence-based approach to licensing, Bury Public Health has developed and utilised an Alcohol Harm Matrix to inform discussions and representations relating to licensing applications across the borough.

The Alcohol Harm Matrix brings together a range of local intelligence and population health indicators to identify areas experiencing higher levels of alcohol-related harm and vulnerability. Mirroring the successes of the Hot Food Takeaway Matrix, the tool enables Public Health to assess applications within the context of the communities they will serve, ensuring that licensing decisions are informed by an understanding of local need and potential cumulative impacts.

4. Live Well – Bury's prevention model

The matrix incorporates a range of data sources, including:

- Alcohol-related hospital admissions and health outcomes
- Alcohol-specific mortality and morbidity indicators
- Crime and anti-social behaviour data associated with alcohol consumption
- Levels of deprivation and wider health inequalities
- Existing density and concentration of licensed premises
- Local demographic and community vulnerability indicators

Using this intelligence, Public Health can provide evidence-based advice to the Licensing Committee and responsible authorities when considering new licence applications, variations, and reviews. The matrix does not seek to prevent economic development or responsible business growth. Instead, it ensures that decision makers have access to a comprehensive picture of local alcohol-related harm and can consider whether additional licensed premises may contribute to existing pressures within a community.

The introduction of the matrix has strengthened the role of Public Health within the licensing process by providing a consistent and transparent methodology for assessing potential impacts on population health.

The Alcohol Harm Matrix has delivered several key benefits:

- Strengthened the evidence base available to the Licensing Committee when making licensing decisions
- Improved collaboration between Public Health, Licensing, Greater Manchester Police and other responsible authorities
- Increased the consideration of health inequalities within the licensing process.
- Provided a consistent and transparent framework for assessing alcohol-related risk across the borough
- Enhanced Bury's ability to target interventions and challenge applications where there is evidence of potential harm
- Supported a whole-system approach to reducing alcohol-related harm and creating healthier communities

Through the continued use and refinement of the Alcohol Harm Matrix, Bury Public Health is helping to ensure that licensing decisions are informed not only by regulatory considerations but also by the potential impact on health, wellbeing and community safety.



4.4 Improving safety

Bury's Community Safety Partnership (see Section 1.7 for more information) works closely with Public Health, namely in the following areas to improve safety for Bury residents:

- mutual engagement on delivery plans focussing on suicidal ideation and prevention across the Domestic Abuse Partnership and Bury Water Safety Partnership
- work between the Drug & Alcohol Partnership and Bury Domestic Abuse Partnership to ensure greater synergy between each strategy, particularly joint learning from statutory reviews
- place-based focus on prevention in areas where previously linked crime series or place-based vulnerabilities have been identified, for example a partnership approach to Operation VARDAR in Whitefield
- culturally sensitive approaches to support enhanced community cohesion, including public health messaging around trauma support, resilience, and vaccinations, and involvement in Community Cohesion roundtables

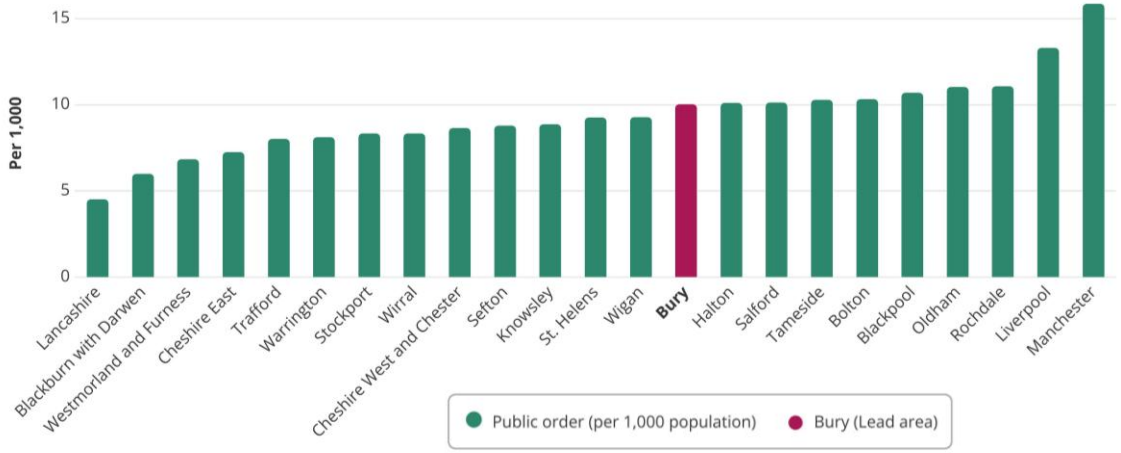


Serious violence

Although Bury's rates of violent offences remain consistently lower than the Greater Manchester average, a Knife Crime Delivery Plan has been developed to include targeted activity to improve crime outcomes, target habitual knife carriers, target hotspots, and strengthen partnership working.

Community safety in the context of Public Service Reform includes: a continuation of place-based, partnership-driven problem solving; commitments through Neighbourhood policing including connectivity into Live Well spaces; targeted collaborate activity on identified cohorts of risk; maximising community assets; and empowering community-led responses, including through Standing Together investment into VCFSE.

Figure 9: Public order (offences per 1,000 population) 2026 (Q1 12 months ending) for North West region (Source: LGA, 2026)



Chapter 5
What will success look like in 2030?

Local strategy to drive progress aligned to our core objectives and aims





5.1 Bury's strategic direction

Our LET'S do it! Vision for 2030 gives us the vehicle to recognise the strengths of the borough and to collectively tackle deep-rooted issues by giving everyone the encouragement and support to play their part, joining together the delivery of all public services as one and delivering an ambitious plan for both social and economic infrastructure.

There are several leadership boards that deliver on the LET'S do it! Ambitions, notably the Public Service Reform Board, Health and Wellbeing Board, Anti-Poverty Steering Group, Regeneration Board, and the Locality Board.

Going hand in hand with the LET'S do it! ambition of making the fastest improvement in reducing levels of deprivation than in any other post-industrial northern locality, the strategy has as one of its core targets to "reduce the life expectancy gap between our worst and best performing areas to under 13 years for men and 10 years for women."

The council has set out additional ambitions in the Bury Locality Plan, revolving around the reform of the health and care system, and improved health for all people in Bury by 2029. The plan's five strategic objectives align with the government's 10 Year Health Plan for England, and the national Neighbourhood Health Framework.

We now have a Bury Strengths Base Demand Reduction and Prevention Strategy 2026-31, acknowledging that many drivers of demand on the council, NHS and wider public services are preventable or can be reduced if people receive the right support earlier, closer to home and in ways that build on their strengths, relationships and community assets.

According to our Health Inequalities Strategy, the success of preventative action – abiding by proportionate universalism principles alongside targeted activity – will be judged by:

- A narrowing gap in life expectancy and healthy life expectancy between communities
- Improvements in outcomes for children and young people, working-age adults, and older people – measured through our population health outcomes framework
- Reduced inequalities in the major causes of premature death and long-term illness
- Stronger, more resilient communities with better access to the building blocks of health



5. What will success look like in 2030?

Ambition: Systematically narrow the gap in life expectancy and healthy life expectancy between communities, particularly between our most and least deprived neighbourhoods

Strategic priorities			
Wider determinants of health	**Health behaviours**	**Healthy places and communities**	**Integrated health and care**
Employment and income	Smoking and alcohol harm	Live Well neighbourhoods	Equitable access
Education and skills	Healthy weight and activity	Community assets	Prevention and early diagnosis
Housing and poverty	Mental wellbeing	Healthy environments	Neighbourhood service integration

Success		
Reduced inequalities in premature mortality and healthy life expectancy	Improved outcomes across the life course	Stronger, more resilient communities

Figure 10: Bury Health Inequalities Strategy (2026-2030) ambitions, priorities, and measures for success

5.2 Healthier places

Social infrastructure refers to a wide range of services and facilities that meet community needs for education, health, social support, recreation, cultural expression, social interaction and community development. From protecting green spaces to the multi-million pound regeneration happening in the town centre, Radcliffe, Prestwich and beyond, healthier places must be factored into our environmental planning to reap the rewards of investment into our communities and shared spaces.

As presented throughout the report, social infrastructure is essential for health, wellbeing and financial prosperity of communities across the borough.

Bury's Health Inequalities Strategy also identifies investment in parks, leisure facilities, libraries, cultural venues and community spaces as major contributors to population health, social connection and resilience.

We expect the projects and programmes outlined in Chapters 3 and 4 to continue to go from strength to strength in the next year, as we have already seen significant progress against the recommendations and aims set out in last year's Public Health Annual Report (see the appendices for more information).







5. What will success look like in 2030?



5.3 Thriving neighbourhoods

Bury's approach to thriving neighbourhoods is built on creating communities that are engaged and proactive, where residents, businesses and public services come together to coproduce improvement.

Our regeneration programmes across our towns are helping to create neighbourhoods that are attractive and connected. Major investments in town centres are bringing new housing, community facilities, public spaces, transport improvements and business opportunities, helping to create places where people want to live, work and spend time.

A thriving neighbourhood also needs a thriving local economy. Across the borough, regeneration and economic development initiatives are supporting local businesses, attracting investment and creating employment opportunities, for example through projects such as the Enterprise Centre, the Northern Gateway/Atom Valley programme. [38]

The borough's place-based model recognises residents, community groups, voluntary organisations and businesses as active partners in shaping healthier neighbourhoods. This can-do approach strengthens resilience and creates communities that are better equipped to tackle challenges together.

The recommendations to follow will present how we will be measuring success by 2030, aligning ourselves with the council-wide vision of health gains to be made with and through public service reform.

Recommendations

Public health core priorities for 2026/27 are underpinned by a key driver to reduce health disparities through a neighbourhood approach. Bury's Health Inequalities Strategy (2026-2030), aligned with the LET'S Vision and strategy, focuses on improving the conditions that matter most for long-term health outcomes:

- Supporting inclusive economic growth so that good work and fair pay benefit all communities
- Improving early years development, educational attainment, and skills, particularly in more deprived areas
- Ensuring access to safe, warm, affordable homes and reducing fuel poverty

This report has highlighted actions being taken by the Council in conjunction with partners across the health and care system. The recommendations produced as a result of the report's findings support the continuation of successes seen in the last year, while also identifying areas for further collaboration, innovation and progress with communities at the centre.

"Rebuilding" blocks for health
Ensure that addressing "building blocks for health" is embedded in Public Health governance and commissioning principles, working across statutory services – social care, education, homelessness support, planning, and licensing – to normalise multidisciplinary approaches to improving health outcomes.
Engage local healthcare delivery partners, namely primary care, community trusts and acute trusts, **on driving a system-wide "left shift" towards upstream prevention in Bury**, emphasising the Return on Investment of early intervention. Deliver system-wide workshops and use forums to agree an action plan, reaching BeCCoR targets.
Evaluate the impact of the Enhanced Live Well Programme pilot to apply learnings to not only those experiencing multiple disadvantages, but others that encounter barriers identified by the pilot but do not meet current eligibility requirements.
Build on successful local activity linked to healthier environments including restriction of unhealthy food outlets, the use of the licensing matrix, and the alcohol harm matrix.

Recommendations

Strengthening and centring neighbourhoods

Continue the development of neighbourhood-based Live Well models during 2027/28 that integrate public services with voluntary, community, and faith organisations, as exemplified by the Whitefield Live Well Centre and Family Hubs.

Use Council regeneration opportunities alongside Public Sector Reform to centre neighbourhoods as core assets for population health, continuing investment in parks, leisure, culture and libraries, emphasising community-led solutions.

Ensure that co-production runs throughout the design, implementation and evaluation of local prevention initiatives, as a mechanism for community engagement, and to make sure planned improvements meet the needs of the people they are intended to support. Record evidence and build in evaluation for at least 90% of initiatives.

In 2027/28, work with VCFSE partners to strengthen community prevention in priority neighbourhoods, broadening the influence and reach of Integrated Neighbourhood Teams and drawing from micro-commissioning funds to allocate tailored resource.

Enabling healthy lives and empowering individuals

Expand approaches that support healthy behaviours, such as improving health literacy, social prescribing, and understanding of the Live Well offer, and empowering Bury residents to manage their health and wellbeing.

Increase access to prevention programmes, screening and early intervention services for long-term conditions in neighbourhood venues, targeting support towards cohorts experiencing the greatest health inequalities.

Raise awareness and shared understanding of local assets amongst frontline staff, to ensure consistency in signposting, Making Every Contact Count (MECC), and person-centred support across the borough.

Target social isolation and mental wellbeing as a public health priority, with bespoke, evidence-led plans to connect people to their communities.

Conclusion

We recognise that we still have opportunities to strengthen the connection between our work on Live Well, neighbourhood leadership teams, integrated neighbourhood teams in health and adult care, and the neighbourhood model for children and families to further improve the outcomes for our population.

The next year gives us an opportunity to bind these pillars together, whilst continuing to work on programmes of care which will also support delivery of national goal and reform ambitions in the context of our Locality strategy.

By viewing health through the lens of building blocks, neighbourhoods and communities explored in this report, we recognise that one sole agency cannot address health inequalities alone. Instead, we must widen our reach and make a greater, more sustainable impact through strengths-based approaches with partners in our neighbourhoods to make a real difference to Bury together.



Jon Hobday

Appendix 1: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Promote healthier environments	
Implement planning policies to restrict unhealthy food outlets near schools (as part of the work we are doing with supplementary planning document)	• Developed and enhanced Bury's evidence-based Hot Food Takeaway Matrix as part of the Supplementary Planning Document programme. • Successfully supported the refusal of eight new hot food takeaway applications using robust public health evidence. • Expanded the matrix to include adult obesity and adult diabetes indicators, strengthening the health impact assessment of planning applications. • Embedded health considerations into planning processes to support healthier food environments and reduce obesity-related health inequalities.
Focus on decreased access and availability of harmful products at local level	• Strengthened local alcohol licensing processes through successful mitigation and negotiation with applicants, helping reduce risks associated with increased alcohol availability. • Enhanced the Alcohol Licensing Matrix by introducing children's alcohol harm indicators and separating on-licence and off-licence premises. • Applied robust public health evidence to inform formal licensing representations and Licensing Committee decision-making. • Supported a place-based approach to reducing alcohol-related harm by influencing licensing decisions and promoting healthier community environments.

Appendix 1: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Promote healthier environments (continued)	
Adding children's social care markers to alcohol matrix	• Worked with Children's Services partners to incorporate children's social care indicators into the Alcohol Licensing Matrix. • Strengthened alignment with the licensing objective of Protecting Children from Harm by embedding safeguarding considerations within licensing assessments. • Improved the evidence available to support public health representations and Licensing Committee decisions. • Enhanced partnership working across public health, licensing, and children's services to support the prevention of alcohol-related harm affecting children, young people, and families.
Regulate harmful practices	
Collaborate with Greater Manchester authorities to address harmful advertising and sponsorship (e.g., alcohol, gambling)	• Established a local Gambling Harm Prevention Alliance and secured gambling levy funding to support coordinated prevention activity. • Delivered workforce upskilling and proposing a targeted programme to enable community-led gambling harm interventions. • Strengthened partnership working to address gambling harms through a whole-system prevention approach. • Collaborated with Greater Manchester's Commercial Determinants of Health Working Group, including scoping work on Minimum Unit Pricing (MUP) as a potential measure to reduce alcohol-related harm and inequalities.

Appendix 1: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Regulate harmful practices (continued)	
Enforce licencing regulations as much as we can to limit the density of high-risk establishments (using our licensing matrix)	• Covered in "Promote healthier environments" recommendation updates
Review and potentially cease any links the local authority may have with the gambling industry	• It has been confirmed that the Council does not have links to the gambling industry
Empower communities and business	
Support small businesses in adopting health-promoting practices (e.g., healthy food options, employee wellbeing programmes/alcohol support etc.) The Council business growth and investment team is working in partnership with the Business Growth Hub and the GM Good Employment Charter to enable the Bury business sector to prioritise workforce wellbeing	• Influenced the use of Section 106 contributions to support investment in play areas, walking routes, cycling infrastructure, and other health-promoting community assets. • Shaped the Local Plan consultation to strengthen expectations around social value, health, and wellbeing within future developments. • Advocated for the inclusion of Health Impact Assessments (HIAs) and health-focused recommendations for developers. • Embedded public health principles within planning and regeneration activity, helping ensure growth delivers positive outcomes for communities and reduces health inequalities. • The Council's Business and Investment team have reached 100 businesses that have been engaged in the past year, through which the team share 'Bury Means Business' packs with WorkWell promotional material, becoming a disability confident employer, and workforce wellbeing advice.

Appendix 1: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Empower communities and business (continued)	
Support small businesses in adopting health-promoting practices (e.g., healthy food options, employee wellbeing programmes/alcohol support etc.) The Council business growth and investment team is working in partnership with the Business Growth Hub and the GM Good Employment Charter to enable the Bury business sector to prioritise workforce wellbeing (continued)	• Bury Business Leaders Group (BBLG) is a collaboration between local business leaders and Team Bury, jointly committing to support the wider economic development of the borough. The group has 35 members, and this forum is used to promote employee wellbeing programmes and GM Good Employment charter. • Digital engagement is used to deliver health promotion to businesses, with topics ranging from WorkWell to Active Travel schemes. The B&I team's bulletin has over 1,300 subscriptions, with over 2,000 followers across Bury Means Business social media channels.
Continue to promote the health offer to businesses at various business and investment events, such as the Business to Business event and the Regen Expo	• In partnership with GM Good Employment Charter, the B&I team hosted an 'Empowering Employer' event in November 2025. This event provided the opportunity to share best practices in employee support and included stalls delivered by GMCA, In Work Progression, Work Well, GM Good Employment Charter and Disability Confident with the DWP. • Two Business Fairs have been delivered, as business-to-business events with over 45 stall holders and 200+ attendees • The Council was represented at the 'Best of North West' awards by the B&I team and WorkWell.

Appendix 1 continued: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Empower communities and business (continued)	
Work with the recent commissioned employment programmes WorkWell and in Work Progression focus on the connection between work and health in particular supporting businesses to reduce sickness absence and assist with good health & wellbeing practice	• Entering the final stages of the In Work Progression (IWP) pilot, a preventative, early intervention programme that provides support for working residents who are in low paid, unstable working environments and helps them to progress towards good employment. So far, 200 residents have been supported. • WorkWell's pilot has now completed and is in the second stage of delivery. We supported over 580 residents through WorkWell (356 residents in the pilot, and 226 residents through current delivery) and have embedded the service with employers such as the Northern Care Alliance who integrate WorkWell offer as part of their employee wellbeing programme. • As part of wider Bury Works employment and skills provision through the Integrated Settlement, there is a commitment to reducing health inequalities by supporting people into work. This is exemplified through the Bury Works Neighbourhub, which integrates employment and skills with health and wellbeing initiatives, alongside services that address wider determinants of health such as housing support.

Appendix 1 continued: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Advocate for systemic change	
Work with national bodies to advocate for tightening regulations on harmful products and marketing strategies	• Through leading of the GM Alcohol Alliance, we have developed plans on systematically advocating for key national policies which will limit the impact of harmful products, such as the introduction of minimum unit pricing (MUP).
Advocate for fair taxation of unhealthy commodities, e.g., minimum unit pricing, reinvesting revenue into public health initiatives	• Influenced the use of Section 106 contributions to support investment in play areas, walking routes, cycling infrastructure, and other health-promoting community assets. • Shaped the Local Plan consultation to strengthen expectations around social value, health, and wellbeing within future developments. • Advocated for the inclusion of Health Impact Assessments (HIAs) and health-focused recommendations for developers. • Embedded public health principles within planning and regeneration activity, helping ensure growth delivers positive outcomes for communities and reduces health inequalities.
Use good governance and organisational conflict of interest policy development resources to implement policies on partnership with industry and using harmful product industry funding for interventions. E.g., use the ADPH Good governance Toolkit (framework for local authorities to develop a consistent approach to managing commercial relationships in line with their values and principles)	• Bury has begun to embed a 'managing industry influence' approach within Council decision-making. Public Health has worked across Licensing, Planning and wider Council policy to ensure decisions affecting harmful products are informed by transparent population-health evidence. This includes the alcohol licensing matrix and Hot Food Takeaway Matrix/SPD, with work now extending into healthy advertising policy.

Appendix 1 continued: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Advocate for systemic change (continued)	
Work with GM colleagues on the Cross-Risk Factor Alliance: A National Prevention Framework for Harmful Products. This is a system-level framework to tackle the biggest three preventable killers – taking a harmful products approach to unhealthy food and drink and alcohol, learning from our existing GM tobacco model. Based on the 'Holding us back' framework	• In 2024 Bury became the first borough in Greater Manchester to achieve Sustainable Food Places Silver status. In 2026, we are proud to be going for Gold – the highest award level. Bury Food Partnership has created momentum aligning stakeholders across sectors, inspiring collective ownership, and turning ambition into meaningful change for our communities. • Bury has built an international reputation for leading the mission of Good Food for All – people, climate and nature, driven by the activity of our partners who share this vision. Through a fantastic range of activities, policy changes and promotions, from Right to Grow to organic food in school, Healthy Start transformation and free school meal autoenrollment, Bury is strengthening our food culture, into a borough where access to healthier, sustainable food is the norm, rather than the exception. The collective work of The Food Partnership and its members is now being put forward for consideration for the Sustainable Food Places Gold Award. • Supported Greater Manchester's Cross-Risk Factor Alliance by applying a harmful products approach across unhealthy food, alcohol, and gambling harms. • Successfully influenced planning and licensing decisions through evidence-based assessment tools, helping reduce access to products associated with poor health outcomes. • Strengthened local systems by establishing a Gambling Harm Prevention Alliance, enhancing workforce capability, and securing investment for targeted prevention activity.

Appendix 1 continued: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Advocate for systemic change (continued)	
Work with GM colleagues on the Cross-Risk Factor Alliance: A National Prevention Framework for Harmful Products. This is a system-level framework to tackle the biggest three preventable killers – taking a harmful products approach to unhealthy food and drink and alcohol, learning from our existing GM tobacco model. Based on the 'Holding us back' framework (continued)	• Influenced planning policy, Section 106 investment, and Local Plan development to ensure health, social value, and prevention are embedded within future growth and regeneration. • Contributed to a whole-system prevention model that addresses the commercial determinants of health and supports the reduction of long-term health inequalities
Communication	
Develop champions and networks amongst local politicians and other partners beyond public health to drive action forward	• Bury continues to work with elected politicians to help share and promote healthy messages to drive action, primarily through a number of key advocates.
Review use of language in public health promotion. Lifestyle 'choices' and behaviour versus harmful products and industries, resourcing and supporting campaigns that raise awareness using hard-hitting facts and evidence and reinforce public health messaging (as opposed to campaigns that aim to change individual behaviour)	• Working with the GM CDOH group to develop and agree GM approach to framing language.
Develop materials for framing commercial determinants of health (CDOH) with the public and press, including FAQs and responses to anticipated challenges. Use these to respond to industry arguments, as well as raising awareness of private sector tactics in communities	• Working with the GM CDOH group to develop and agree GM approach to framing language.

