Agenda

Locality Board – Meeting in Public (on Teams)

Date: 3rd November 2025

Time: 4.00 pm – 6.00 pm

Venue: Microsoft Teams

Chair: Dr Cathy Fines

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.10	10 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 6th October 2025 and action log	Paper	Approval	Chair
4.0			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.1	4.10 – 4.20	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
5.2			NHS Greater Manchester Operating model	Paper	Discussion	Will Blandamer
6.0	4.20 - 4.30	10 mins	VCFE focus	Verbal	Discussion	Jill Logan
Locality Board Priorities						
7.0	4.30 – 4.40	10 mins	North Manchester Redevelopment	Paper	Discussion	Sophie Hargreaves/Mike Bacon
Integrated Delivery Collaborative Update						
8.0	4.40 – 4.45	5 mins	Integrated Delivery Board Update	Paper	Discussion	Kath Wynne-Jones
9.0	4.45 – 4.50	5 mins	Performance Report	Paper	Discussion	Kath Wynne-Jones
10.0	5.00 – 5.15	15 mins	Neighbourhood Delivery Strategy	Presentation	Discussion	Kath Wynne-Jones
11.0			Hospital at home - **Item deferred until December**			Katy Alcock

12.1 12.2	5.15 - 5.30	15 mins	All age Mental Health Adult ADHD and Autism Service commissioning intentions	Paper Paper	Discussion Discussion	Will Blandamer/Ian Trafford/ Kez Hayat Ian Trafford
Updates						
13.0	5.30 – 5.40	10 mins	Strategic Finance Group	Verbal	Discussion	Simon O'Hare
14.0	5.40 – 5.50	10 mins	Population Health and Wellbeing update	Verbal	Information	Jon Hobday
Committee/Meeting updates						
15.0	Info	Info	Clinical and Professional Senate update	Paper	Information	Kiran Patel
16.0	5.50 - 5.55	5 mins	SEND Improvement and Assurance Board Minutes Ofsted update	Paper Verbal	Information Information	Will Blandamer Will Blandamer/ Jeanette Richards
Closing Items						
17.0	5.55 - 6.00	5 mins	Any Other Business		Verbal	
18.0	_____	_____	**Date and time of next meeting in public - Monday, 1st December 2025, 4.00 - 6.00pm in Committee Rooms A and B, Bury Town Hall**		_____	

Post Meeting reflection

	_____	5 mins	Post Meeting Reflection	Chair/All

Meeting: Locality Board			
Meeting Date	03 November 2025	**Action**	Consider
Item No.	2	**Confidential**	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary

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

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

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

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

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

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

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

Recommendations

It is recommended that the Locality Board:-

- Receive the latest Declarations of interest Register;
- Consider whether there are any interests that may impact on the business to be transacted at the meeting on 3rd November 2025 and

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

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

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

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

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

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

Committees and Sub-Committees

Locality Board

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

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

Meeting: Locality Board			
Meeting Date	03 November 2025	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 6th October 2025 and action log		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary
The minutes of the Locality Board meeting held on 6th October 2025 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed
Recommendations
It is recommended that the Locality Board:- • Approve the minutes of the previous meeting held as an accurate record; • Provide an update on the action listed in the log.

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

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

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

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

Draft Minutes

Date: Locality Board – Meeting in Public 6th October 2025

Time: 4.00pm – 6.00pm

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

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

Document History:

Date	Version	Author	Notes
	0.1	Emma Kennett	Draft Minutes produced
Approved:			
Signature:			..... **Add name of Committee/Chair**

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public Council Chamber, Bury Town Hall, Knowsley Street, Bury 6th October 2025 4.00 pm until 6.00 pm **Chair – Cllr O'Brien**