Appendix 2: List of contributors

Bury Council:
Monica Saiz-Miranda, Lee Buggie, Rachel Davis, Aimee Gibson, Francesca Vale, Matt Peluch, Jackie Veal, David Fielding, George Wolstencroft, Zilpha Lang, Samantha McLaren, Chris Woodhouse, Kimberley Partridge, Adam Warbrick, and Shannon Wood

VCFA:
Helen Tomlinson and Lorna Wilson

Appendix 3: References

[1] What builds good health? | The Health Foundation

[2] Long working hours increasing deaths from heart disease and stroke: WHO, ILO

[3] What Is Prevention In Health? | The King's Fund

[4] 10 Year Health Plan for England: fit for the future - GOV.UK

[5] Understanding the drivers of healthy life expectancy: report - GOV.UK

[6] The Relationship Between Poverty And NHS Services | The King's Fund

[7] Child and Maternal Health - Data | Fingertips | Department of Health and Social Care

[8] Child Poverty Statistics 2025 - End Child Poverty

[9] Fair Society Healthy Lives full report

[10] Re-employment, job quality, health and allostatic load biomarkers: prospective evidence from the UK Household Longitudinal Study | International Journal of Epidemiology | Oxford Academic

Appendix 3 continued: References

[11] Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity, NHSA (2018)

[12] Wider Determinants of Health - Data | Fingertips | Department of Health and Social Care

[13] Young people not in education, employment or training (NEET), UK - Office for National Statistics

[14] Young people and work: interim report - GOV.UK

[15] Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care

[16] BRE report finds poor housing is costing NHS £1.4bn a year

[17] GM Residents Survey November 2025

[18] Housing and health in local strategic health planning - GOV.UK

[19] Wider Determinants of Health - Data | Fingertips | Department of Health and Social Care

[20] Overview | Excess winter deaths and illness and the health risks associated with cold homes | Guidance | NICE

[21] English Housing Survey 2024 to 2025: home insulation - fact sheet - GOV.UK

[22] Housing and health in local strategic health planning - GOV.UK

[23] Transport, health and wellbeing - GOV.UK

[24] How transport offers a route to better health | The Health Foundation

[25] Access to Transport and Life Opportunities - GOV.UK

[26] Faculty of Public Health Transport Special Interest Group: Public Transport Policy Brief, June 2024

[27] Transport interventions at schools: health impacts and benefits - summary of international and UK studies

[28] Community Safety Partnerships - GOV.UK

Appendix 3 continued: References

[29] Independent investigation of the NHS in England - GOV.UK

[30] Return on investment of public health interventions: a systematic review | Journal of Epidemiology & Community Health

[31] Calculating the Return on Investment (RoI) for the Community Hubs, NIHR Applied Research Collaboration Greater Manchester, August 2025

[32] Neighbourhood health framework - GOV.UK

[33] Supporting Neighbourhood Health: Public Health at the Heart of Healthier Places, Local Government Association

[34] Bury Best Start in Life Family Hubs and Childrens Centres -Universal Offer Timetable and other information

[35] Public Library Universal Health Offer | Inspire - Culture, Learning, Libraries

[36] South East libraries deliver millions in value through support for mental health and wellbeing - report | Libraries Connected

[37] Towards health equity: a framework for the application of proportionate universalism - IHE

[38] Atom Valley - Making a better tomorrow

Appendix 4: Image credits

Terrace Housing Image

https://commons.wikimedia.org/wiki/File:Terrace_housing_on_Gigg_Lane_-_geograph.org.uk_-_7649502.jpg

Terrace housing on Gigg Lane © Kevin Waterhouse / Geograph, licensed under CC BY-SA 2.0. Via Wikimedia Commons. Image cropped.

Fairfield General Hospital Image

File:Fairfield General Hospital - geograph.org.uk - 3819878.jpg - Wikimedia Commons

Fairfield General Hospital © David Dixon / Geograph, licensed under CC BY-SA 2.0. Via Wikimedia Commons. Image cropped.

Radcliffe Primary Care Image

File:Radcliffe Primary Health Care Centre - geograph.org.uk - 3346258.jpg - Wikimedia Commons

Radcliffe Primary Health Care Centre © Gerald England / Geograph, licensed under CC BY-SA 2.0. Via Wikimedia Commons. Image cropped.

This page is intentionally left blank

SCRUTINY REPORT

Bury Council

MEETING:	**Health Scrutiny Committee**
DATE:	**26th November 2026**
SUBJECT:	**Locality Performance Report**
REPORT FROM:	**Will Blandamer Executive Director for Health and Adult Care (Deputy Place Based Lead for NHS GM)**
CONTACT OFFICER:	**Will Blandamer Executive Director for Health and Adult Care (Deputy Place Based Lead for NHS GM)**

1.0 BACKGROUND

1.1 The locality performance report is routinely presented to the Bury Locality Board via the Locality Performance and Quality Committee.

The locality performance report is produced by NHS Greater Manchester and provides an overview of the performance of the health and care system in the round in Bury, drawing on indicators associated with primary care, mental health, acute services, adult care and some population health indicators.

The report is helpful in providing benchamarking data across Greater Manchester to aid comparison of the relative performance of Bury in relation to other GM locality areas.

The Locality Board performance report informs and guides steps required to address apparently relatively poor performance, and celebrates positive performance. In addition to being reviewed on a quarterly basis by the Locality Board it is reviewed by the integrated delivery board in Bury. Key indicators are also reviewed by the relevant programme board (for example the Bury urgent care board, Vaccination assurance group, mental health partnership board etc)

It should be recognised that the performance report provides longtiduinal as well as relative performance but should nevertheless be only to be consisdered to be one aspect of overall performance and quality.

Please note elective care waiting times will be subject to a further update to scrutiny committee in a future meeting.

2.0 KEY MESSAGES

2.1 There are some areas of performance in Bury that are relatively high compared to GM. These include:

- The proportion of patients over 14+ with Learning Disabilities with a completed health check. (and to note in 25/26 Bury was the best performer in this in GM and expect to be so again as the checks are delivered towards the end of the financial year) (3rd)

- The rate of access for young people to mental health services (4th)

- Rate of delayed discharges in mental health (and evident in improvement since some pressues in the summer) (3rd)

- Access to Community mental health services for adults and older people with severe mental illness (2nd)

- Rate of access for women to perinatal mental health services (2nd)

- E-coli blood stream infections (3rd)

- Anti microbial resistance - prescribing in primary care (1st)

- A&E 4 hours performance (4th) - not that this is for all Bury residents wherever they access a service

- Breast Screening Coverage (4th)

- MMR Vaccination uptake (4th)

- Cervical Screening uptake (4th)

- Seasonal Flu Vaccine uptake (4th)

- 2 hour community response (this is our rapid response service seeking to avoid unplanned hospital admission) – (1st)

- Percentage of care homes rated good or oustandiong (3rd)

2. There are some areas of relatively poor performance that we are focused on currently

- A number of areas of talking therapies waiting times are a cause for concern. We are working with the provider and also NHS GM to explore opportunities to improve capacity and responsiveness of the service. It will be noted that the outcomes of the service for Bury residents are relatively good but the waiting time for access is too long

- We are reviewing waiting times for eating disorder services currently as performance is not consistent.

- The proportion of 28 days cancer diagnosis outcome is currently under the GM average and we are working with providers.

- We are concerned with the indicator relating to the percentage of people with Serious Mental Ilnness to receive all 6 health checks in the last 12 months. We have not been able to sustain consitent improvement in this indicator and will be working with GP colleagues to review and benchmark best practice.

- This meeting has previously been updated on the steps taken to address long waiting times for Autsim and ADHD assesssment for chilrden. This work includes provision of alternative sources of advice, the prioritisation of youg people with greatest need, and the full participatoin of the NHS in the development of the SEND reform programme around school inclusion including early intervention and prevention.

- This report indicates one month of relatively poor CHC (Continuing Health Care) completion within 28 days but it will be note this follows 3 years of continuos improvement.

3. There are some indicators where Bury performs satisfactorily in the comparison with other GM localities but is the focus of particular attention currently including

- Non-elective admission rate (where we know our performance for over 65s is one of the best in the north west but where further work is required in relation to adults). There is also a statistical issue on this indicator where same day emergency care is being coded as an inpatient admission and this is due to be corrected which will improve our reported performance.

- Mental health admissions - where we are anticpating improved performance with the recent relaunch of the crisis response service and the alignment of preventative capacity to our neighbourhood model.

- 4hr wait performance - we believe we can improve this position further particulalry on the Fairfield General Hospital site.

- We are confident the “no criteria to reside position”, as reported at September, understates rapid improvement in the last 2 months where we have seen record low numbers of patients and bed days lost at Fairfield General Hospital

3.0 CONCLUSION

The report demonstrates that Bury continues to perform strongly across a number of key health and care indicators when compared with other Greater Manchester localities, particularly in areas such as learning disability health checks, mental health service access, vaccination and screening uptake, urgent community response, and care quality. Whilst there are areas requiring improvement, including talking therapies waiting times, eating disorder services, cancer diagnosis performance and physical health checks for people with serious mental illness, targeted work is underway with partners to address these challenges.

Overall, the report provides assurance that performance is regularly monitored through the Locality Board and associated programme boards, with appropriate action being taken to improve outcomes for residents and maintain positive performance across the health and care system.

4.0 RECCOMENDATION

The Committee is invited to receive this report and note the relative performance of Bury compared to other GM health and care systems on a range of key indicators.

List of Background Papers:-

Bury ICP Locality Performance Slides

Contact Details:-

Will Blandamer Executive Director for Health and Adult Care (Deputy Place Based Lead for NHS GM)

This page is intentionally left blank

BURY INTEGRATED CARE PARTNERSHIP

Locality Performance Report November 2026

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Bury - Oversight Metrics

Show Definitions

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Mental Health & Learning Disabilities	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Aug 26	31.2%	23.90%	↗	75.%	373	1,195	Upper
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Aug 26	3,505	3,625	↘	5,605	N/A	N/A	Lower
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Sep 26	75.5%	77.20%	↘	66.7%	1,891	2,503	Upper
	N/A	Number of MH patients with no criteria to reside - number of beds occupied by mental health patients who are ready to be discharged	Monthly	Oct 26	9	12	↘	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Oct 26	10.6%	15.00%	↘	N/A	9	85	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Aug 26	2,395	2,385	↗	4,005	N/A	N/A	Inter
	S081a	Talking Therapies: Access Rate	Monthly	Aug 26	245	345	↘	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Aug 26	200	205	↘	N/A	N/A	N/A	Lower
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 3 months)	Monthly	Aug 26	4,200	4,310	↘	0	N/A	N/A	Lower
	S125a	Long length of stay for adults (60+ days)	Monthly	Aug 26	30.8%	35.71%	↘	0.%	20	65	Lower
	N/A	Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18	Monthly	May 26	67.0%	67.00%	→	N/A	67	N/A	Lower
Cancer	N/A	Cancers Diagnosed at an Early Stage (12-month rolling): All Tumours Staged within RCRD	Monthly	Jun 26	63.0%	62.92%	↗	N/A	521	827	Upper
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar 26	74.4%	70.60%	↗	77.%	24,658	33,135	Inter
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Mar 26	65.9%	64.98%	↗	64.85%	7,260	11,010	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Sep 26	79.7%	80.04%	↘	80.25%	68,282	85,624	Inter
Quality	S042a	E. coli blood stream infections	Monthly	Sep 26	125	126	↘	N/A	N/A	N/A	Upper
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Jun 25	68.9%	69.78%	↘	87.1%	N/A	N/A	Upper
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Jun 25	5.6%	5.57%	↗	10.%	5,314	95,172	Upper
	S037A	% of patients describing the overall experience of their GP practice as good	Annual	Mar 23	71.4%		→	73.90%	N/A	N/A	N/A

Bury

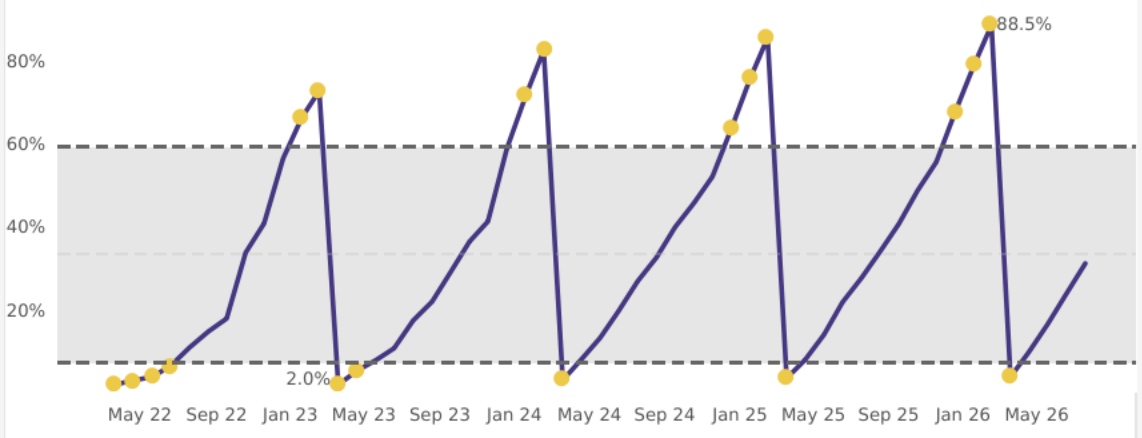
% of patients aged 14+ with a completed LD health check

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

Source: Learning Disabilities Health Check Scheme (Monthly)

31.2%	23.9%	13/106	75.%
August 2026	July 2026	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	2.0%	3.1%	3.9%	6.5%	10.9%	14.8%	18.0%	33.8%	40.8%	56.4%	66.4%	72.7%
2023-24	2.0%	5.4%	7.9%	10.8%	17.5%	22.0%	29.1%	36.5%	41.3%	58.9%	71.7%	82.5%
2024-25	3.2%	8.1%	13.3%	19.8%	26.9%	32.7%	39.9%	45.8%	52.1%	63.7%	75.9%	85.5%
2025-26	3.6%	8.0%	14.1%	21.9%	27.7%	34.2%	40.7%	48.9%	55.6%	67.7%	79.1%	88.5%
2026-27	3.9%	9.9%	16.7%	23.9%	31.2%							

Selected measure at August 2026 has continuously increased for 4 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

3	Trafford	36.0%
10	Stockport	33.3%
13	Bury	31.2%
19	Manchester	29.7%
21	Wigan	28.7%
32	Tameside	27.1%
51	Bolton	24.6%
61	Rochdale	23.7%
73	Oldham	22.9%
74	Salford	22.9%
7	NHS Greater Manchester Integrated Care Board	28.0%

Narrative

- No update on previous month's reporting period as yet.

Bury

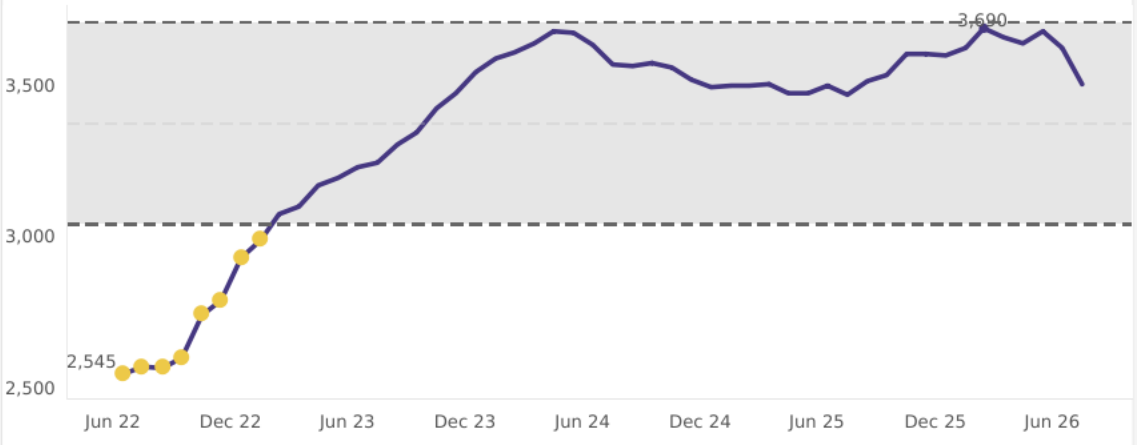
Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

3,505	3,625	88/107	5,605
August 2026	July 2026	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean

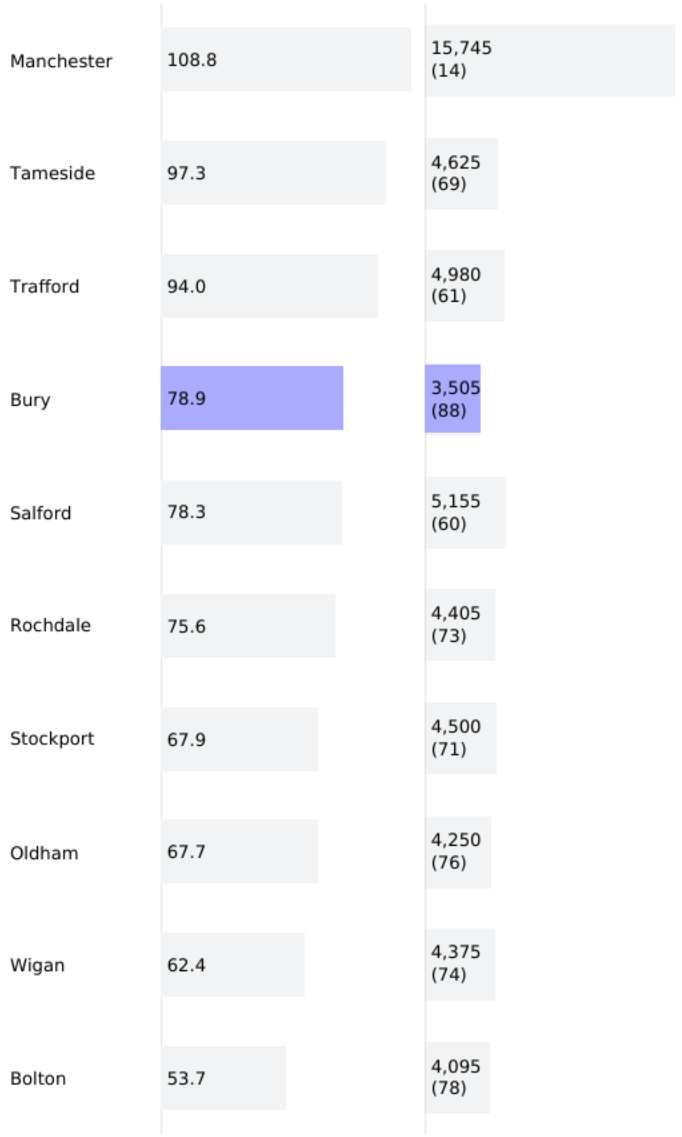


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23				2,545	2,570	2,565	2,600	2,740	2,790	2,930	2,990	3,075
2023-24	3,100	3,170	3,195	3,230	3,245	3,305	3,345	3,425	3,475	3,545	3,590	3,610
2024-25	3,640	3,680	3,675	3,635	3,570	3,565	3,575	3,560	3,520	3,495	3,500	3,500
2025-26	3,505	3,475	3,475	3,500	3,470	3,515	3,535	3,605	3,605	3,600	3,625	3,690
2026-27	3,660	3,640	3,680	3,625	3,505							

Selected measure at August 2026 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking

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



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

Narrative

- No update on previous month's reporting period as yet.

Bury

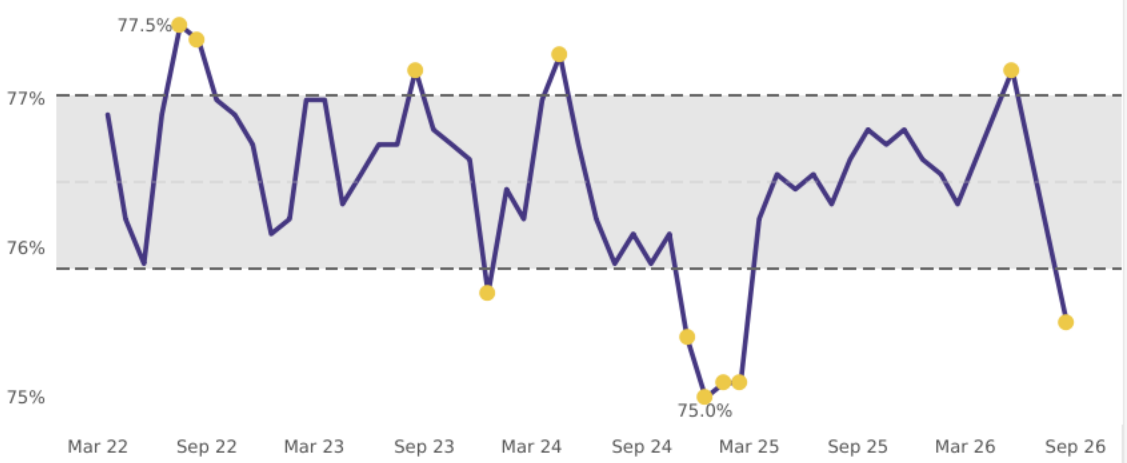
Dementia: Diagnosis Rate (Aged 65+)

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

Source: Primary Care Dementia Data (Monthly)

75.5%	77.2%	13/106	66.7%
September 2026	June 2026	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	76.9%	76.2%	75.9%	76.9%	77.5%	77.4%	77.0%	76.9%	76.7%	76.1%	76.2%	77.0%
2023-24	77.0%	76.3%	76.5%	76.7%	76.7%	77.2%	76.8%	76.7%	76.6%	75.7%	76.4%	76.2%
2024-25	77.0%	77.3%	76.7%	76.2%	75.9%	76.1%	75.9%	76.1%	75.4%	75.0%	75.1%	75.1%
2025-26	76.2%	76.5%	76.4%	76.5%	76.3%	76.6%	76.8%	76.7%	76.8%	76.6%	76.5%	76.3%
2026-27			77.2%			75.5%						

Selected measure at September 2026 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

8	Rochdale	76.9%
9	Oldham	76.8%
10	Manchester	76.4%
13	Bury	75.5%
18	Stockport	74.6%
20	Salford	74.1%
22	Tameside	73.3%
32	Bolton	71.5%
33	Trafford	71.2%
36	Wigan	71.0%
3	NHS Greater Manchester Integrated Care Board	74.0%

Narrative

Performance has fallen from 77.2% in June to 75.5% in September.

Bury have dropped from 1st to 4th ranked within GM.

Bury

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

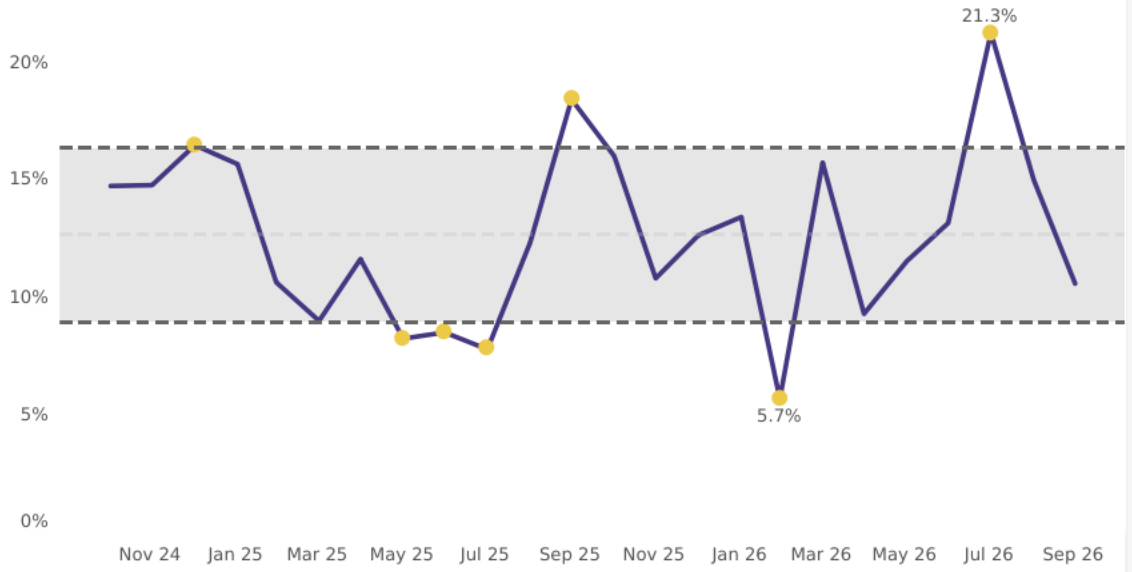
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

10.6%
October 2026

15.0%
September 2026

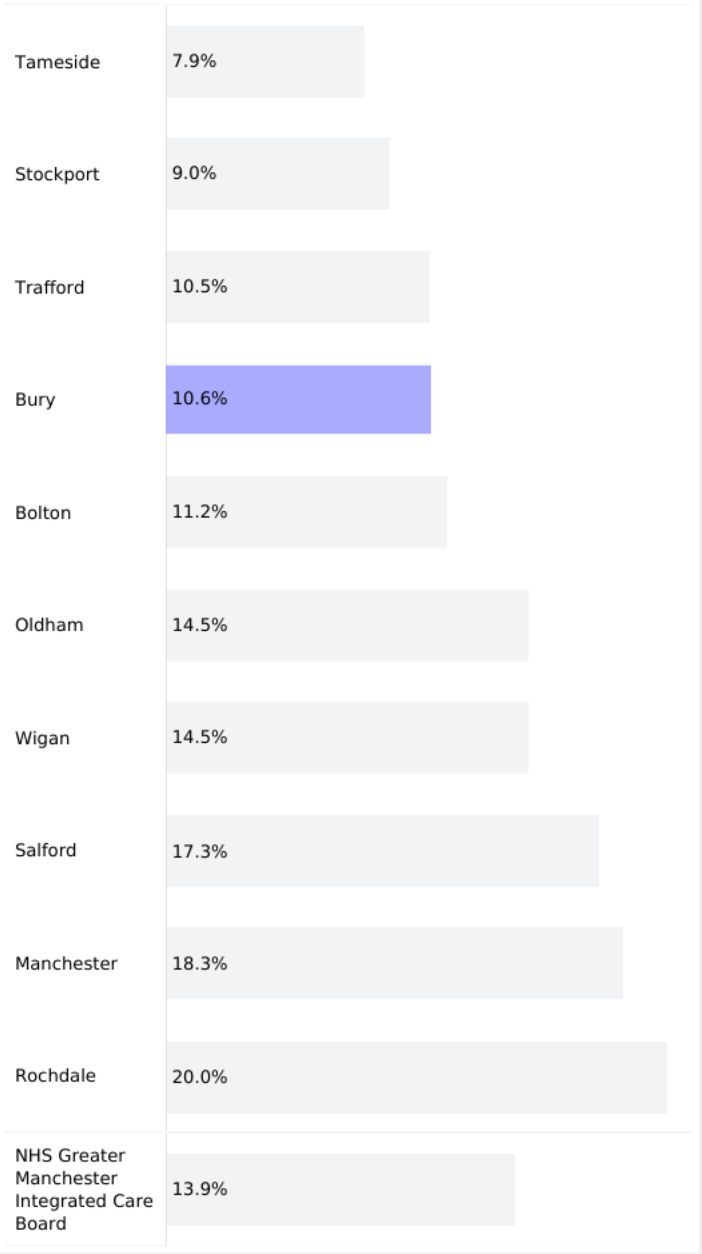
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024-25								14.7%	14.8%	16.5%	15.7%	10.6%
2025-26	9.0%	11.6%	8.2%	8.5%	7.8%	12.3%	18.4%	16.0%	10.8%	12.6%	13.4%	5.7%
2026-27	15.7%	9.3%	11.5%	13.2%	21.3%	15.0%	10.6%					

Selected measure at October 2026 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking



Narrative

- As of October 2026, 10.6% of mental health patients in Bury are reported as having no criteria to reside (NCTR), representing a decrease from 15.0% in September 2026.
- Bury's performance tanks 4th highest across GM.

Bury

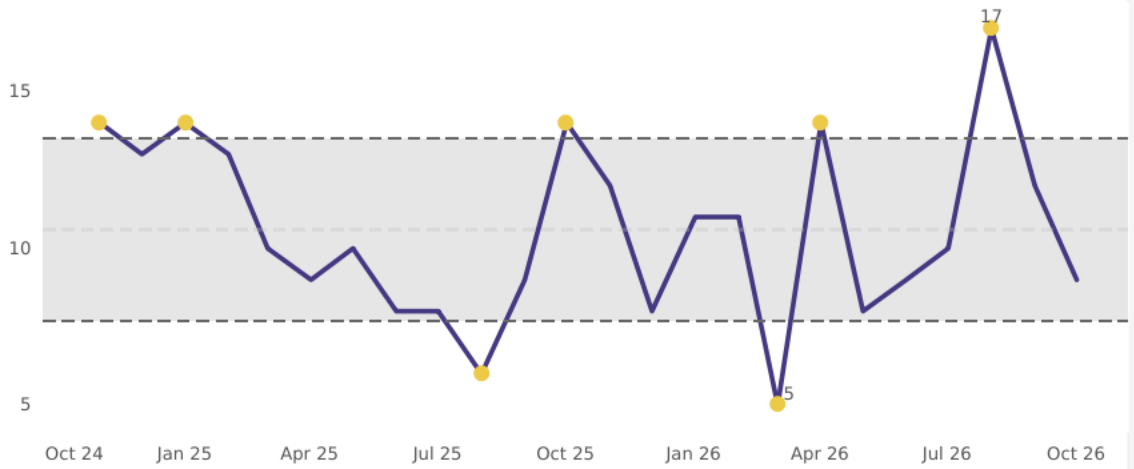
Number of MH patients with no criteria to reside (NCTR)
Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

9
October 2026

12
September 2026

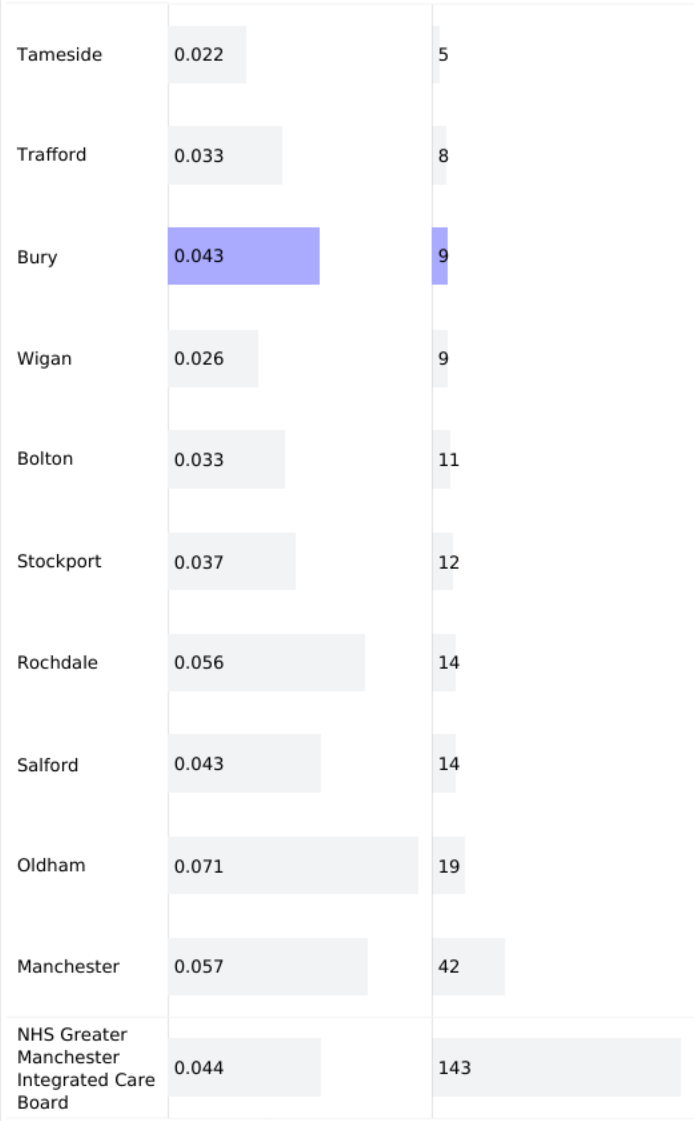
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024-25								14	13	14	13	10
2025-26	9	10	8	8	6	9	14	12	8	11	11	5
2026-27	14	8	9	10	17	12	9					

Selected measure at October 2026 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking
Rate per 1000 | Count



The rate is calculated using the registered population figure for each locality | Bury: 209,423

Narrative

- This metric is monitored daily to ensure timely oversight and responsiveness.
- In October 2026, the number of mental health patients in Bury recorded as having no criteria to reside (NCTR) decreased to 9, from 12 in August.
- This equates to a rate of 0.043 per 1,000 population, which is above the Greater Manchester (GM) average of 0.044.

Bury

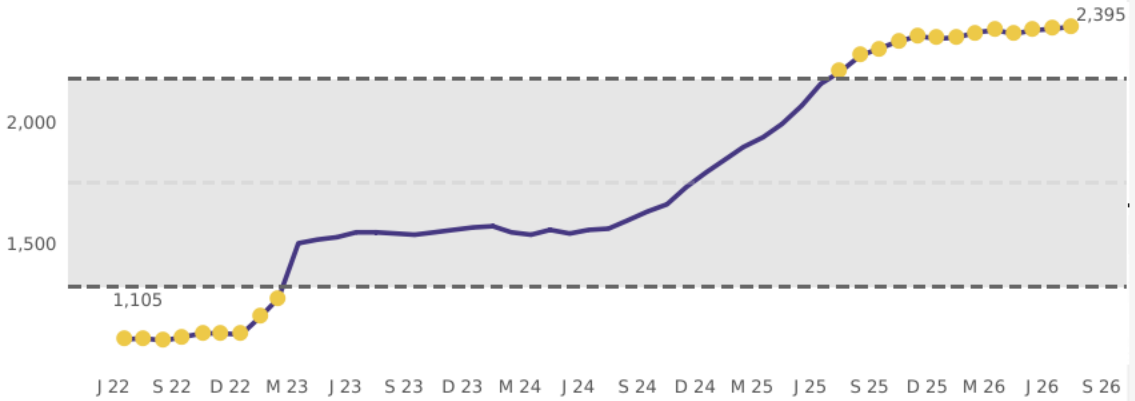
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses

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

Source: Published MHSDS (Monthly)

2,395	2,385	78/107	4,005
August 2026	July 2026	National Rank Inter Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23				1,110	1,115	1,105	1,120	1,135	1,135	1,130	1,205	1,280
2023-24	1,505	1,520	1,530	1,550	1,550	1,545	1,540	1,550	1,560	1,570	1,575	1,550
2024-25	1,540	1,560	1,545	1,560	1,565	1,600	1,635	1,665	1,735	1,795	1,850	1,900
2025-26	1,940	1,995	2,070	2,160	2,210	2,275	2,305	2,335	2,355	2,345	2,350	2,370
2026-27	2,380	2,365	2,380	2,385	2,395							

Selected measure at August 2026 has continuously increased for 3 period(s) of time

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)



The rate is calculated using the 18+ registered population figure for each locality | Bury: 165,915

Narrative

- No update on previous month's reporting period as yet.

Bury

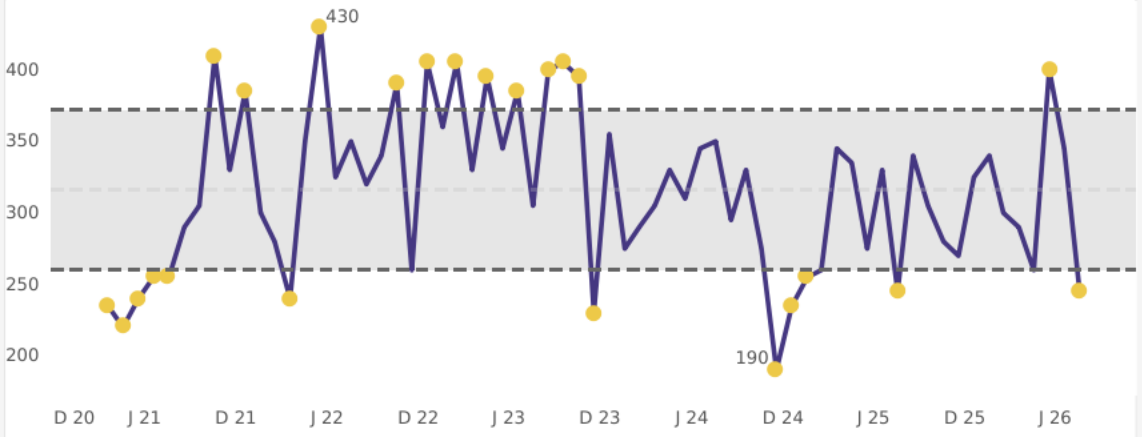
Talking Therapies: Access Rate

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

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

245	345	98/110	No Target
August 2026	July 2026	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	235	220	240	255	255	290	305	410	330	385	300	280
2022-23	240	350	430	325	350	320	340	390	260	405	360	405
2023-24	330	395	345	385	305	400	405	395	230	355	275	290
2024-25	305	330	310	345	350	295	330	275	190	235	255	260
2025-26	345	335	275	330	245	340	305	280	270	325	340	300
2026-27	290	260	400	345	245							

Selected measure at August 2026 has continuously **decreased** for **2** period(s) of time

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)



The rate is calculated using the registered population figure for each locality | Bury: 209,423

Narrative

- No update on previous month's reporting period as yet.

Bury

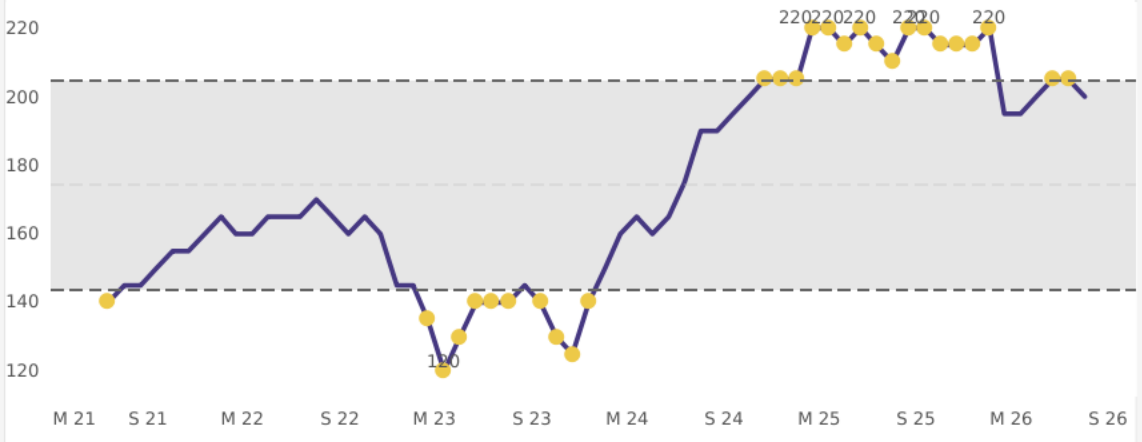
Women Accessing Specialist Community Perinatal Mental Health Services

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

Source: Published MHSDS (Quarterly)

200	205	88/106	No Target
August 2026	July 2026	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				140	145	145	150	155	155	160	165	160
2022-23	160	165	165	165	170	165	160	165	160	145	145	135
2023-24	120	130	140	140	140	145	140	130	125	140	150	160
2024-25	165	160	165	175	190	190	195	200	205	205	205	220
2025-26	220	215	220	215	210	220	220	215	215	215	220	195
2026-27	195	200	205	205	200							

Selected measure at August 2026 has continuously **decreased** for **1** period(s) of time

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Stockport	5.4	340 (60)
2	Bury	4.9	200 (88)
3	Rochdale	4.7	240 (78)
4	Tameside	4.7	215 (82)
5	Trafford	4.1	190 (91)
6	Wigan	3.8	250 (75)
7	Oldham	3.4	185 (92)
8	Salford	3.1	245 (76)
9	Bolton	2.9	195 (89)
10	Manchester	2.8	555 (39)

The rate is calculated using the 15-44 female population figure for each locality | Bury 40,835

Narrative

Bury

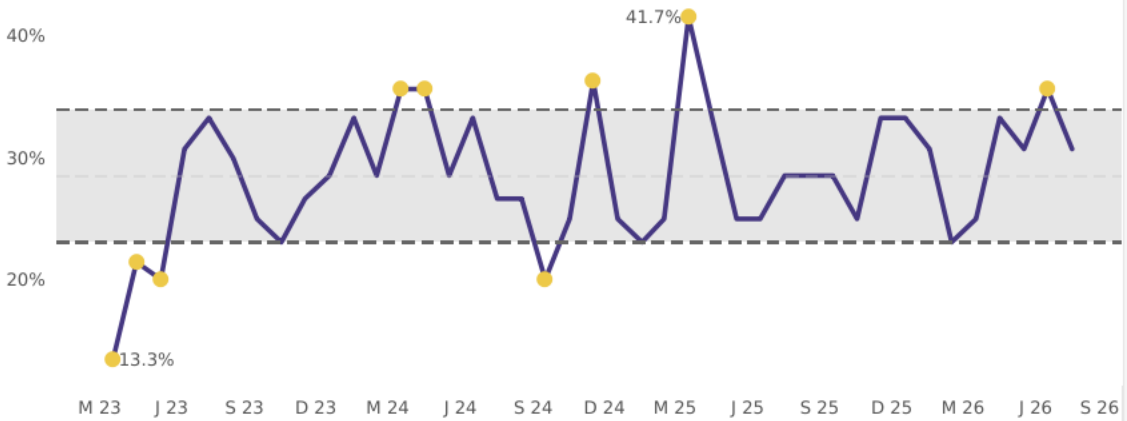
Long length of stay for adults (60+ days) - Mental Health Patients

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

Source: Published MHSDS (Monthly)

30.8%	35.7%	76/99	0.%
August 2026	July 2026	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24	13.3%	21.4%	20.0%	30.8%	33.3%	30.0%	25.0%	23.1%	26.7%	28.6%	33.3%	28.6%
2024-25	35.7%	35.7%	28.6%	33.3%	26.7%	26.7%	20.0%	25.0%	36.4%	25.0%	23.1%	25.0%
2025-26	41.7%	33.3%	25.0%	25.0%	28.6%	28.6%	28.6%	25.0%	33.3%	33.3%	30.8%	23.1%
2026-27	25.0%	33.3%	30.8%	35.7%	30.8%							

Selected measure at August 2026 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

10	Stockport	15.0%
19	Salford	17.6%
44	Wigan	23.8%
46	Oldham	25.0%
	Rochdale	25.0%
56	Bolton	27.3%
71	Trafford	30.0%
76	Bury	30.8%
89	Tameside	36.4%
94	Manchester	39.5%
26	NHS Greater Manchester Integrated Care Board	28.0%

Narrative

Bury

Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18 - Mental Health Patients

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

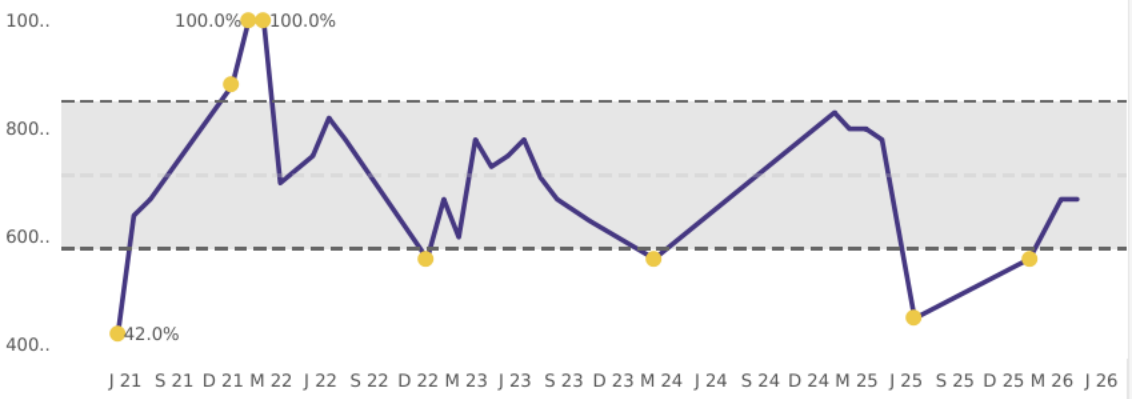
Source: Published MHSDS (Monthly)

67.0%
May 2026

67.0%
April 2026

78/104
National Rank
Lower Quartile

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Nov	Jan	Feb	Mar
2021-22			42.0%	64.0%	67.0%			88.0%	100.0%	100.0%
2022-23	70.0%		75.0%	82.0%	78.0%			56.0%	67.0%	60.0%
2023-24	78.0%	73.0%	75.0%	78.0%	71.0%	67.0%	63.0%			56.0%
2024-25									83.0%	80.0%
2025-26	80.0%	78.0%		45.0%					56.0%	
2026-27	67.0%	67.0%								

Selected measure at May 2026 has continuously remained the same for 3 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

1	Salford	100.0%
	Wigan	100.0%
28	Stockport	90.0%
42	Trafford	84.0%
43	Bolton	83.0%
55	Manchester	77.0%
58	Oldham	75.0%
78	Bury	67.0%
91	Rochdale	50.0%
	Tameside	50.0%
18	NHS Greater Manchester Integrated Care Board	81.0%

Narrative

- No update on previous month's reporting period as yet.