ATTENDANCE

Voting Members
Cllr Eamonn O'Brien, Leader of Bury Council (Chair) Dr Cathy Fines, Senior Clinical Leader in the Borough Cllr Lucy Smith, Executive Member of the Council for Children and Young People Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health Ms Lynne Ridsdale, Place Based Lead (for the beginning) Ms Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury) Ms Lorna Allan, Chief Digital and Information Officer, NCA Dr Nina Parekh (PhD), Divisional Managing Director Bury Community Services Division Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise) Dr Kiran Patel, Medical Director, IDCB Mr Warren Heppolette, Chief Officer for Strategy & Innovation (GMIC) Ms Jeanette Richards, Executive Director of Children and Young People, Bury Council Mr Jon Hobday, Director of Public Health Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care Mr Adrian Crook, Director of Adult Social Services and Community Commissioning
Non-Voting Members
None.
Invited Members and Observers
Mr David Latham, Senior Programme Manager (Bury),NHS Greater Manchester Mrs Clare Postlethwaite**,** Associate Programme Director (Bury Locality) NHS Greater Manchester Ms Lorna Wilson, Creative Living Centre Ms Ceri Kay, Legal Services, Bury Council Mrs Emma Kennett, Head of Locality Admin & Governance, NHS Greater Manchester (Bury) Ms Chloe Ashworth, Democratic Services, Bury Council

MEETING NARRATIVE & OUTCOMES

1.	Welcome, Apologies and Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Mr Simon O'Hare, Mr Neil Kissock, Dr Vicky Howarth, Ms Sarah Preedy, Ms Sophie Hargreaves, Cllr Mike Smith Ms Kath Wynne-Jones, Mr Stuart Richardson, Chief Executive and Mr Mark Beesley.
1.3	The meeting was declared quorate.

2.	Declarations Of Interest
2.1	NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).
2.2	NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.
2.3	The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.
2.4	Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.
2.5	In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.
2.6	The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.
2.7	There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.
2.8	**Declarations of interest from today's meeting 6th October 2025 and previous meeting 1st September 2025.**

ID	Type	The Locality Board	Owner
D/10/01	Decision	Received the declaration of interest register.	

3.	Minutes Of the Last Meeting and Action Log
3.1	The minutes from the Locality Board meeting held on 1st September 2025 were considered as a true and accurate reflection of the meeting.
3.2	The status in relation to existing actions was documented as part of the Action Log.
3.3	In terms of the Cancer actions arising from the last meeting would be taken forward via the Major conditions Board in the first instance with a few of bringing a further update to the Locality Board in the coming months.

ID	Type	The Locality Board	Owner
D/10/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting and noted the updates in respect of the actions from the last meeting.	
D/10/03	Decision	Ratified the decision made at the meeting on the 1st September 2025 in relation to the Memorandum of Understanding with the voluntary sector.	

4.	Public Questions
4.1	There were no public questions received.

ID	Type	The Locality Board	Owner
D/10/04	Decision	Received the update.	

5.	Place Based Lead Update
5.1	Ms Ridsdale presented the latest Place Based Lead update to the Locality Board. It was reported that: - • Deepest condolences were expressed to those families and families who may have lost a loved one in the senseless act of violence last week near Heaton Park. The distress this may have caused Jewish colleagues and communities was acknowledged, for whom Yom Kippur is a solemn and sacred time. The Council, NHS partners and VCSE colleagues have reached out to friends, colleagues and services in that community to express sympathy and solidarity at this time. • The contribution, professionalism and compassion of all partners in the response was commended in the face of such a traumatic event. • A Team Bury Event was scheduled to take place on the 16th October 2025 where a discussion would be held in relation to the recent events and what action can be taken to continue to support communities. • the Strategy for SEND for the borough had been approved by the SEND Improvement and Assurance Board in September 2025. This followed a period of consultation and co-production with all partners including Bury2Gether our parent carer forum, and the Changemakers group. All staff and partners involved in this work were thanked for their contributions. A copy of the strategy was included in the papers for today's meeting for information. • In terms of the NHS Planning approach and neighbourhood working, all NHS partners would be developing their response to the NHS Planning Guidance for 2026/27 released in August. It was noted that Neighbourhood health was a key feature in the