Bury

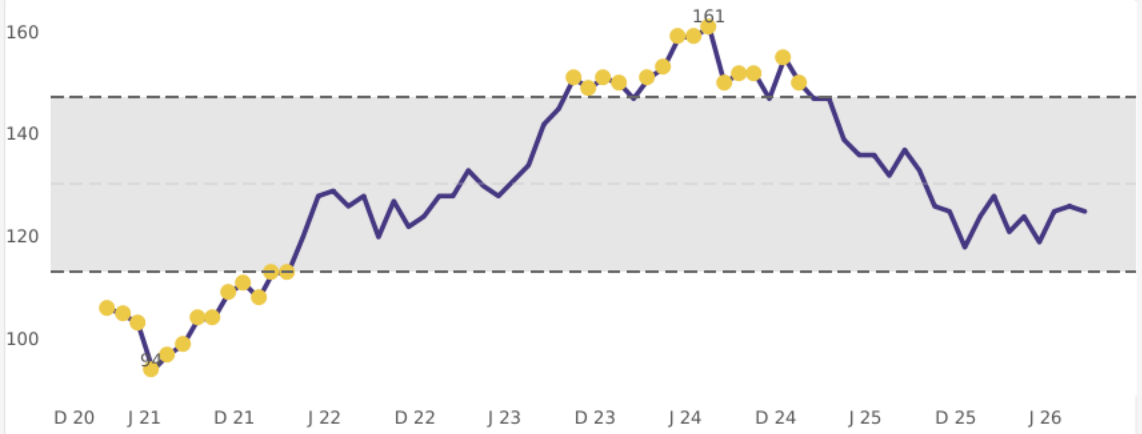
E. coli blood stream infections

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

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

125	126	12/106	No Target
September 2026	August 2026	National Rank Upper Quartile	

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	106	105	103	94	97	99	104	104	109	111	108	113
2022-23	113	120	128	129	126	128	120	127	122	124	128	128
2023-24	133	130	128		134	142	145	151	149	151	150	147
2024-25	151	153	159	159	161	150	152	152	147	155	150	147
2025-26	147	139	136	136	132	137	133	126	125	118	124	128
2026-27	121	124	119	125	126	125						

Selected measure at September 2026 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)



The rate is calculated using the registered population figure for each locality | Bury: 209,423

Narrative

Bury

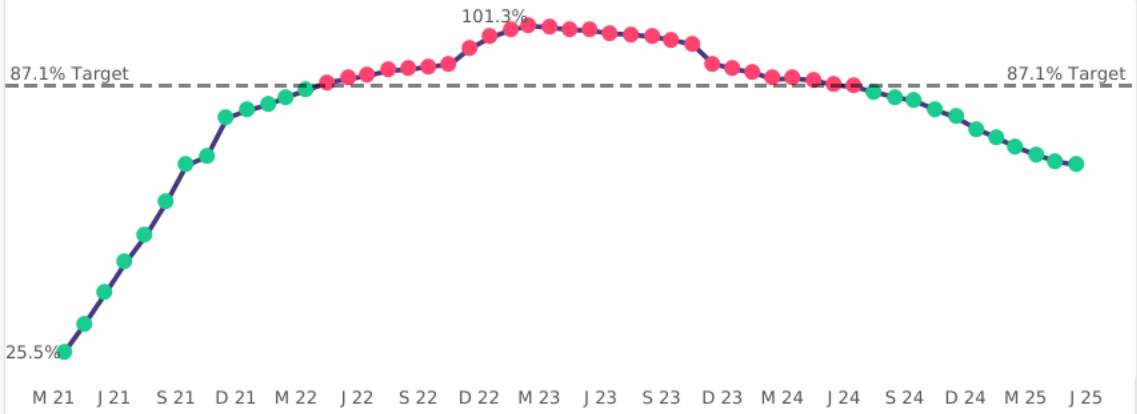
Antimicrobial resistance: total prescribing of antibiotics in primary care

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

Source: EPACT Prescribing Data (Monthly)

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

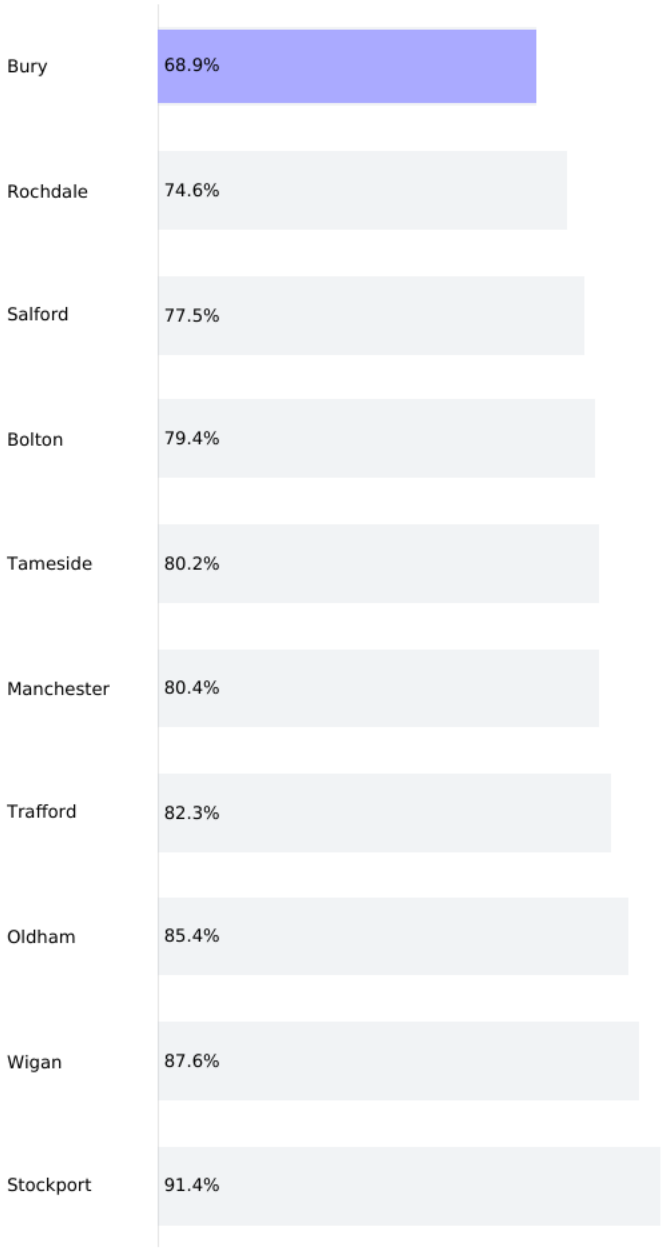
Performance Against National Target of 87.1%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	25.5%	31.9%	39.0%	46.1%	52.5%	60.2%	68.8%	70.9%	79.9%	81.6%	83.0%	84.8%
2022-23	86.4%	88.1%	88.9%	89.7%	90.9%	91.1%	91.8%	92.3%	96.0%	98.6%	100.3%	101.3%
2023-24	100.9%	100.4%	100.2%	99.5%	99.3%	98.8%	98.0%	97.0%	92.5%	91.3%	90.4%	88.9%
2024-25	89.0%	88.7%	87.5%	87.2%	85.8%	84.7%	83.8%	81.7%	80.0%	77.3%	75.2%	73.1%
2025-26	71.3%	69.8%	68.9%									

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

Latest Value GM Benchmarking



Narrative

- No update on previous month's reporting period as yet.

Bury

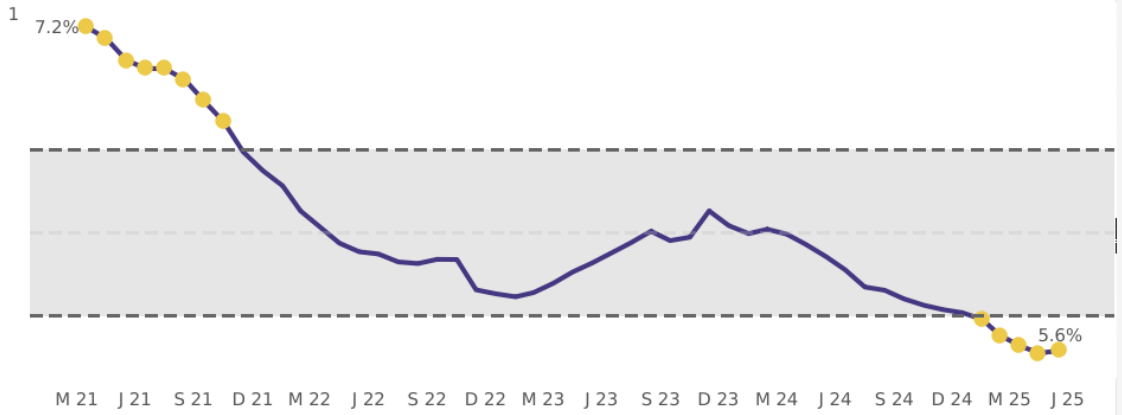
Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care

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

Source: EPACT Prescribing Data (Monthly)

5.6%	5.6%	15/113	10.%
June 2025	May 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean

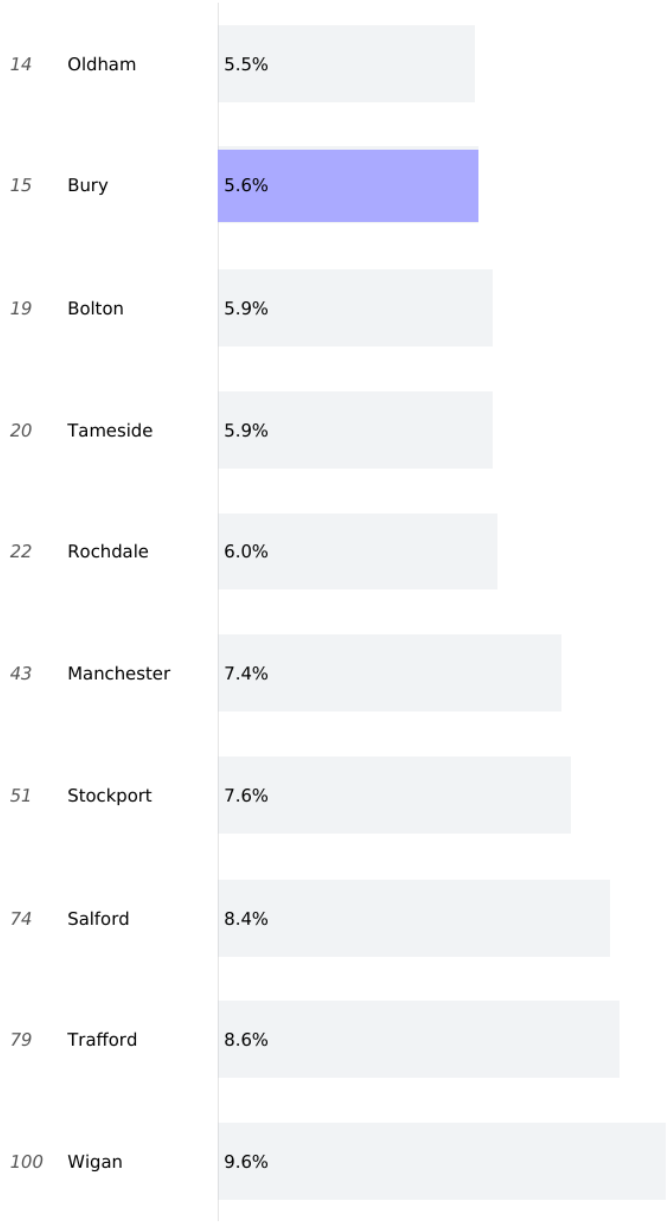


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	7.2%	7.1%	7.0%	7.0%	7.0%	6.9%	6.8%	6.7%	6.6%	6.5%	6.4%	6.3%
2022-23	6.2%	6.1%	6.1%	6.1%	6.0%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%
2023-24	5.9%	6.0%	6.0%	6.1%	6.1%	6.2%	6.1%	6.2%	6.3%	6.2%	6.2%	6.2%
2024-25	6.2%	6.1%	6.1%	6.0%	5.9%	5.9%	5.8%	5.8%	5.8%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury - Sight Metrics

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Urgent Care	N/A	A&E 4 hour performance	Monthly	Oct 26	69.1%	70.1%	↘	78.0%	5,286	7,654	N/A
	N/A	A&E Attendances	Monthly	Oct 26	7,654.0	7,613.0	↗	N/A	7,654	N/A	N/A
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Oct 26	15.2%	16.2%	↘	N/A	1,665	10,989	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Oct 26	2,031.0	2,287.0	↘	N/A	2,031	N/A	Upper
Elective Care	EB28	Diagnostic 6ww: All	Monthly	Aug 26	16.6%	12.4%	↗	1.%	1,027	6,177	Inter
	EB28x	Diagnostic 6ww: All	Monthly	Aug 26	16.6%	12.4%	↗	1.%	1,027	6,177	Inter
	EB20	RTT incomplete: 65+ week waits	Monthly	Aug 26	38	20.0	↗	0.	38	N/A	Inter
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis (Monthly): All Patients	Monthly	Aug 26	73.5%	75.9%	↘	80.%	738	1,004	Lower
Maternity	S104a	Number of neonatal deaths per 1,000 total live births	Annual	Dec 24	1.9	1.5	↗	1.4	4	2,077	Lower
	S022a	Number of stillbirths per 1,000 total births	Annual	Dec 24	5.3	5.4	↘	2.5	11	2,077	Lower
Screening and Immunisations	OF0104	Breast screening coverage, females aged 53-70, screened in last 36 months	Annual	Dec 25	74.6%	73.3%	↗	N/A	16,689	22,380	Inter
	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	Annual	Dec 25	74.6%	73.3%	↗	N/A	16,689	22,380	Inter
	OF0049	COVER immunisation: MMR2 Uptake at 5 years old	Quarterly	Jun 26	87.0%	86.5%	↗	95.%	495	569	Inter
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	Quarterly	Jun 26	87.0%	86.5%	↗	95.%	495	569	Inter
	OF0105	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Quarterly	Jun 24	70.3%	70.6%	↘	80.%	37,935	53,940	Inter

Bury - Sight Metrics

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

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

Bury

A&E 4 hour performance

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

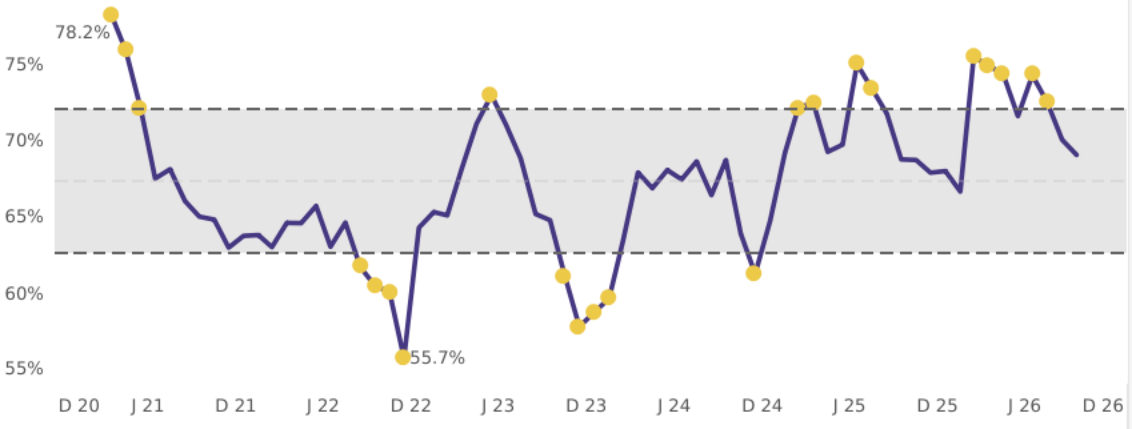
Source: Emergency Care Dataset (ECDS) (Monthly)

69.1%
October 2026

70.1%
September 2026

78.0%
National Target

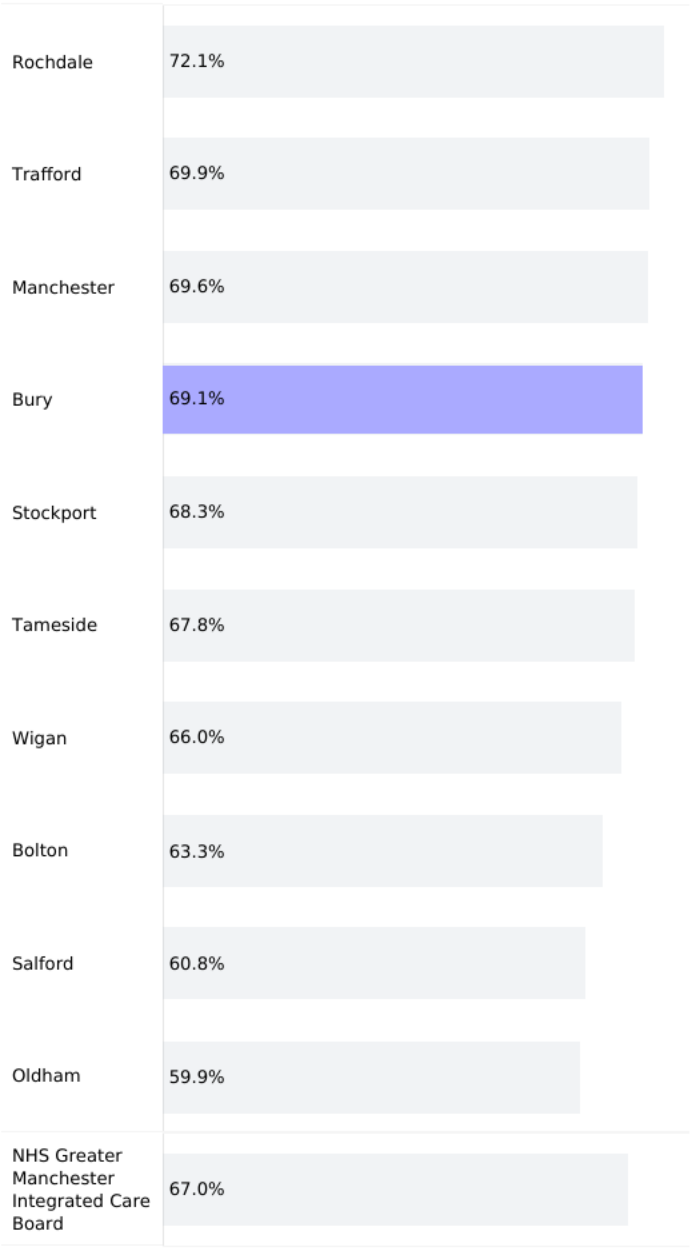
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	78.2%	75.9%	72.1%	67.5%	68.1%	66.0%	65.0%	64.8%	63.0%	63.8%	63.8%	63.0%
2022-23	64.6%	64.6%	65.7%	63.0%	64.6%	61.7%	60.5%	60.1%	55.7%	64.3%	65.3%	65.1%
2023-24	68.2%	71.1%	73.0%	71.1%	68.8%	65.2%	64.8%	61.1%	57.8%	58.7%	59.7%	63.4%
2024-25	67.9%	66.9%	68.1%	67.5%	68.6%	66.4%	68.7%	63.9%	61.3%	64.7%	69.2%	72.2%
2025-26	72.5%	69.3%	69.7%	75.0%	73.4%	71.8%	68.8%	68.7%	67.9%	68.0%	66.7%	75.5%
2026-27	74.9%	74.4%	71.6%	74.3%	72.5%	70.1%	69.1%					

Selected measure at October 2026 has continuously **decreased** for **3** period(s) of time

Latest Value GM Benchmarking



Narrative

- This metric is monitored daily to support timely performance oversight.
- In October 2026, Bury achieved a 4-hour emergency care performance rate of 69.1%, decreasing from 70.1% in September 2026.
- This represents a slight year-on-year increase compared with 68.8% in October 2025.
- Bury's performance exceeds the Greater Manchester average of 67.0%, ranking 4th highest among GM localities.

Bury

A&E Attendances

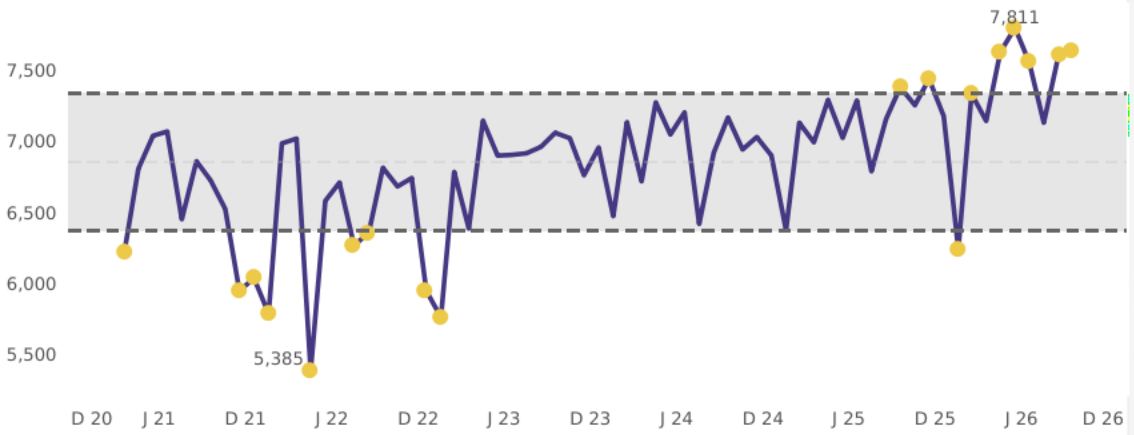
Number of attendances at A&E departments

Source: Emergency Care Dataset (ECDS) (Monthly)

7,654
October 2026

7,613
September 2026

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	6,220	6,816	7,049	7,079	6,459	6,869	6,734	6,532	5,954	6,042	5,791	6,995
2022-23	7,029	5,385	6,589	6,718	6,275	6,363	6,823	6,691	6,750	5,953	5,766	6,793
2023-24	6,394	7,156	6,909	6,914	6,925	6,971	7,070	7,032	6,770	6,966	6,481	7,145
2024-25	6,727	7,285	7,058	7,214	6,426	6,930	7,178	6,952	7,040	6,910	6,382	7,141
2025-26	7,003	7,303	7,034	7,298	6,798	7,168	7,392	7,265	7,450	7,188	6,245	7,346
2026-27	7,154	7,641	7,811	7,570	7,141	7,613	7,654					

Selected measure at October 2026 has continuously **increased** for **1** period(s) of time

Latest Value GM Benchmarking

Attendances Rate per 1000 population & Count



The rate is calculated using the registered population figure for each locality | Bury: 209,423

Narrative

- In October 2026, Bury recorded 7,654 A&E attendances, an increase from 7,613 attendances in September 2026.
- Bury's attendance rate is 36.5 per 1,000 population, ranking 5th highest across Greater Manchester localities.

Bury

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

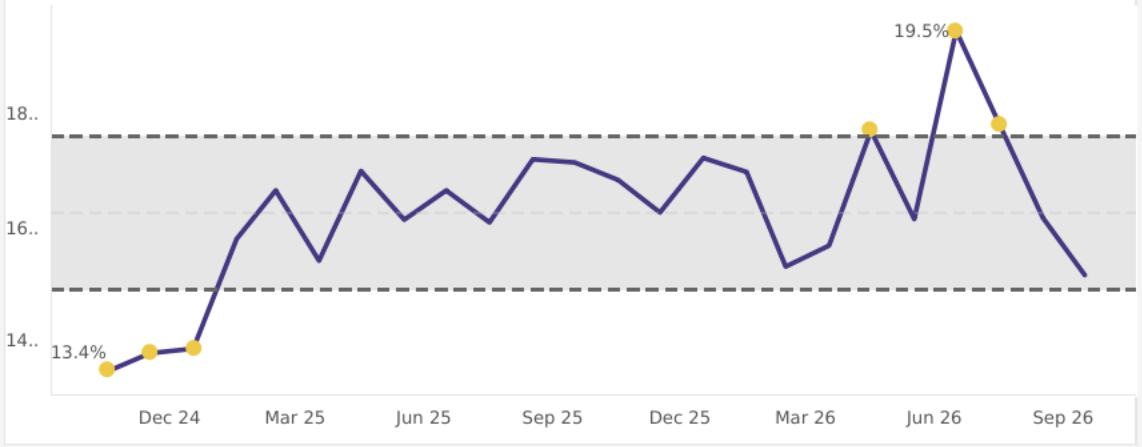
Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

Source: GM Admissions - Local (Monthly)

15.2%
October 2026

16.2%
September 2026

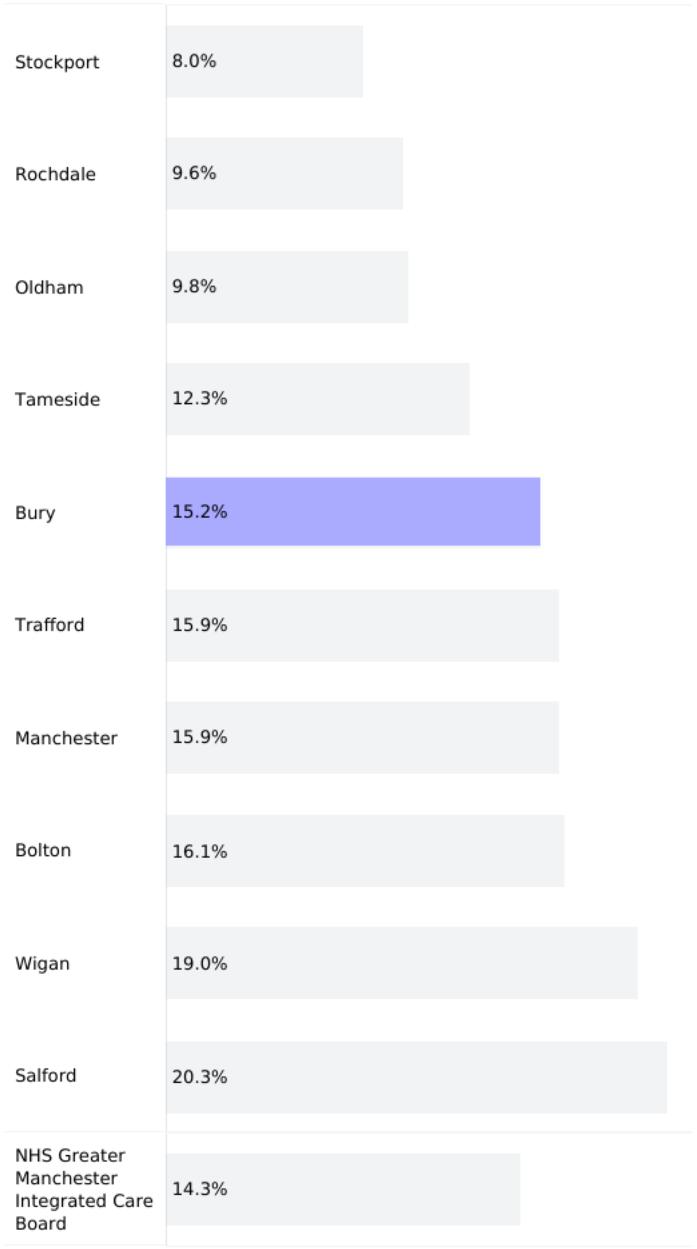
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024-25								13.4%	13.8%	13.8%	15.8%	16.7%
2025-26	15.4%	17.0%	16.1%	16.7%	16.1%	17.2%	17.2%	16.8%	16.3%	17.2%	17.0%	15.3%
2026-27	15.7%	17.7%	16.1%	19.5%	17.8%	16.2%	15.2%					

Selected measure at October 2026 has continuously decreased for 3 period(s) of time

Latest Value GM Benchmarking



Narrative

- This metric is monitored daily to support ongoing performance oversight.
- NCTR has decreased to 15.2% in October 2026 (from 12.2% in September), indicating an improvement in discharge performance.
- Bury is performing above the GM average (14.3%).

Bury

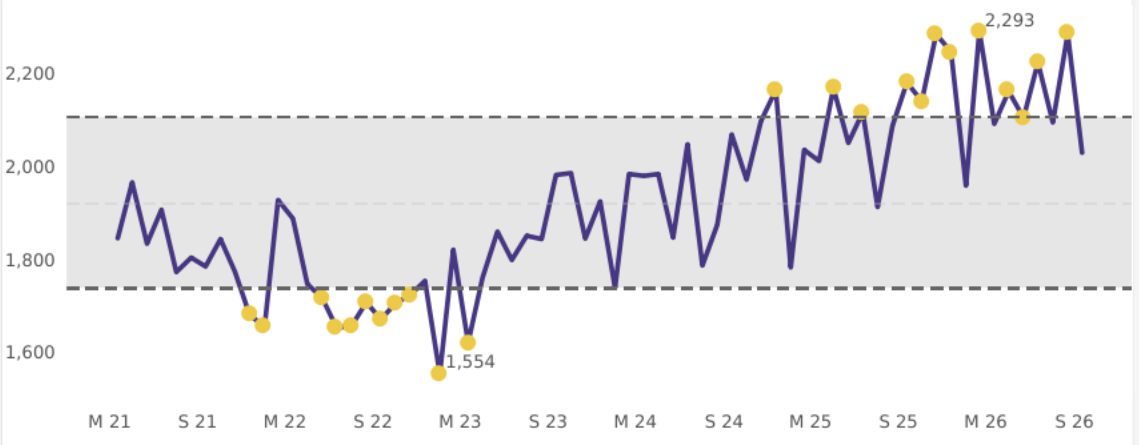
Total number of specific acute non-elective spells

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

Source: National Flows APC (Monthly)

2,031	2,287	2/10
October 2026	September 2026	GM Rank

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	1,847	1,967	1,835	1,908	1,774	1,805	1,786	1,845	1,775	1,681	1,657	1,929
2022-23	1,889	1,748	1,718	1,654	1,658	1,709	1,672	1,707	1,724	1,755	1,554	1,822
2023-24	1,622	1,762	1,861	1,800	1,852	1,845	1,983	1,987	1,846	1,926	1,740	1,985
2024-25	1,981	1,985	1,848	2,049	1,788	1,876	2,070	1,973	2,099	2,166	1,784	2,037
2025-26	2,013	2,170	2,052	2,118	1,914	2,089	2,182	2,142	2,286	2,248	1,960	2,293
2026-27	2,093	2,163	2,106	2,225	2,096	2,287	2,031					

Selected measure at October 2026 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

Count & Rate Per 1000 Population



The rate is calculated using the registered population figure for each locality | Bury: 209,423

Narrative

- Non-elective activity decreased to 2,031 in October 2026 (from 2,287 in September).
- Bury currently ranks 7th with a rate of 9.7 per 1000 population.

Bury

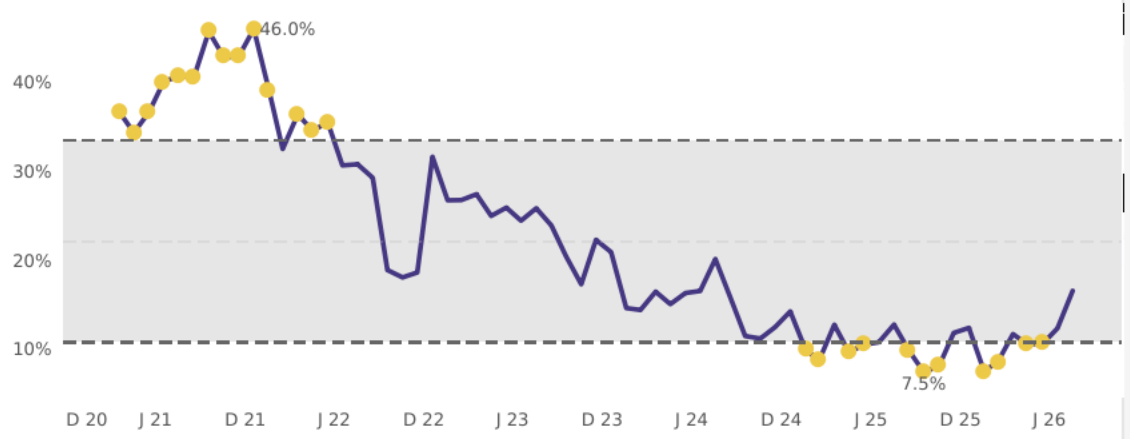
Diagnostic 6ww: All

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

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

16.6%	12.4%	36/106	1.%
August 2026	July 2026	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

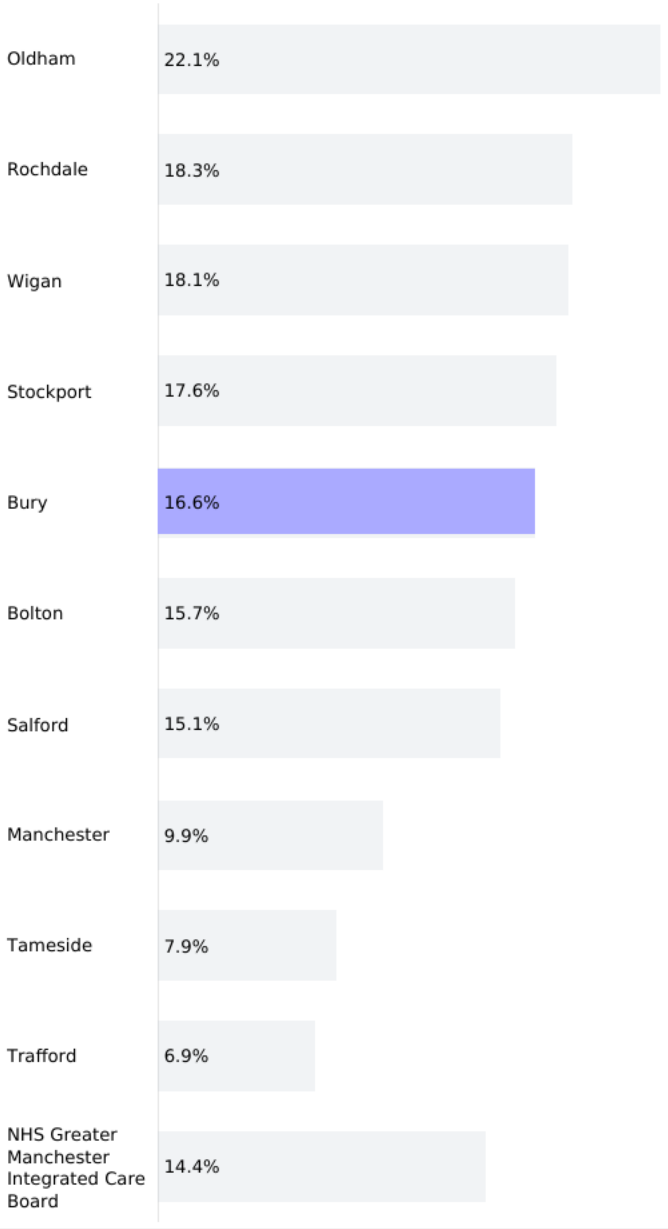


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	25.0%	26.0%	24.5%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%	15.1%	16.4%	16.6%	20.2%	15.8%	11.6%	11.3%	12.6%	14.3%	10.1%	8.8%
2025-26	12.8%	9.7%	10.6%	10.9%	12.8%	9.9%	7.5%	8.2%	11.9%	12.5%	7.6%	8.7%
2026-27	11.8%	10.6%	10.7%	12.4%	16.6%							

Selected measure at August 2026 has continuously increased for 3 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

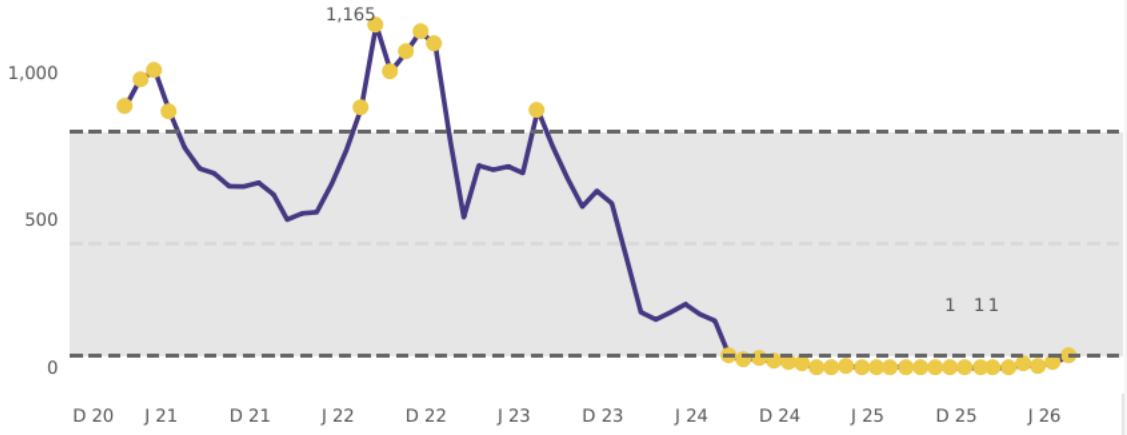
RTT incomplete: 65+ week waits

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

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

38	20	30/121	0.
August 2026	July 2026	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	888	980	1,009	871	749	678	662	618	617	630	590	505
2022-23	526	530	626	739	882	1,165	1,007	1,070	1,142	1,099	773	513
2023-24	688	674	685	663	877	752	646	549	602	560	371	191
2024-25	166	190	218	184	162	38	32	34	22	21	11	5
2025-26	4	7	4	5	5	4	4	4	1	2	1	1
2026-27	3	12	9	20	38							

Selected measure at August 2026 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

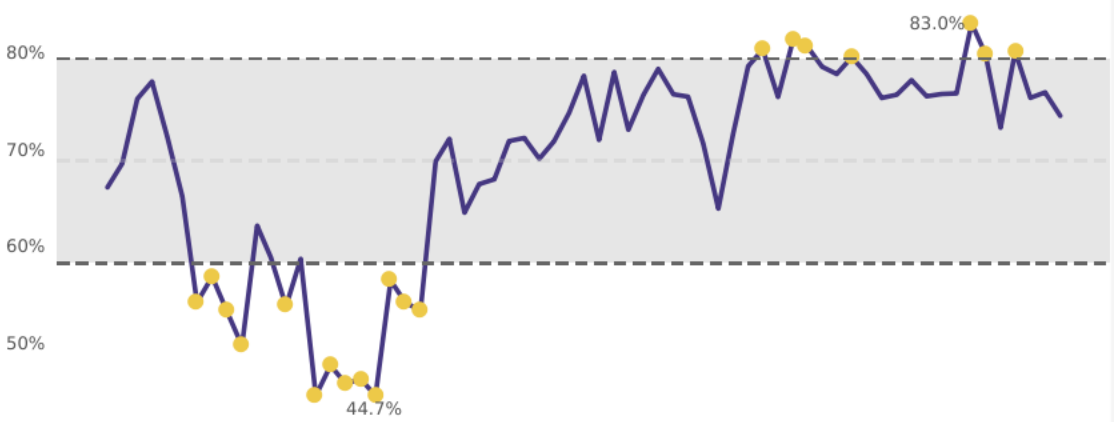
28 Day Wait from Referral to Faster Diagnosis (Monthly): All Patients

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

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

73.5%	75.9%	84/106	80.%
August 2026	July 2026	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	66.2%	68.6%	75.2%	77.0%	71.4%	65.2%	54.3%	57.0%	53.4%	49.9%	62.2%	58.9%
2022-23	53.9%	58.8%	44.7%	47.8%	46.0%	46.4%	44.7%	56.6%	54.3%	53.5%	68.8%	71.1%
2023-24	63.5%	66.5%	67.0%	70.9%	71.2%	69.1%	70.9%	73.8%	77.6%	71.0%	78.0%	72.1%
2024-25	75.7%	78.3%	75.7%	75.5%	70.7%	64.0%	71.6%	78.6%	80.3%	75.4%	81.3%	80.7%
2025-26	78.6%	77.8%	79.5%	77.8%	75.3%	75.7%	77.2%	75.5%	75.7%	75.8%	83.0%	79.9%
2026-27	72.3%	80.1%	75.4%	75.9%	73.5%							

Selected measure at August 2026 has continuously **decreased** for **1** period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

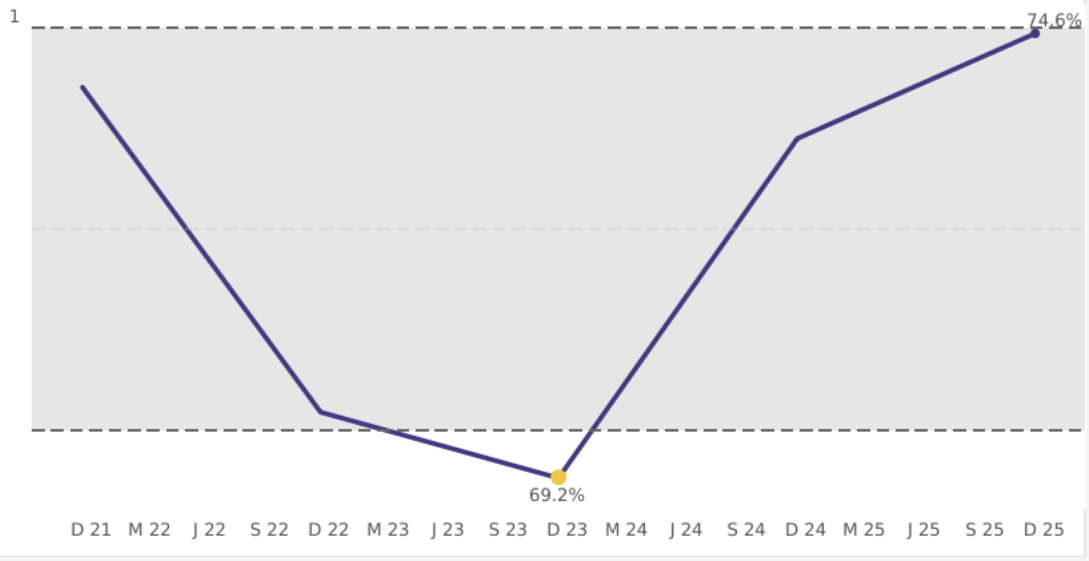
Breast screening coverage, females aged 53-70, screened in last 36 months

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

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

74.6%	73.3%	60%
December 2025	December 2024	No Target

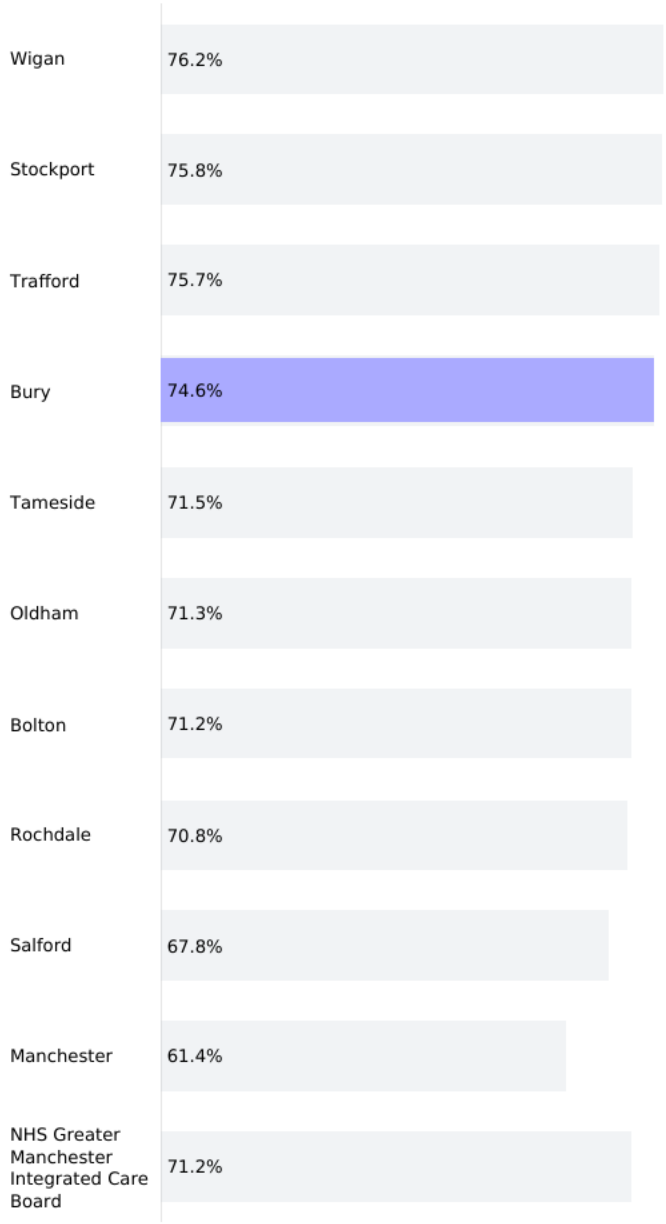
Outliers more than 1 standard deviation from the mean



	Dec
2021-22	73.9%
2022-23	70.0%
2023-24	69.2%
2024-25	73.3%
2025-26	74.6%

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

COVER immunisation: MMR2 Uptake at 5 years old

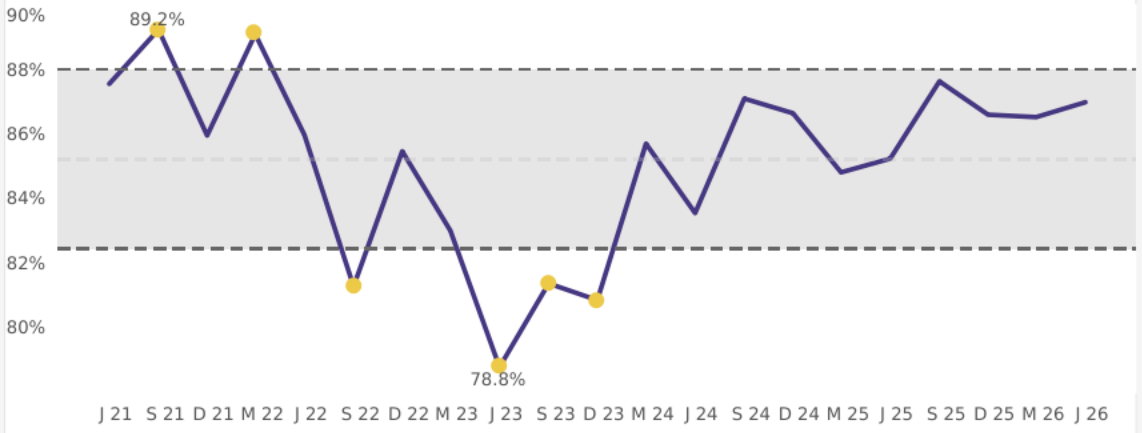
Population vaccination coverage – MMR for two doses (5 years old)

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

87.0%
June 2026

95.%
National Target

Outliers more than 1 standard deviation from the mean

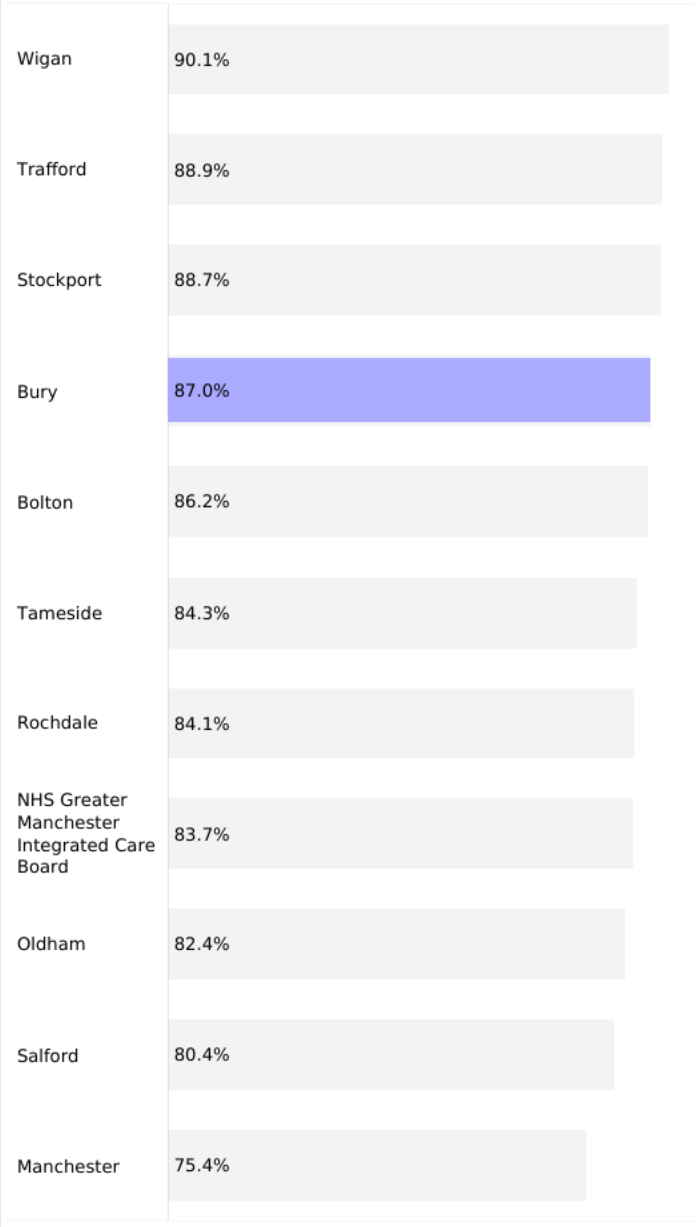


	Jun	Sep	Dec	Mar
2021-22	87.6%	89.2%	86.0%	89.1%
2022-23	86.0%	81.3%	85.5%	83.0%
2023-24	78.8%	81.4%	80.9%	85.7%
2024-25	83.6%	87.1%	86.7%	84.8%
2025-26	85.3%	87.6%	86.6%	86.5%
2026-27	87.0%			

Selected measure at June 2026 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