	10 Year Plan and this guidance set out for the first time, a requirement for Neighbourhood Health Plans. • the Bury Health and Wellbeing Board have a duty to prepare and publish a regular Pharmaceutical Needs Assessment (PNA). PNAs are comprehensive assessments of the current and anticipated pharmaceutical needs of the community. PNAs assist local commissioners and service providers by giving an evidence base on how best to plan and commission pharmacy services to meet the needs of the population. A full update of the Bury PNA for 2025-2028 was being undertaken in order to update the understanding of priority needs of the population and meet statutory duties. A draft Bury PNA 2025-2028 was available with a consultation survey available at: Bury PNA Consultation for consideration up until close of play on Thursday 20th November 2025. *Ms Ridsdale left the meeting at this point.*
5.2 5.3	The following comments/observations were made from Locality Board members: - • The tragic events that took place last week had reinforced the need to look at things from a different perspective in terms of the long lasting effect this could have on people and communities. Here was a need to look at how best to support the community going forward. • It was important to take the time to reflect on the tragic events and where this leaves the Bury community and the sense of fear this has potentially created. Continued community cohesion would be key to get through these difficult times. • Tribute was paid to all the Health and care staff involved in responding to the incident. • In relation to the SEND Strategy, colleagues in children's services and education were commended for all of their hard work and was noted there had been a record turnout at one of the events last week. • A number of sub groups had been set up over the weekend in response to the recent events. These groups included representation from the VCFE, NHS, CVS and Social care. Discussions with community leads would take place in the coming weeks once the Jewish holiday had concluded.

ID	Type	The Locality Board	Owner
D/10/05	Decision	Received the update.	

6.	VCFE spotlight item – Creative Living Centre
6.1	Mr Blandamer introduced this item and commented that there would be a VCFE spotlight item at each Locality Board meeting going forward which would link to the neighbourhood working components of the Locality Plan.
6.2	Ms Lorna Wilson, Interim Chief Officer for the Creative Living Centre was in attendance to provide a presentation in relation to the role and work of the Centre. It was reported that: - • The Creative Living Centre was a Mental Health and Wellbeing charity that had been in operation since 1997. • It was based in Prestwich (next to the tram station). • It supported Adults aged 18+ presenting with low to moderate mental health challenges • It offered a Non-clinical approach offering person-centred holistic support. • Referrals can be through partners, GP's, self.

	• The Creative Living Centre was not a timebound provision. • Waiting list for 1st appointment was presently at 15 working days. • The Creative Living Centre was not a crisis service. • There were a number of components that formed part of the Creative Living Centre offer including one to one sessions, creative spaces, support groups, social spaces, therapies, physical health activities, training and workshops as well as other ad hoc activities such as cooking classes. • In terms of the statistics, it was noted that there were 89 new members, 392 unique members accessing provision over the year, 1237 1:1 support sessions delivered, 1132 therapy engagements, 7582 activity engagements and 373 engagements in training and workshops. Although facts and figures provided some insight as to what the Creative Living Centre does, it does not tell us the full story. Behind every number was a very real person working through mental health challenges. Each engagement, showed effort, determination and growth to explore a pathway to wellbeing that works for them. At the heart of everything we do, the Creative Living Centre is a community. • In 2024/25, 22 Volunteers gave 2533 hours of their time to support craft groups, walking and bike groups, co-tutoring, admin support, warm hubs, café support, breakfast clubs, decorating and gardening. • In relation to the Community Café, this was paused, particularly due to the impact of Covid-19 and action was taken to revive this and reopen. The importance of shared meals and casual social interaction and having a chat over tea and biscuits, spending time together—can significantly reduce feelings of isolation and support mental health was outlined. The café now runs every Wednesday. It offered low-cost food, including unlimited soup and hot meals for just £2. It's designed to be accessible and welcoming, especially for those on benefits or facing financial hardship. In terms of partnerships, there is ongoing work with local organisations to support the café and ensure it remains sustainable and inclusive • Bury's first Suicide Prevention Conference took place on the 18th June 2025, titled We're In This Together" brought together mental health professionals, community leaders, employers, advocates, and individuals affected by suicide to work together towards saving lives. This conference focused on raising awareness, providing resources, and developing strategies to prevent suicide in our communities and workplaces. This was organised by Rebecca Jackson from the Big Fandango, Lorna Wilson and Tom Wild from The Creative Living Centre with support from Jim McGlynn from Bury Public Health
6.3	The following comments/observations were made from Locality Board members: - • This presentation provided a good overview of the Creative Living Centre and highlighted the importance for social prescribing. • This had been an inspiring presentation and would be helpful to understand how awareness of the Creative Living Centre could be promoted further without overwhelming the service hence striking an appropriate balance between the two. • It was noted that referrals for the service were received from GPs already and that promotional material were readily available should these be required. • Social prescribers were aware of the service and details were also available on the Bury Directory.