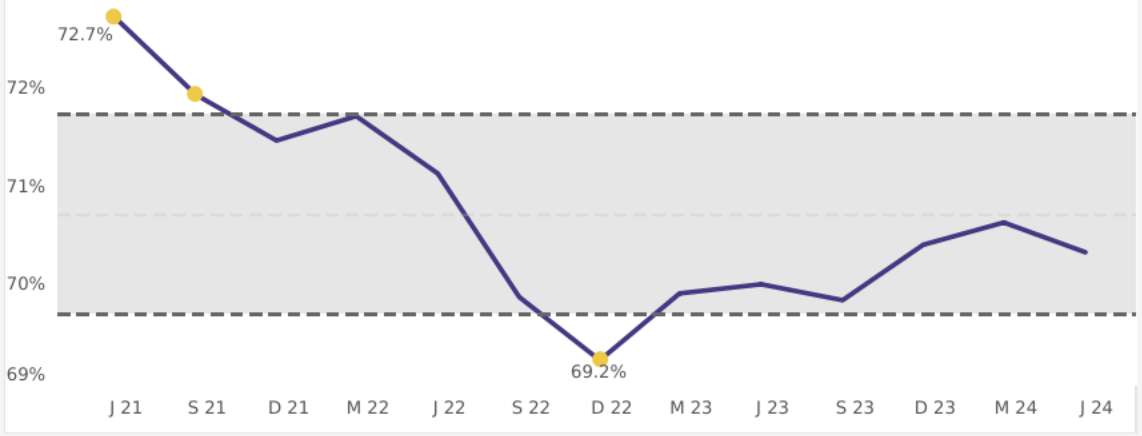
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

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

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

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

Outliers more than 1 standard deviation from the mean

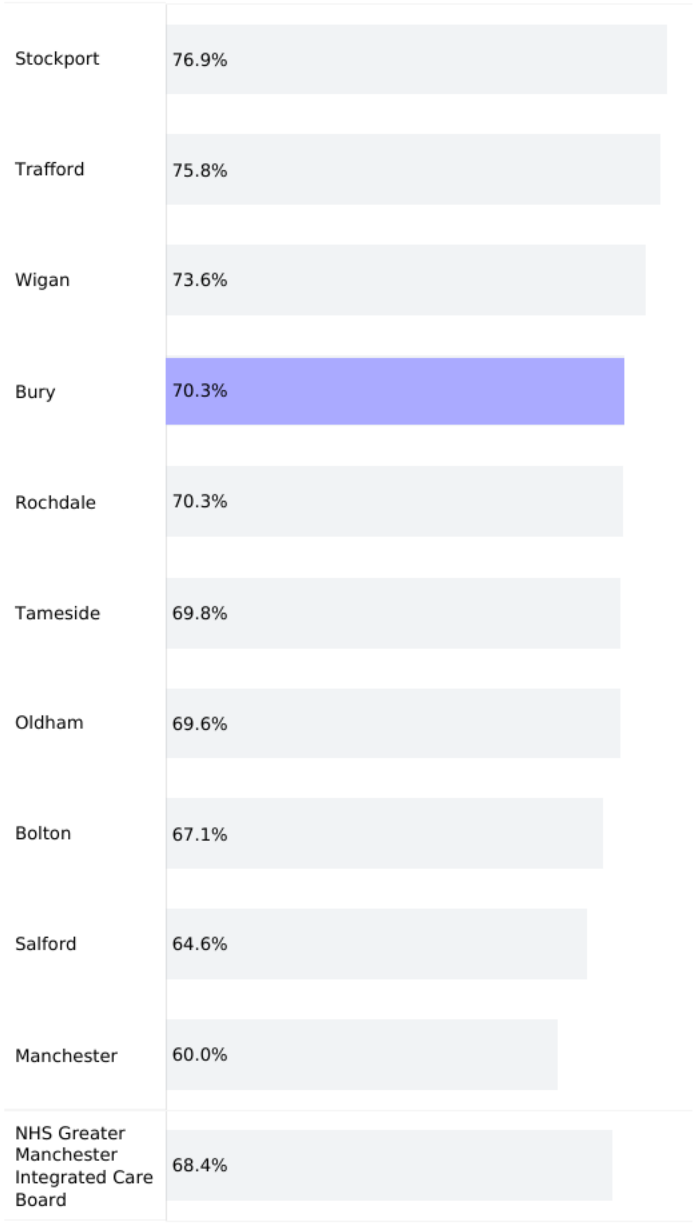


	Jun	Sep	Dec	Mar
2021-22	72.7%	71.9%	71.5%	71.7%
2022-23	71.1%	69.9%	69.2%	69.9%
2023-24	70.0%	69.8%	70.4%	70.6%
2024-25	70.3%			

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

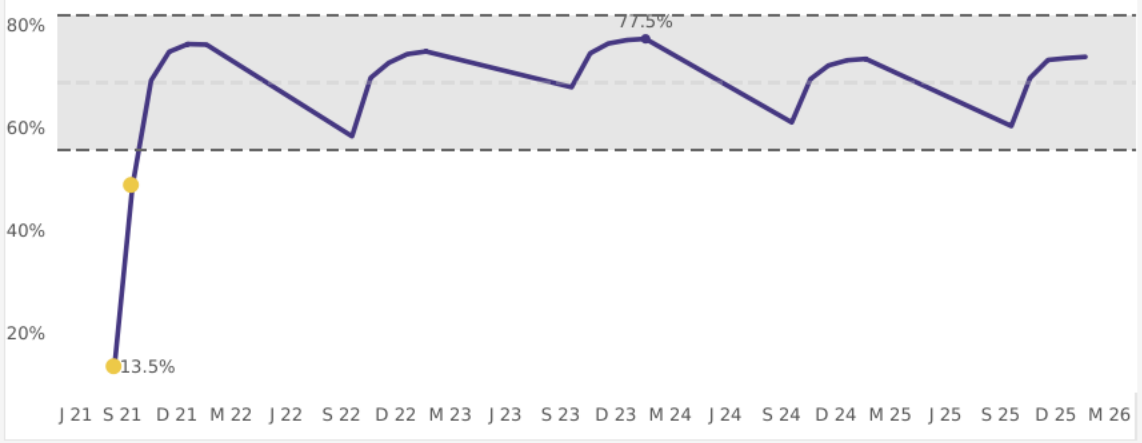
Seasonal Flu Vaccine Uptake: 65 years and over

The uptake of seasonal influenza vaccination among those aged 65 and over

Source: Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 (Monthly)

74.0%	73.8%	70/106	85.%
February 2026	January 2026	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

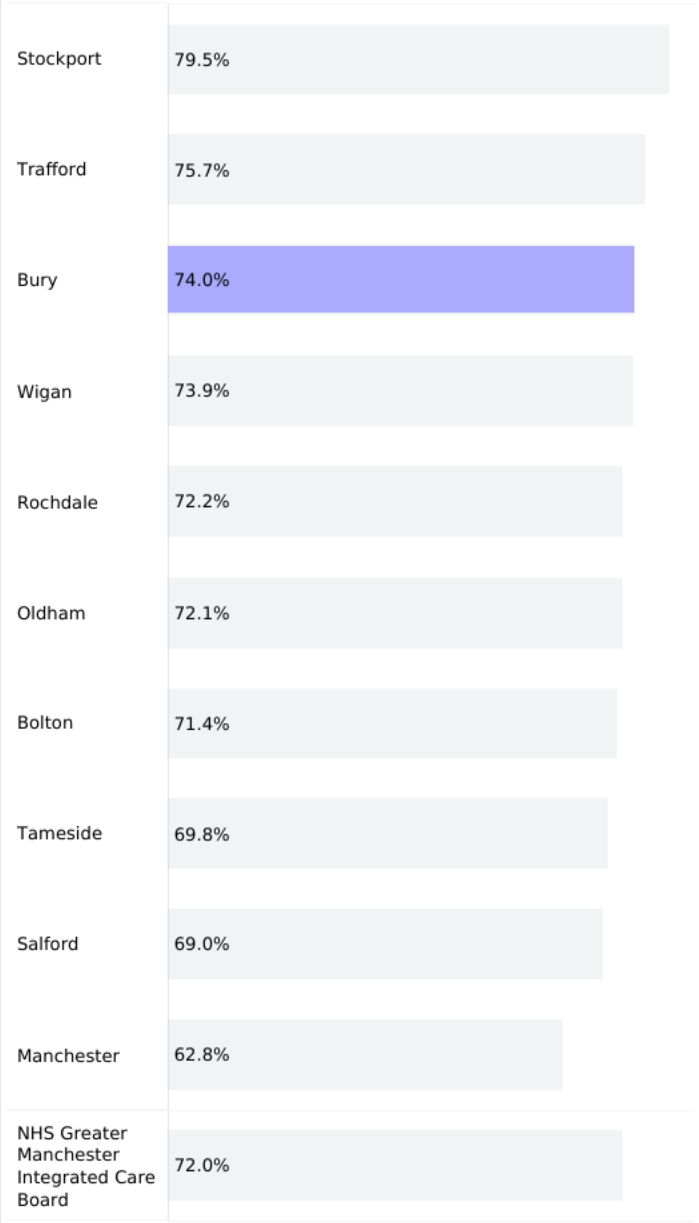


	Sep	Oct	Nov	Dec	Jan	Feb
2021-22	13.5%	48.8%	69.4%	75.0%	76.5%	76.4%
2022-23		58.5%	69.9%	72.8%	74.6%	75.1%
2023-24		68.1%	74.7%	76.6%	77.3%	77.5%
2024-25		61.2%	69.7%	72.3%	73.3%	73.6%
2025-26		60.5%	69.9%	73.4%	73.8%	74.0%

Selected measure at February 2026 has continuously increased for 4 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

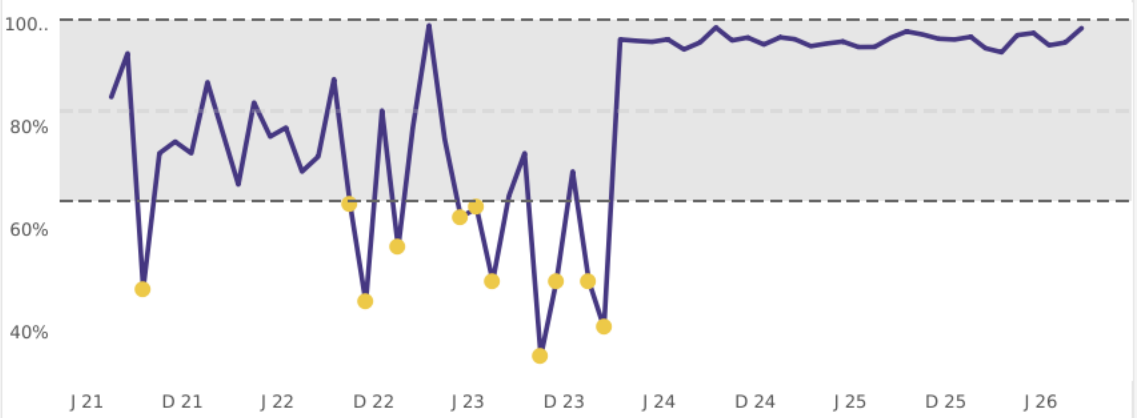
% 2-hour Urgent Community Response (UCR) first care contacts

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

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

99.5%	96.7%	70%
September 2026	August 2026	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22					86.0%	94.5%	48.5%	75.0%	77.3%	75.0%	88.9%	79.4%
2022-23	68.9%	84.9%	78.3%	80.0%	71.4%	74.4%	89.5%	65.0%	45.8%	83.3%	56.5%	80.0%
2023-24	100.0%	77.8%	62.5%	64.3%	50.0%	66.7%	75.0%	35.3%	50.0%	71.4%	50.0%	40.9%
2024-25	97.3%	97.0%	96.8%	97.3%	95.3%	96.7%	99.6%	97.1%	97.6%	96.3%	97.7%	97.3%
2025-26	96.0%	96.5%	96.9%	95.8%	95.8%	97.6%	98.8%	98.2%	97.4%	97.2%	97.8%	95.5%
2026-27	94.8%	98.1%	98.5%	96.1%	96.7%	99.5%						

Selected measure at September 2026 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking



Narrative

- No update on previous month's reporting period as yet.

Oversight Metrics Glossary

Domain	Code	Measure	Description	Data Source	Frequency	Latest	Updated	RAG rated against	Desired Direc
Cancer	N/A	Cancers Diagnosed at an Early Stage (12-month rolling): All Tumours Staged within RCRD	12-month rolling count of cancers diagnosed at stages 1 and 2 divided by 12-month rolling count of cancers diagnosed at stages 1, 2, 3, and 4	Rapid Cancer Registration Data (RCRD) at Tumour Level	Monthly	Jun 26	2nd Thursday	National Target	Increase
Mental Health & Learning Disabilit. .	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 3 months)	Inappropriate Out of Area Placements	Out of Area Placements in Mental Health Services Official Statistics	Monthly	Aug 26	2nd Thursday	National Target	Decrease
	S081a	Talking Therapies: Access Rate	Number of people accessing first treatment	Improving Access to Psychological Therapies Data Set	Monthly	Aug 26	2nd Thursday	No Target	Increase
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Sep 26	2nd Thursday	National Target	Increase
	S030a	% of patients aged 14+ with a completed LD health check	% of patients aged 14+ with a completed LD health check	Learning Disabilities Health Check Scheme	Monthly	Aug 26	2nd Thursday	National Target	Increase
	S110a	Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults wit..	Published MHSDS	Monthly	Aug 26	2nd Thursday	National Median	Increase
	S125a	Long length of stay for adults (60+ days)	Number of people for a given CCG discharged from an adult acute inpatient bed with a hospital spell over 60 days (calculated from the point of admission to the point of discharge)	Published MHSDS	Monthly	Aug 26	2nd Thursday	National Target	Decrease
	EH09	Access to Children and Young Peoples Mental Health Services	Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact.	Published MHSDS	Monthly	Aug 26	2nd Thursday	National Median	Increase
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Number of women accessing specialist community PMH and MMHS services in the reporting period	Published MHSDS	Quarterly	Aug 26	2nd Thursday	No Target	Increase
	N/A	Number of MH patients with no criteria to reside (NCTR)	Number of MH patients with no criteria to reside	GM Admissions - Local	Monthly	Oct 26	1st	No Target	Decrease
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Percentage of MH patients with no criteria to reside	GM Admissions - Local	Monthly	Oct 26	1st	No Target	Decrease
	N/A	Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18	Proportion of referrals with eating disorders categorized as routine cases entering treatment within four weeks in RP, aged 0-18	Published MHSDS	Monthly	May 26	2nd Thursday	National Target	Increase
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance		NHS Quality Outcome Framework	Annual	Mar 26	2nd Thursday	National Target	Increase
	S129a	GP appointments - percentage of regular appointments within 14 days	Percentage of appointments where the time between booking and appointment was 'Same day', '1 day', '2 to 7 days' or '8 to 14 days'	Appointments in General Practice	Monthly	Sep 26	Last Thursday	National Median	Increase
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	CVD Prevent	Quarterly	Mar 26	2nd Thursday	National Median	Increase
Quality	S037A	% of patients describing the overall experience of their GP practice as good	The weighted percentage of people who report through the GP Patient Survey their overall experience of their GP practice as 'very good' or 'fairly good'	GP Patient Survey	Annual	Mar 23	2nd Thursday	National Median	Increase
	S042a	E. coli blood stream infections	12-month rolling counts of E. coli	National Statistics: E. coli bacteraemia: monthly data by loc..	Monthly	Sep 26	1st Wednesday	No Target	Decrease
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	The proportion of broad-spectrum antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Jun 25	2nd Thursday	National Target	Decrease
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	The proportion of antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Jun 25	2nd Thursday	National Target	Decrease

Sight Metrics Glossary

Domain	Code	Measure	Description	Data Source	Frequency	Latest	RAG rated against	Target/National
Elective Care	EB20	RTT incomplete: 65+ week waits		Consultant-led RTT Waiting Times data collection (National Statistics).	Monthly	Aug 26	National Target	0.
	EB28	Diagnostic 6ww: All	% of Patients waiting over 6 weeks for a diagnostic test or procedure	Monthly Diagnostics Waiting Times and Activity Return - DM01	Monthly	Aug 26	National Target	1.%
	EB28x	Diagnostic 6ww: All	% of Patients waiting over 6 weeks for a diagnostic test or procedure	Monthly Diagnostics Waiting Times and Activity Return - DM01	Monthly	Aug 26	National Target	1.%
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis (Monthly): All Patients	Count of patients told cancer diagnosis outcome within 28 days divided by total count of patients told cancer diagnosis outcome following their urgent referral for suspected cancer, referral for breast symptoms, or urgent screening referral	National Cancer Waiting Times Monitoring Data Set (CWT)	Monthly	Aug 26	National Target	80.%
Materni..	S022a	Number of stillbirths per 1,000 total births	Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 24	National Median	3
	S104a	Number of neonatal deaths per 1,000 total live births	Number of neonatal deaths per 1,000 total live births	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 24	National Median	1
Screening and Immunisations	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	number of people over 65 who received the seasonal influenza vaccination divided by the number of eligible people who are aged 65 and over	Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023	Monthly	Feb 26	National Target	85.%
	OF00..	COVER immunisation: MMR2 Uptake at 5 years old	% children whose fifth birthday falls within the time period who have received two doses of MMR vaccination	Cover of vaccination evaluated rapidly (COVER) programme	Quarterly	Jun 26	National Target	95.%
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	% children whose fifth birthday falls within the time period who have received two doses of MMR vaccination	Cover of vaccination evaluated rapidly (COVER) programme	Quarterly	Jun 26	National Target	95.%
	OF01..	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	% of females, age 25-64 yrs, attending cervical screening within target period (3.5 yrs if aged 24-49 or 5.5 yrs if aged 50-64)	Cervical Screening Programme - Coverage Statistics [Management Information]	Quarterly	Jun 24	National Target	80.%
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	% of females, age 25-64 yrs, attending cervical screening within target period (3.5 yrs if aged 24-49 or 5.5 yrs if aged 50-64)	Cervical Screening Programme - Coverage Statistics [Management Information]	Quarterly	Jun 24	National Target	80.%
	OF01..	Breast screening coverage, females aged 53-70, screened in last 36 months	% women eligible for screening who have had a test with a recorded result at least once in the previous 36 months	Fingertips, Public Health Data, Public Health Outcomes Framework	Annual	Dec 25	No Target	
	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	% women eligible for screening who have had a test with a recorded result at least once in the previous 36 months	Fingertips, Public Health Data, Public Health Outcomes Framework	Annual	Dec 25	No Target	
Commu..	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Percentage of 2-hour Urgent Community Response referrals subject to the 2-hour standard where care was provided within two hours	Community Services Data Set (CSDS)	Monthly	Sep 26	National Target	

Bury

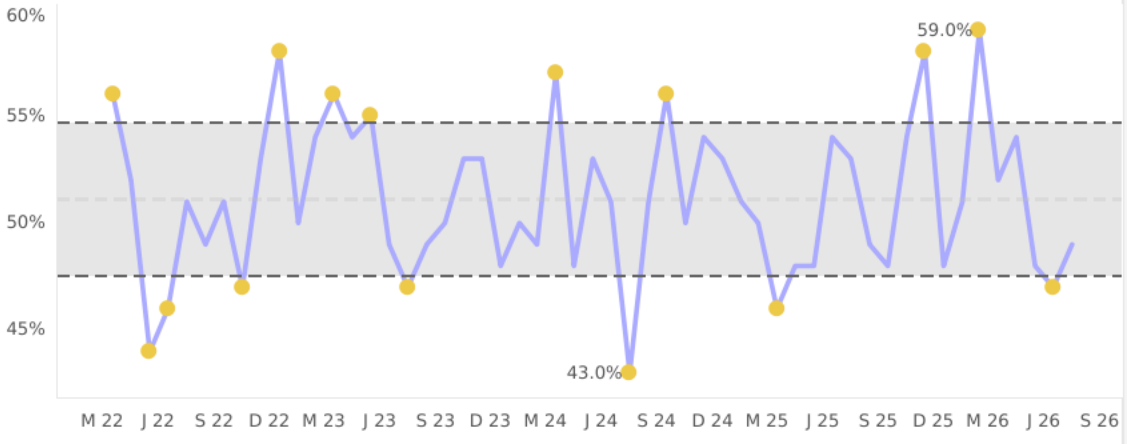
Talking Therapies: Recovery Rate

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

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

49.0%	47.0%	67/110	50.%
August 2026	July 2026	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

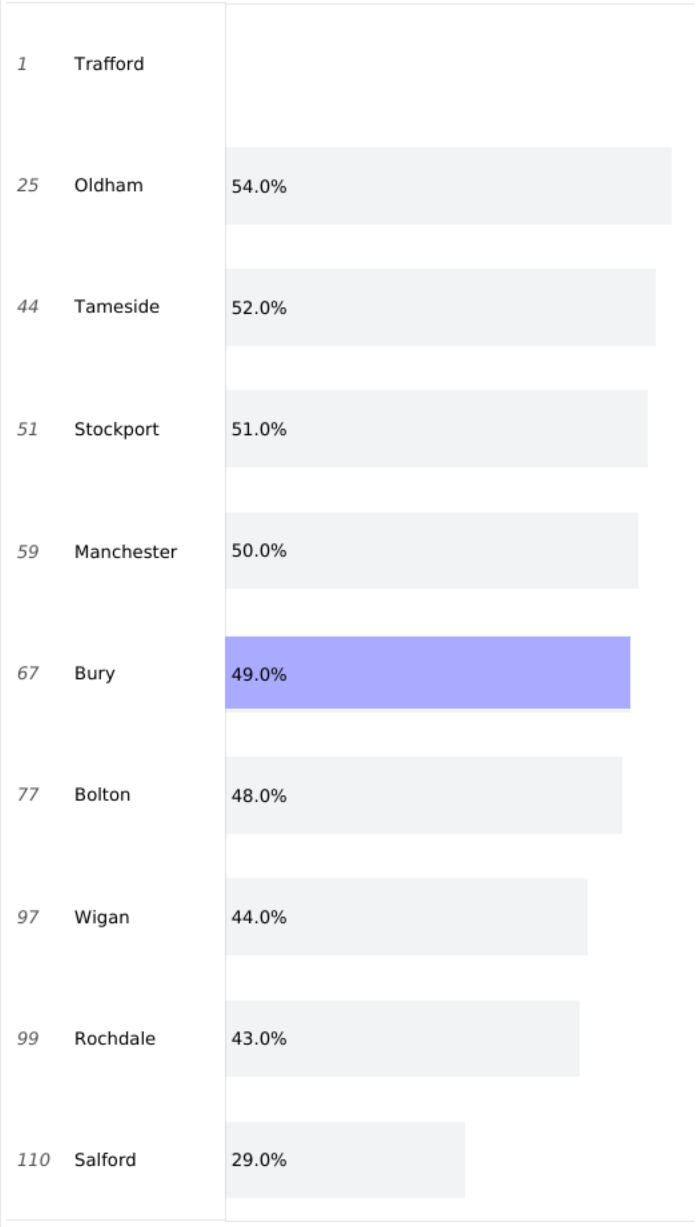


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	56.0%	52.0%	44.0%	46.0%	51.0%	49.0%	51.0%	47.0%	53.0%	58.0%	50.0%	54.0%
2023-24	56.0%	54.0%	55.0%	49.0%	47.0%	49.0%	50.0%	53.0%	53.0%	48.0%	50.0%	49.0%
2024-25	57.0%	48.0%	53.0%	51.0%	43.0%	51.0%	56.0%	50.0%	54.0%	53.0%	51.0%	50.0%
2025-26	46.0%	48.0%	48.0%	54.0%	53.0%	49.0%	48.0%	54.0%	58.0%	48.0%	51.0%	59.0%
2026-27	52.0%	54.0%	48.0%	47.0%	49.0%							

Selected measure at August 2026 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

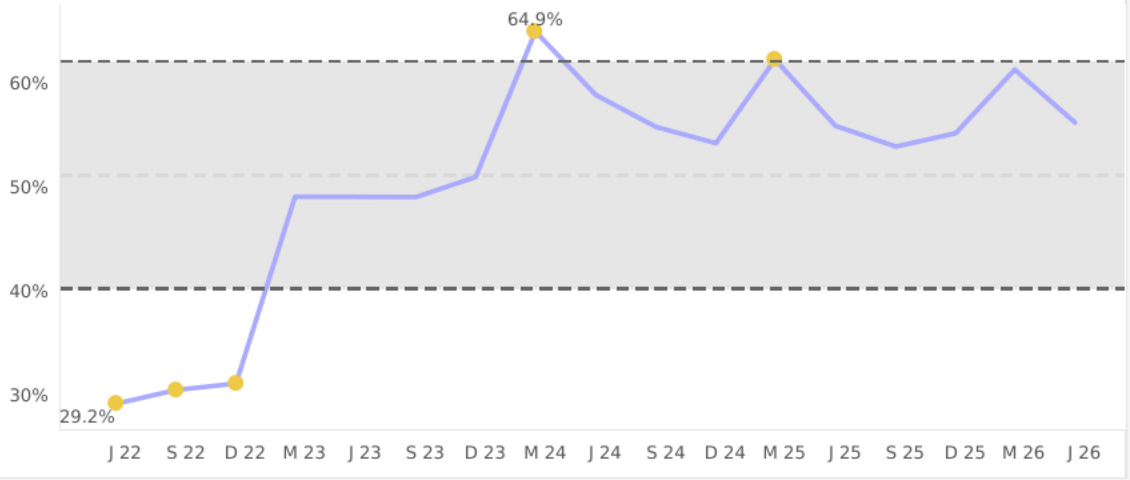
% of people with SMI to receive all six physical health checks in the preceding 12 months. - Mental Health Patients

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

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

56.2%	61.3%	68/106	60.%
June 2026	March 2026	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Jun	Sep	Dec	Mar
2022-23	29.2%	30.5%	31.1%	49.1%
2023-24	49.0%	49.0%	50.9%	64.9%
2024-25	58.8%	55.8%	54.2%	62.2%
2025-26	55.9%	53.9%	55.2%	61.3%
2026-27	56.2%			

Selected measure at June 2026 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

14	Tameside	66.5%
15	Salford	65.8%
18	Trafford	65.4%
19	Stockport	65.4%
30	Rochdale	62.7%
35	Wigan	62.0%
37	Oldham	61.4%
55	Manchester	58.3%
57	Bolton	58.0%
68	Bury	56.2%
9	NHS Greater Manchester Integrated Care Board	61.5%

Narrative

- No update on previous month's reporting period as yet.