	• It was also important to form links between secondary care and this service. It was noted that opportunity for course being run at the Fairfield General Hospital site were currently being explored further.

ID	Type	The Locality Board	Owner
D/10/06	Decision	Noted the update.	

7.	North Manchester Redevelopment
7.1	Mr Blandamer provided a verbal update on the North Manchester redevelopment and the new hospital programme. Current work included services proposals and engagement with key stakeholders.
7.2	It was noted that a more formal update would on this work would be provided at the next Locality Board meeting.

ID	Type	The Locality Board	Owner
D/10/07	Decision	Noted the update	
A/10/01	Action	An update on the North Manchester Redevelopment to be submitted to the next Locality Board meeting.	Ms Hargreaves

8.	PSR/Live Well
8.1	Mr Blandamer submitted a set of slides in relation to Public Sector reform and Live Well. The presentation covered: - • The locality plan commitments and priorities. • Neighbourhood working. • The Neighbourhood Model Principles. • Neighbourhood Working as set out in the NHS plan. • Integrated Neighbourhood Working in Bury. • The Refresh of Neighbourhood Working in Health and Care in Bury. • How Neighbourhood working in Bury linked to the *LET's Do It*! Strategy. • The Live Well programme in Greater Manchester. • The Live Well principles guiding implementation. • The live well offers, neighbourhoods, centres and spaces. • In terms of Live Well Implementation in the Borough, NHS GM and GMCA have identified and created a £10m fund. This would sit alongside the £10m regional investment from DWP Economic Inactivity Trailblazer work. Bury's implementation allocation for Live Well, based on demographic percentage of the regional population, would be £676k of which at least 50% (£338k) is to be allocated to the local VCFSE sector. In return for the regional investment there was a need for the locality to sharpen the local vision for Live Well in the context of Neighbourhood working, which locally was through the LET's do it! approach, and specifically identifying the location and delivery model of an exemplar/ 'flagship' Live Well centre in the locality with this to be in operation by the end of 2025/26. • It was noted that Bury needed to have a plan for Live Well Centre in each neighbourhood by 2030. • Phase 1 included the regeneration of a currently disused former PRU in Whitefield as a focal point for community led working and public service delivery, to be delivered by March 2026. This was an ambitious programme, recognising there was not a legacy

	of community hubs to be 'rebranded', and essentially building the proposition in Whitefield from scratch. Key to the approach was a comprehensive programme of community engagement and insight generation already led by VCFA, building on a programme of VCSE development in Whitefield over the past 18 months. • While Whitefield was the focus, in phase 1 of Live Well implementation work continue with the neighbourhood team development and voluntary sector capacity building across all 5 neighbourhoods. • In terms of the potential functions, the plan was to create a welcoming place in accordance with GM hallmark felt to be part of the community. The 2 priorities included Adults and Families in Poverty - housing, employment, DWP, substance misuse, DA etc and Family Hub implementation – a two site delivery (using the childrens centre close by) to the family hub model specification, a Focal point for family hub with complex lives - Live Well, a base for the Integrated Neighbourhood Team – health and adult care including social prescribing, living well (mental ill health prevention), a focal point for public service leadership team and Childrens Young people – youth provision, particularly utilising the sports hall.
8.2	The following comments/observations were made from Locality Board members: - • As part of this work, it would be helpful to see the links with Pennine Care in terms of preventative mental health support. • The Live Well centre and family hub implementation was strongly welcomed as part of these developments. • A query in relation to the degree of co-production taking place with the community in relation to these proposals. It was noted that there were two aspects to this particularly around the level of co-production that has taken place to date and the continued co-production as the work progresses. • Public Health Reform had been an area of focus for nearly a decade and Live Well would be a real test for the system in relation to next steps implementation in the context of the wider Public Sector reforms. It was highlighted that Neighbourhood teams had been operating since 2019 therefore there had been some good progress made in terms of laying the foundations for further. • It would be beneficial if this work could be evidenced by way of metrics from a neighbourhood perspective which would be a good signal to other areas in Greater Manchester in terms of the positive impact of adopting a neighbourhood approach. • The Hallmark document developed in this area had been extremely useful. • It was suggested that the recommendations contained with the presentation be strengthened to ask partners to commit to neighbourhood working/the neighbourhood model. • There was a need to be careful when applying specific metrics to different neighbourhoods/locations as this may need to be tailored to particular areas. • The Besses Together family fun day held on the 27th September 2025 had been really enjoyable and all those involved in arranging the event were thanked for this efforts in this regard. • This had been a really helpful discussion.

ID	Type	The Locality Board	Owner

D/10/08	Decision	Noted the refresh of neighbourhood working in health and care in accordance with locality plan priorities and NHS plan objectives	
D/10/09	Decision	Noted the opportunity of alignment of our approach to neighbourhood working, and the Lets philosophy,	
D/10/10	Decision	Noted the GM live well programme and the proposed exemplar centre in Whitefield	
D/10/11	Decision	Considered further opportunity of alignment to the neighbourhood model. This was not additional. This was the default setting to how we work together.	

9.	**Clinical Led Model**
9.1	Ms Lorna Allan provided a verbal update on the work being undertaken at the NCA in relation to the Clinical Led Model. It was reported that: - • The model would support the 'left shift' agenda and the NCA's strategy in this regard was being worked through. • The formal consultation in this area had recently ended.

ID	**Type**	**The Locality Board**	**Owner**
D/10/12	Decision	Noted the update	

10.	**Estates developments**
10.1	Ms Postlethwaite was in attendance to present a report in relation to Locality Estates Developments. It was reported that: - • It was recognised that the ageing estate across many parts of the locality risked being an obstacle to service change and expansion. The ability of the estates solution to sufficiently respond to service need was particular challenging due to the economic and financial constraints that exist both within our locality and across Greater Manchester more widely. • Over recent months, significant work had been progressed to ensure that, despite financial and economic constraints, the locality estate plans are sufficiently developed to ensure that the local estates solution continues to be a key enabler to the delivery of service and place-based change within the borough. • Recognising the current financial climate across all areas of public service, recent work had focused on the ability of innovative work at partnership level to ensure that focused estates solutions can still be found. • This report provided an update of key estates development work over recent months and also aimed to articulate the priority areas moving forward for the locality. • The report also provided a specific update on some assets identified as tail estate and referenced in an earlier report to this group. • The key driver for estate project prioritisation across Greater Manchester remained to be the outputs of the PCN estates toolkit project. This project was a nationally driven initiative, supported by Community Health Partnerships, that involved detailed work at Primary Care Network (PCN) level to understand current pressures alongside longer term clinical plans within each area. The output projects resulting from this PCN level work were then scored and ranked at a locality level.