Bury

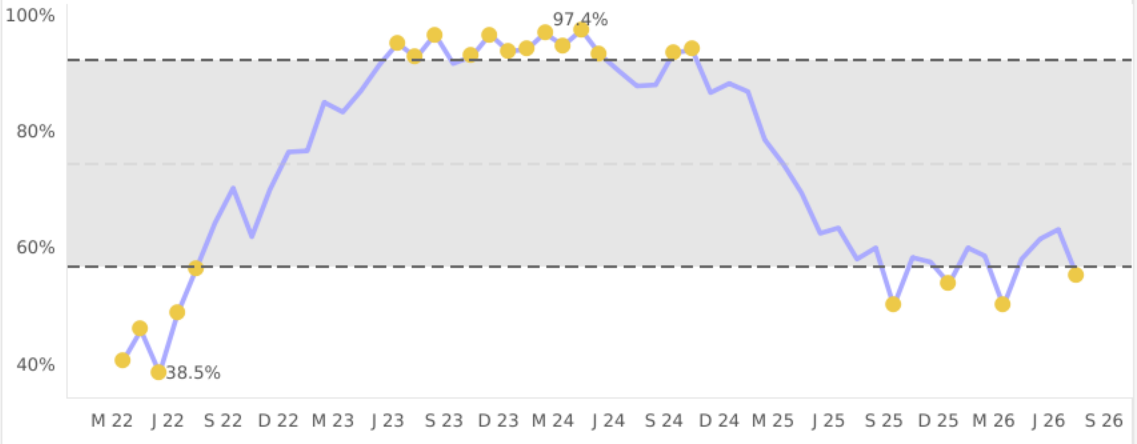
Talking Therapies: 6 Week Waits

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

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

55.2%	63.2%	99/110	75.%
August 2026	July 2026	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean

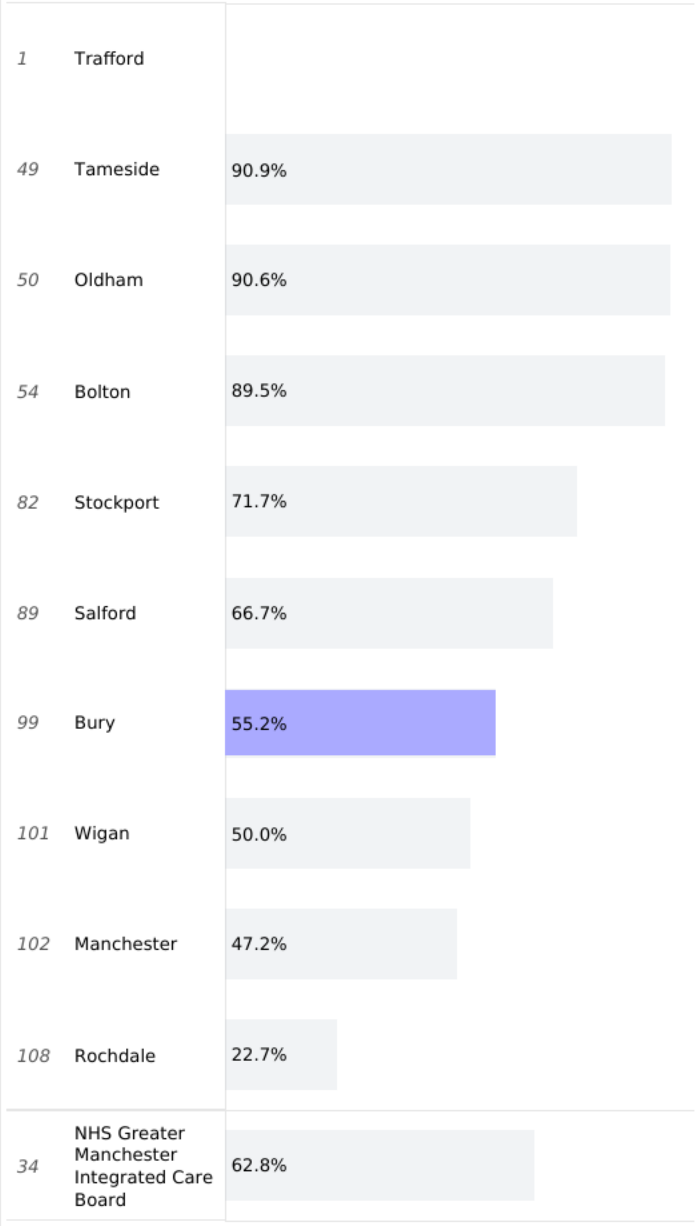


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	40.5%	45.8%	38.5%	48.7%	56.4%	64.3%	70.3%	61.9%	70.0%	76.5%	76.7%	85.0%
2023-24	83.3%	87.0%	91.5%	95.1%	92.7%	96.7%	91.7%	92.9%	96.7%	93.8%	94.1%	96.9%
2024-25	94.7%	97.4%	93.2%	90.5%	87.8%	88.0%	93.5%	93.9%	86.7%	88.2%	86.8%	78.6%
2025-26	74.4%	69.4%	62.5%	63.4%	58.1%	60.0%	50.0%	58.3%	57.6%	53.8%	60.0%	58.6%
2026-27	50.0%	58.1%	61.5%	63.2%	55.2%							

Selected measure at August 2026 has continuously **decreased** for **1** period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

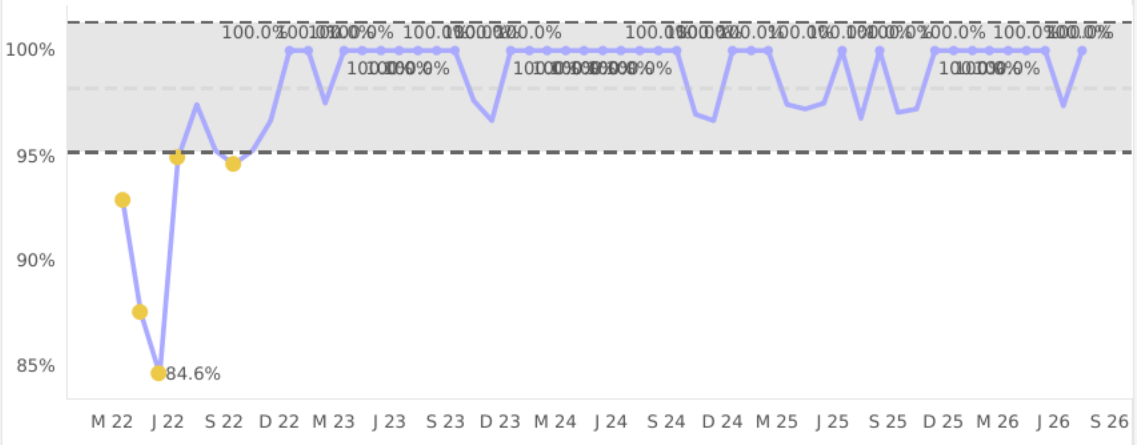
Talking Therapies: 18 Week Waits

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

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

100.0%	97.4%	4/110	95.%
August 2026	July 2026	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	92.9%	87.5%	84.6%	94.9%	97.4%	95.2%	94.6%	95.2%	96.7%	100.0%	100.0%	97.5%
2023-24	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	96.7%	100.0%	100.0%	100.0%
2024-25	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	96.7%	100.0%	100.0%	100.0%
2025-26	97.4%	97.2%	97.5%	100.0%	96.8%	100.0%	97.1%	97.2%	100.0%	100.0%	100.0%	100.0%
2026-27	100.0%	100.0%	100.0%	97.4%	100.0%							

Selected measure at August 2026 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

1	Trafford	
4	Bury	100.0%
	Oldham	100.0%
	Stockport	100.0%
	Tameside	100.0%
	Wigan	100.0%
93	Salford	96.7%
94	Manchester	96.2%
95	Rochdale	95.5%
105	Bolton	89.5%
30	NHS Greater Manchester Integrated Care Board	97.6%

Narrative

- No update on previous month's reporting period as yet.

Bury

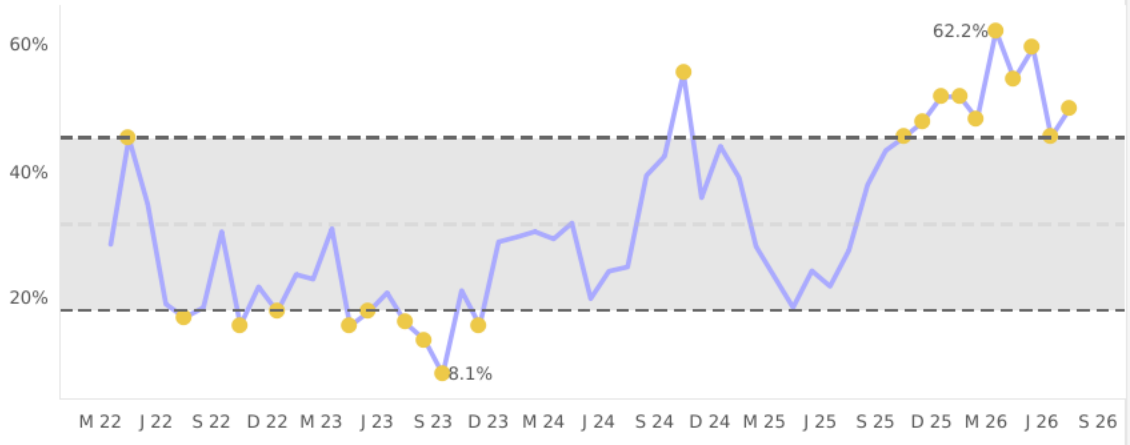
Talking Therapies: Second Treatment Waits

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

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

50.0%	45.5%	88/101	10.%
August 2026	July 2026	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean

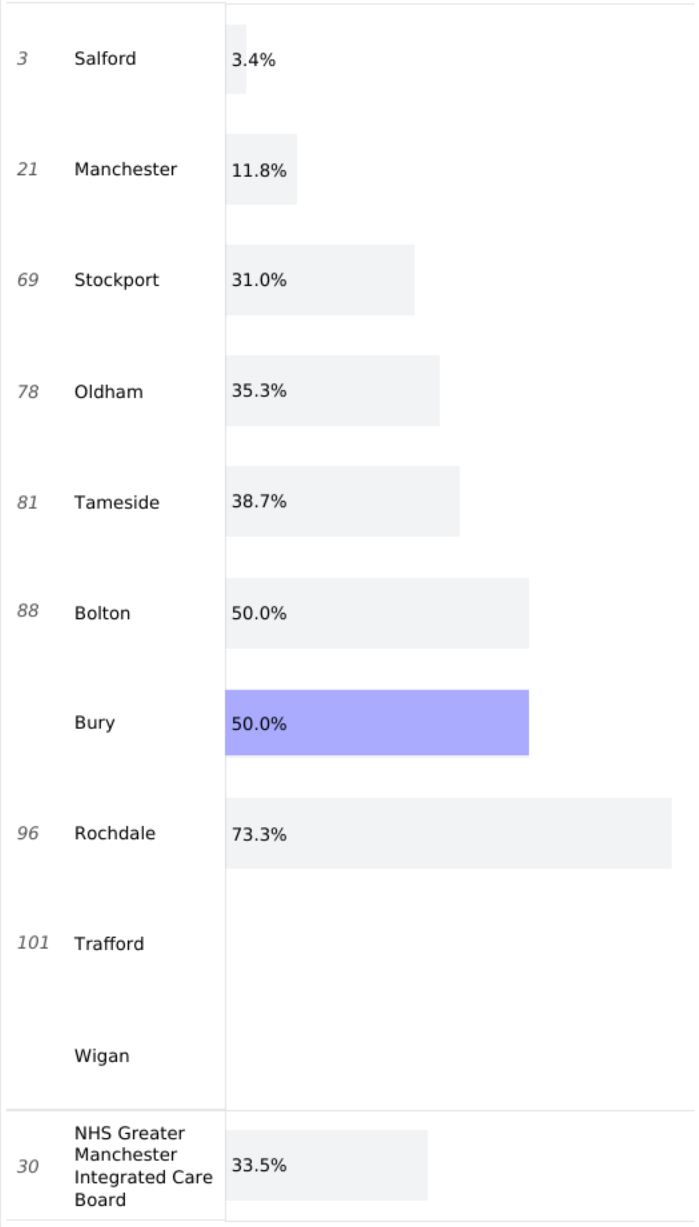


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	28.6%	45.3%	34.9%	19.1%	17.0%	18.6%	30.6%	15.8%	21.9%	17.9%	23.8%	23.1%
2023-24	31.0%	15.7%	17.9%	20.9%	16.1%	13.5%	8.1%	21.3%	15.8%	28.9%	29.7%	30.6%
2024-25	29.4%	31.9%	20.0%	24.3%	25.0%	39.4%	42.4%	55.6%	35.9%	44.0%	39.0%	28.2%
2025-26	23.3%	18.6%	24.4%	22.0%	27.6%	37.9%	43.3%	45.5%	47.8%	51.9%	51.7%	48.3%
2026-27	62.2%	54.5%	59.5%	45.5%	50.0%							

Selected measure at August 2026 has continuously **increased** for **1** period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- No update on previous month's reporting period as yet.

Bury

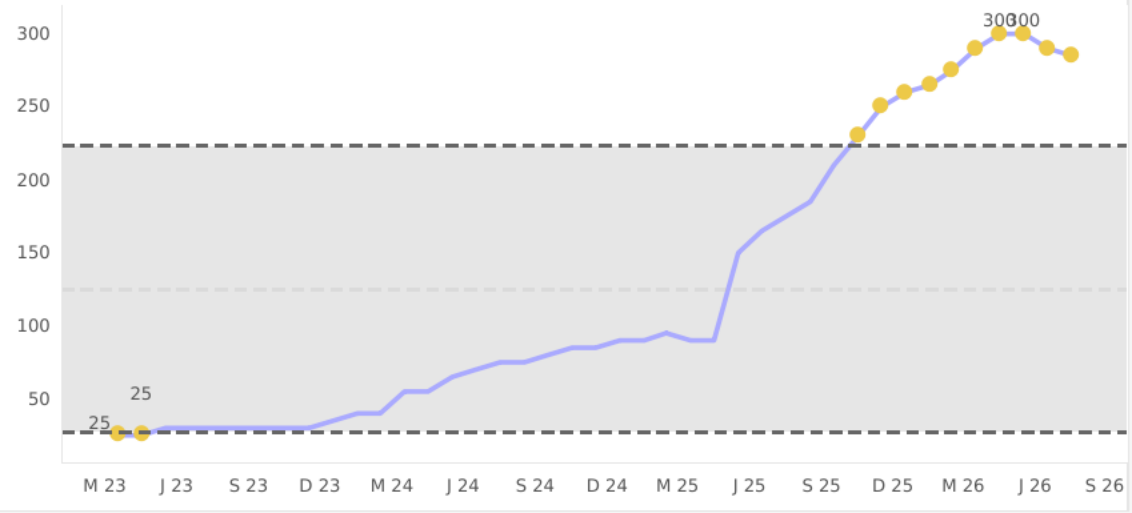
Access to Individual Placement and Support Services - Mental Health Patients

Access to Individual Placement and Support Services

Source: Published MHSDS (Monthly)

285	290	57/106	315.0
August 2026	July 2026	National Rank Inter Quartile	National Median

Outliers more than 1 standard deviation from the mean

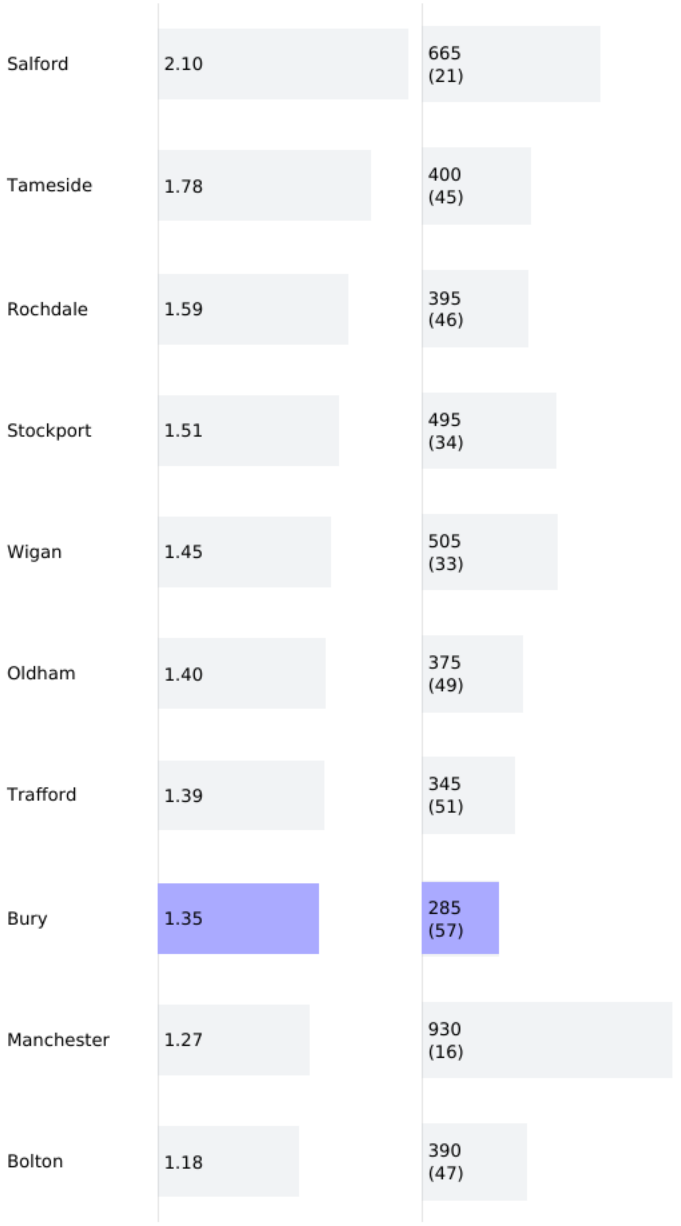


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24	25	25	30	30	30	30	30	30	30	35	40	40
2024-25	55	55	65	70	75	75	80	85	85	90	90	95
2025-26	90	90	150	165	175	185	210	230	250	260	265	275
2026-27	290	300	300	290	285							

Selected measure at August 2026 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking

Rate Per 1000 | Count (National Rank)



Narrative

- No update on previous month's reporting period as yet.

Bury

Percentage of CYP receiving Autism assessment within 18 weeks of referral

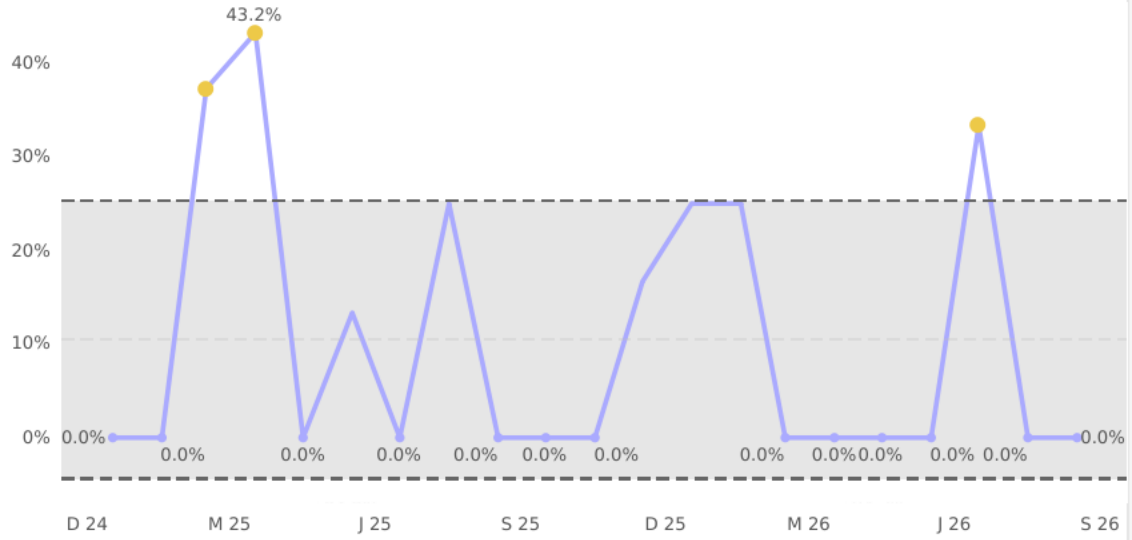
Percentage of CYP receiving Autism assessment within 18 weeks of referral

Source: Local Autism_ADHD Submission (Monthly)

0.0%
September 2026

0.0%
July 2026

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24												
2024-25										0.0%	0.0%	37.3%
2025-26	43.2%	0.0%	13.3%	0.0%	25.0%	0.0%	0.0%	0.0%	16.7%	25.0%	25.0%	0.0%
2026-27	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%						

Selected measure at September 2026 has continuously for **1** period(s) of time

Latest Value GM Benchmarking



Narrative

Bury – CYP Autism Assessment within 18 Weeks

- Performance has remained at 0% from August to September.
- Performance continues to be highly volatile, with multiple months at 0% over the past year and intermittent short-lived improvements.
- Bury's current performance ranks joint 10th in GM, however future months may indicate if this is sustained.
- Data should be interpreted with caution due to known methodology differences between national and local reporting, with further work underway to address this.

Bury

Percentage of CYP receiving ADHD assessment within 18 weeks of referral

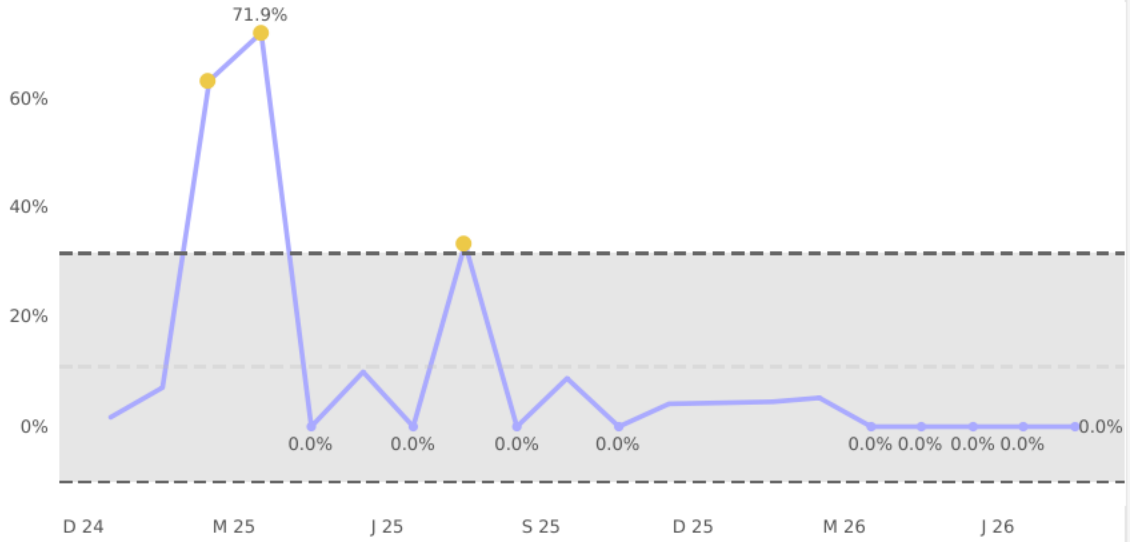
Percentage of CYP receiving ADHD assessment within 18 weeks of referral

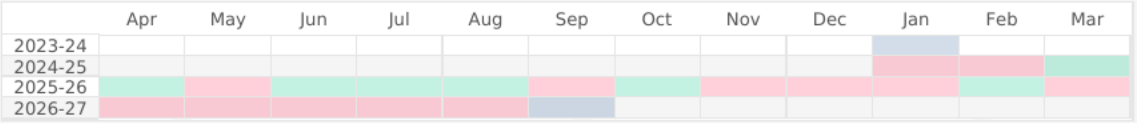
Source: Local Autism_ADHD Submission (Monthly)

September 2026

0.0%
July 2026

Outliers more than 1 standard deviation from the mean





Selected measure at September 2026 has continuously for **5** period(s) of time

Latest Value GM Benchmarking

Trafford	28.6%
Manchester	19.6%
Wigan	11.5%
Salford	6.7%
Stockport	2.1%
Bolton	0.0%
Oldham	0.0%
Tameside	0.0%
Bury	
Rochdale	
NHS Greater Manchester Integrated Care Board	8.4%
MFT	15.7%
Stockport FT	2.5%
NCA	

Narrative

Reporting appears to contain error for September. Raised with developer.

Bury

Autism average wait in weeks from referral to first assessment - Mental Health Patients

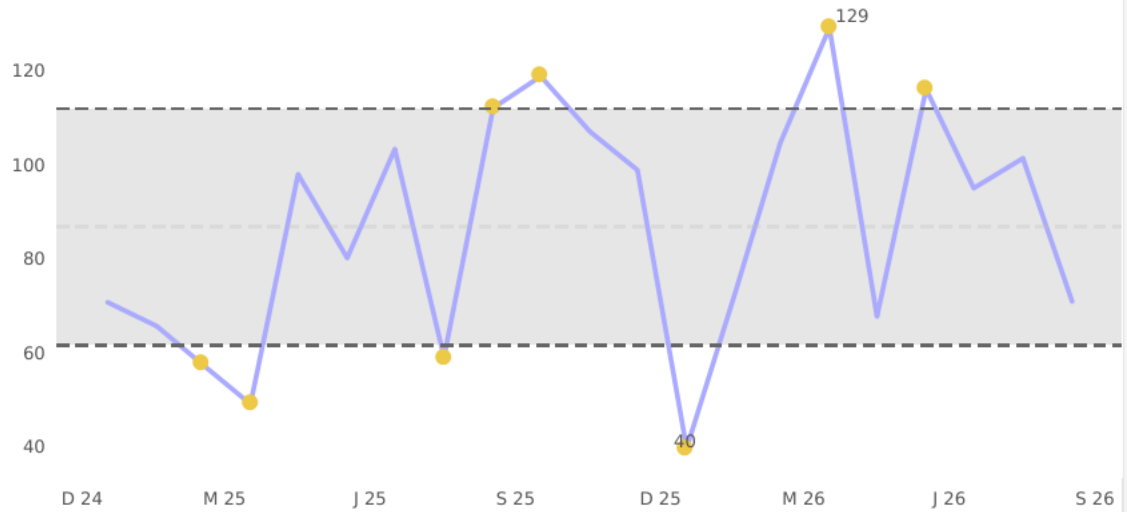
Autism average wait in weeks from referral to first assessment

Source: Local Autism_ADHD Submission (Monthly)

71
September 2026

101
July 2026

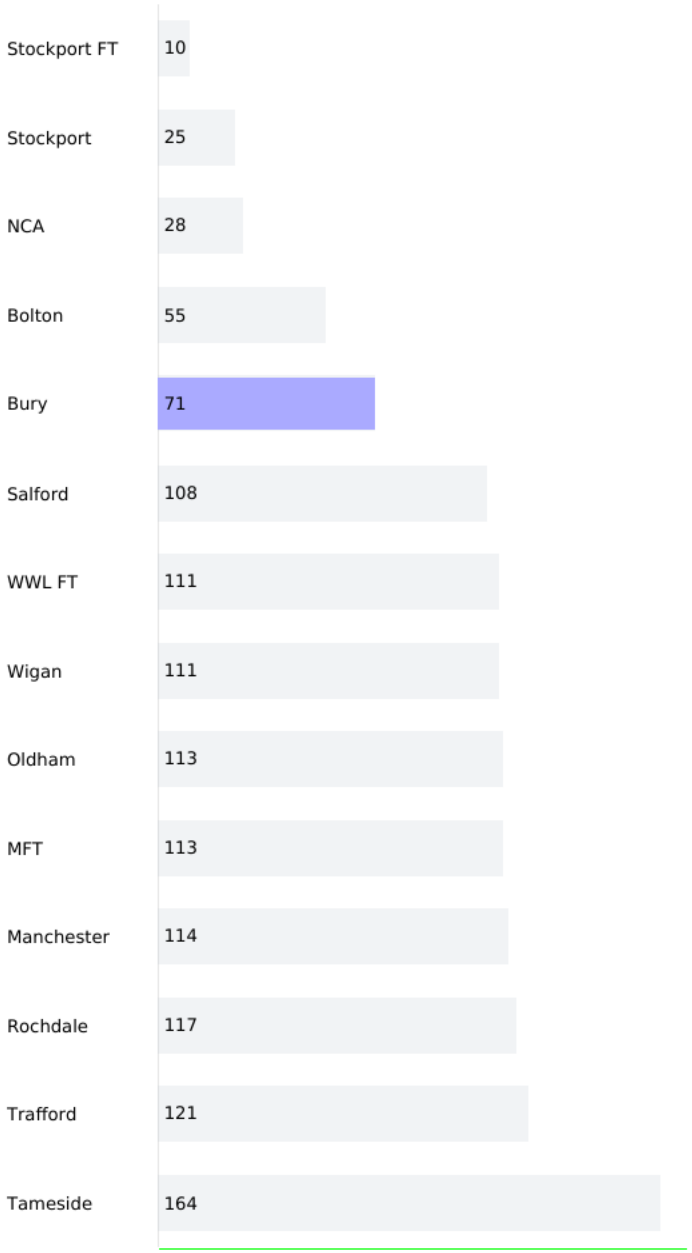
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24												
2024-25										71	66	58
2025-26	49	98	80	103	59	112	119	107	99	40	73	105
2026-27	129	68	116	95	101	71						

Selected measure at September 2026 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking



Narrative

Average wait has decreased from 101 in August to 71 in September.

Bury

ADHD average wait in weeks from referral to first assessment - Mental Health Patients

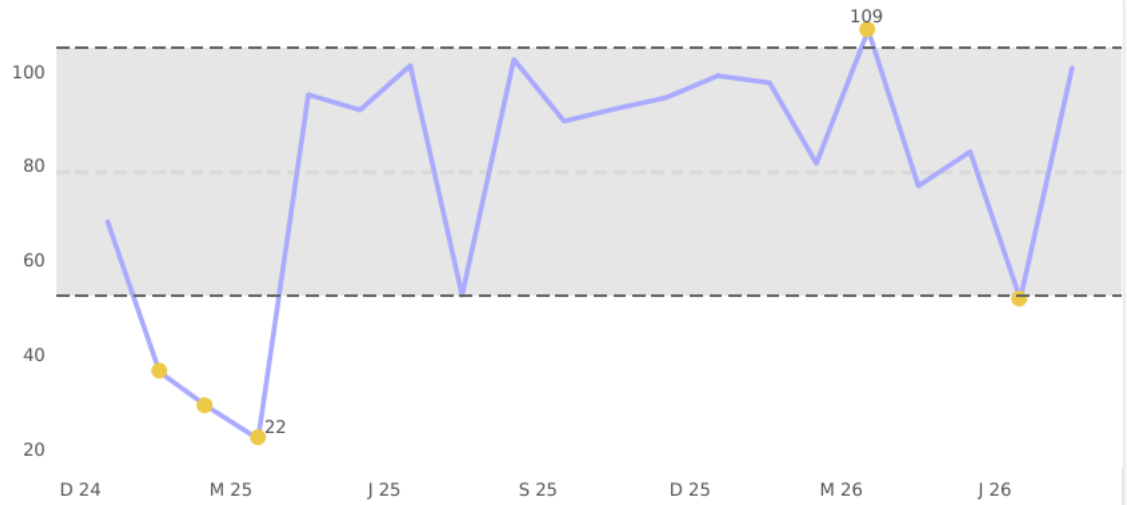
ADHD average wait in weeks from referral to first assessment

Source: Local Autism_ADHD Submission (Monthly)

September 2026

101
July 2026

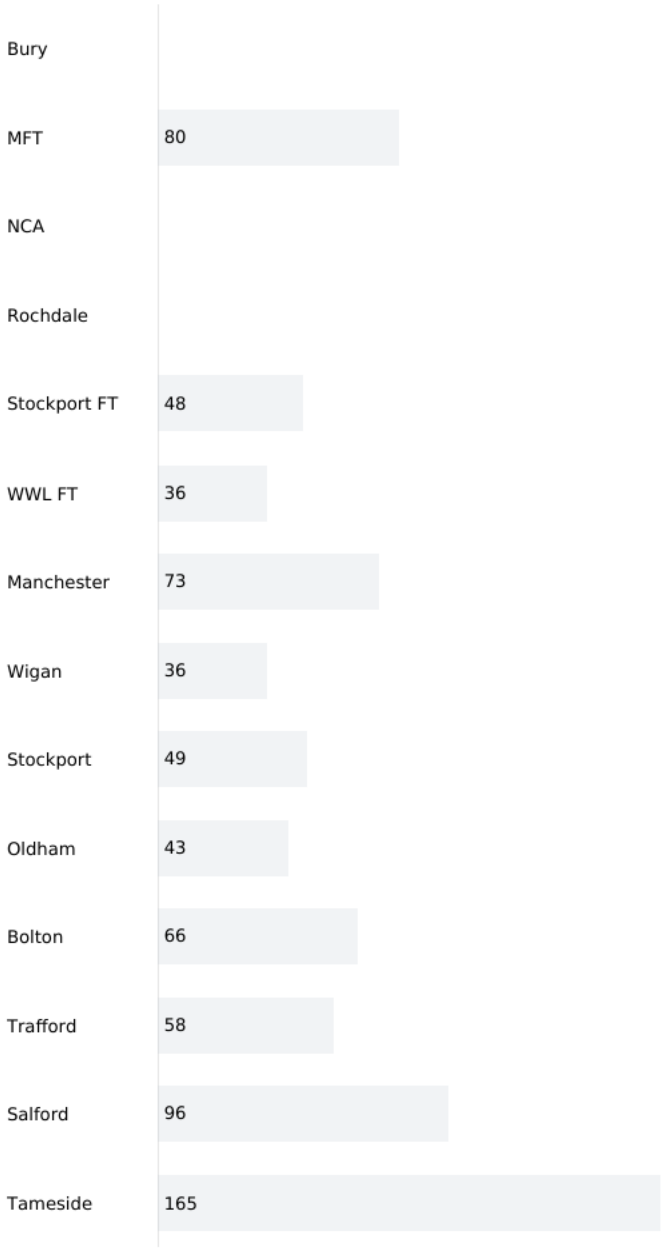
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24												
2024-25										68	37	29
2025-26	22	95	92	102	53	103	90	92	95	99	98	81
2026-27	109	76	83	52	101							

Selected measure at September 2026 has continuously for **1** period(s) of time

Latest Value GM Benchmarking



Narrative

Reporting appears to contain error for September. Raised with developer.

Bury

% of CHC referrals completed within 28 days

Percentage of referrals completed (including discounted referrals) within 28 Days

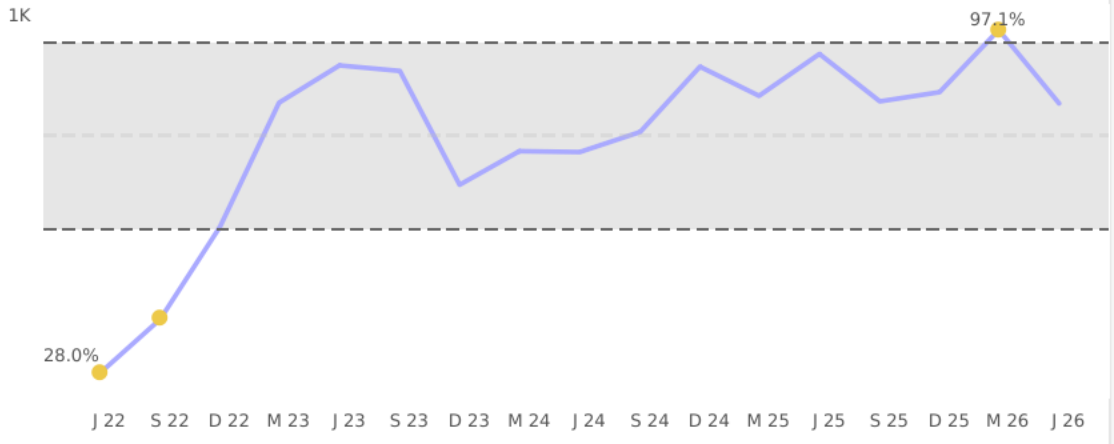
Source: Continuing Healthcare and NHS-funded Nursing Care quarterly published figures (Quarterly)

82.4%
June 2026

97.1%
March 2026

38/106
National Rank
Inter Quartile

Outliers more than 1 standard deviation from the mean

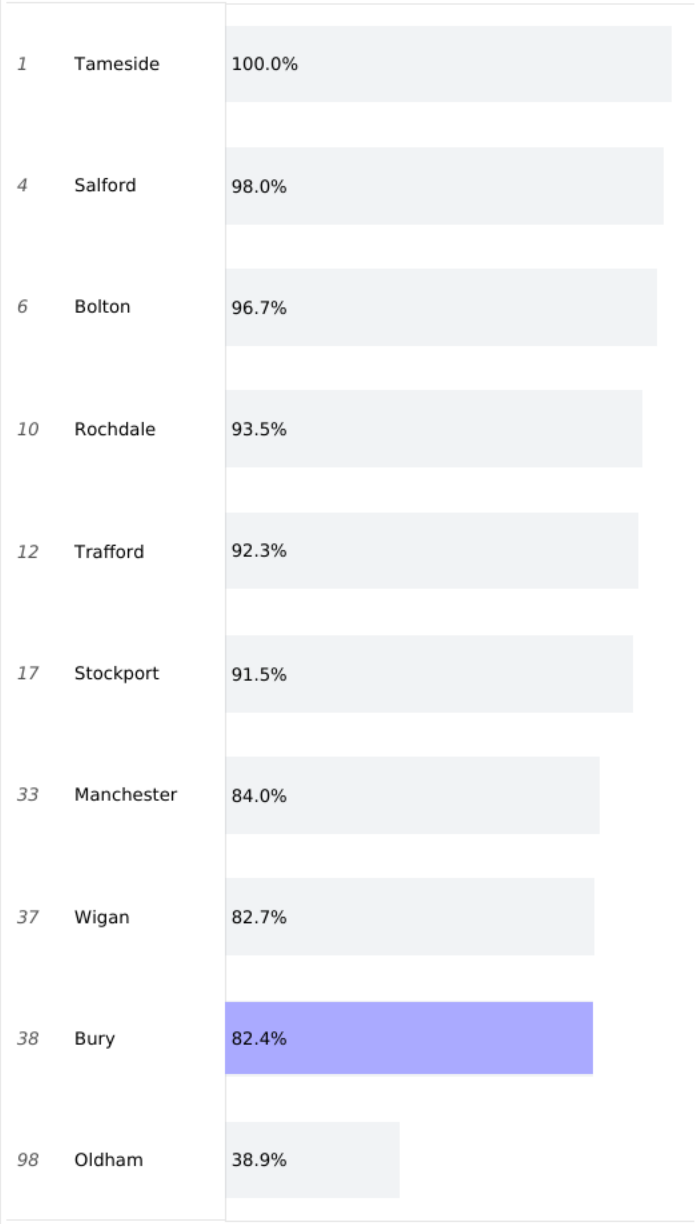


	Jun	Sep	Dec	Mar
2022-23	28.0%	38.9%	57.5%	82.5%
2023-24	90.0%	88.9%	66.0%	72.7%
2024-25	72.5%	76.6%	89.7%	83.9%
2025-26	92.3%	82.8%	84.6%	97.1%
2026-27	82.4%			

Selected measure at June 2026 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

No updated figures available for this measure.

Bury

Number of prescriptions dispensed per 1000 patients

Number of prescriptions dispensed per 1000 patients

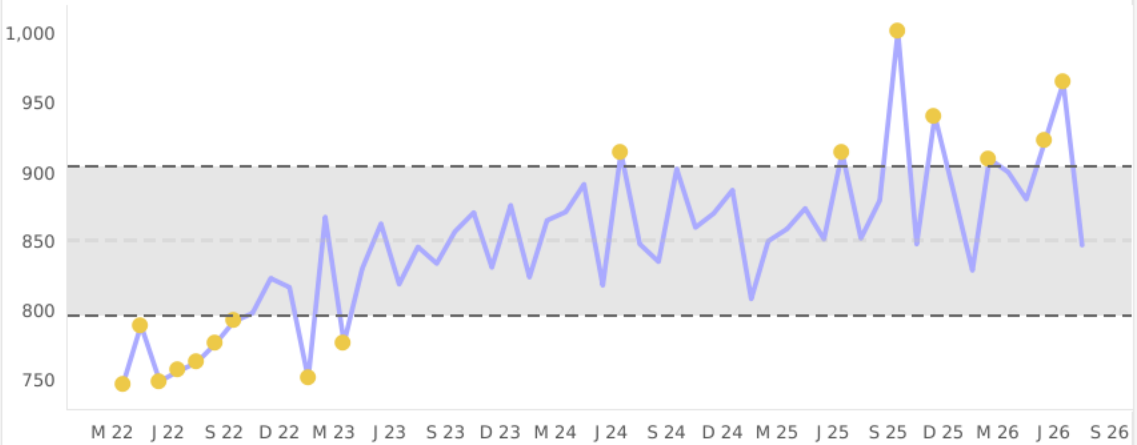
Source: Patient Level Prescribing Data (Monthly)

848.0
August 2026

965.3
June 2026

111/118
National Rank
Lower Quartile

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	746.7	789.8	749.2	756.5	762.9	776.6	792.5	798.6	823.8	817.4	751.3	868.2
2023-24	777.0	830.8	863.4	819.6	846.6	834.6	857.7	871.4	831.8	876.7	824.7	865.8
2024-25	871.9	891.9	818.8	915.0	848.7	835.9	903.0	860.7	870.8	887.7	808.9	850.8
2025-26	859.6	874.4	852.2	914.7	852.8	880.2	1,002.6	848.6	941.3	886.4	829.6	910.2
2026-27	900.8	881.1	923.5	965.3	848.0							

Selected measure at August 2026 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

108	Manchester	766
109	Bolton	787
110	Salford	824
111	Bury	848
112	Rochdale	849
113	Wigan	886
114	Oldham	910
115	Trafford	929
116	Stockport	955
117	Tameside	1,018
39	NHS Greater Manchester Integrated Care Board	859

Narrative

Number of prescriptions dispensed has decreased from 965.3 in June to 848.0 in August.

Bury's performance is slightly above the GM average and currently 4th in GM.

Bury

Percentage of Care Homes rated Good or Outstanding

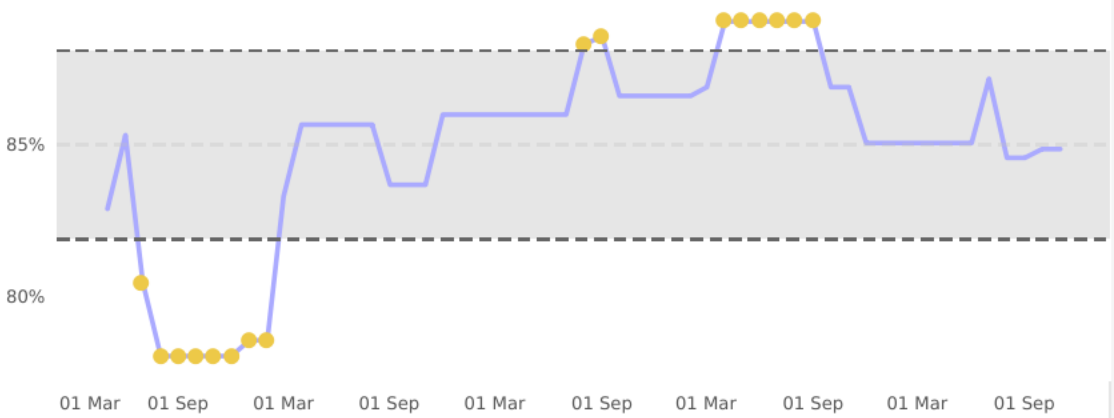
The % of Care Homes rated Good or Outstanding at the end of the period

Source: CQC (Monthly)

84.9%
Oct 26

84.9%
Sep 26

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23												
2023-24												
2024-25												
2025-26												
2026-27												

Latest Value GM Benchmarking

Rank against other localities

1	Wigan	90.7%
2	Trafford	85.7%
3	Bury	84.9%
4	Bolton	83.6%
5	Oldham	83.3%
6	Manchester	81.9%
7	Salford	77.5%
8	Tameside	73.5%
9	Stockport	72.1%
10	Rochdale	64.2%

Narrative

- Bury – Care Homes Rated Good or Outstanding Performance has remained at 84.9% in September and October.
- Bury ranks 3rd across GM.
- Note: issue with tabular view raised with developer.