	• The focus within the locality remained securing a solution for the two major priority schemes identified by the toolkit (Uplands proposal (Whitefield) and the Prestwich community hub regeneration proposal) alongside keeping pace with emerging need across our borough. • Recognising the need for a joined-up response to future development residential proposals, as a locality, collaborative work continued to ensure that the Health and Wellbeing Strategic Planning Document was inclusive and ensured that health infrastructure need was fully considered in response to any planning submission. Work continued in this regard locally with ongoing advisory support from the national NHS Property Services planning team, with outputs to date recognised as setting a precedent for good practice in strategic planning across Greater Manchester. • The identified site of the Uplands Project redevelopment (Whitefield) had now been purchased by NHS Property Services (completion on sale achieved in July 2025) with the NHS Property Services team now leading delivery of this important project. Work was now progressing to submit a related planning application with a target submission date towards the end of October 2025 with the aim for construction works to start on site towards the end of January 2026. Current estimates suggested a likely construction period of around 12-18 months hence, services to operate from the new facility early 2027. • Detailed discussions continued to secure a solution in Prestwich, noting the classification of Prestwich Health Centre as tail estate. The aspiration remains to find a joint service solution for the town that encompasses a longer-term solution for this health service site • For a number of months, locality teams have been working in partnership to enable a move of the 'Achieve' service from Humphrey House to Radcliffe Primary Care Centre. This service (currently provided by Greater Manchester Mental Health NHS Foundation Trust) supports clients in the treatment and recovery from substance use and the geographical spread of the client group made the primary care centre the appropriate location for the service. Contractual and legal work to enable this move has now been completed with the team moving into the centre towards the end of September 2025 with ongoing collaborative work with local GP practices being progressed to strengthen the service offer to this client group. • As one of the key core assets in Bury, works continued to attempt to secure funds to reconfigure elements of space within the Radcliffe Primary Care centre to achieve additional clinical capacity and also to better respond to current service delivery models • Bury was successful in securing funds for a number of Utilisation and Modernisation Fund (UMF) schemes across Bury GP practices – a national release of capital grant funds to deliver additional clinical capacity within GP primary care estate. The locality has had 5 schemes approved with total funds secured of circa £227k – work is now progressing at pace to support the successful practices to secure the necessary legal approvals to allow work to be completed by end of December 2025. Recognising the likelihood of future funding rounds, work is also now progressing with Bury practices to ensure readiness to respond with deliverable schemes as and when further national funds are released. • Sunnybank Clinic remained identified as tail estate with the proposal to progress disposal once the remaining services vacate the premises. • The initial update to Locality Board, in November 2024, resulted in a request to consider the impact on the neighbouring building users of any site disposal and also

	the potential use of this site for housing – in particular due to the interlinkage of some services between the adjoining sites. Further investigations since the November 2024 Locality Board meeting have confirmed that the site would only be useful for housing if disposed of together with the adjoining council owned site, which is currently leased to an education provider. The current tenant in the adjoining building has confirmed their wish to remain (due to recent capital investment in the site) hence, the use of the site for residential purposes is not possible. On this basis, the recommendation to dispose of this site remains, subject to an agreement to separate related services and legal obligations to enable this site disposal
10.2	The following comments/observations were made from Locality Board members: - • Ms Postlethwaite was commended for all of her hard work in this area and particularly in relation to the relocation of the Achieve Service which had not been easy.

ID	Type	The Locality Board	Owner
D/10/13	Decision	approved the proposal to formally progress the vacating and related disposal of Sunnybank Clinic, based on the additional information now provided	
D/10/14	Decision	noted the key priority schemes and key areas of estates development across the borough along with the related risks.	

11.	Integrated Delivery Board Update
11.1	Mr Blandamer submitted the latest Integrated delivery collaborative update to the Locality Board. It was reported that: - • An implementation workshop with the GP neighbourhood leads and the INT leads was held on the 30th July 2025 to agree the next stage delivery plans for neighbourhood working. An associated implementation plan developed would be considered by IDC Board this month. In terms of the neighbourhood demonstrator site, an expression of interest was submitted to become a neighbourhood demonstrator site and unfortunately the locality was unsuccessful. Rochdale and Stockport were selected as sites in Greater Manchester. Any learning from these localities and from other national offers would be captured. There was a need to consider any future requirements emerging from the recent planning guidance (see attached) the implementation plan was finalised. • The first quarterly workshop between PCN and neighbourhood CD's was held on the 23rd September 2025 to consider the neighbourhood implementation plan and the joint MOU between neighbourhoods and PCN's. • Through falls awareness week, engagement sessions have taken place to raise awareness of offers across the Borough to health and care practitioners. These have been really well received and attended.

ID	Type	The Locality Board	Owner
D/10/15	Decision	Noted the update	

12.	Performance Report
12.1	Members received copies of the latest Performance report. It was reported that this was quite a detailed document and there was a need to make this level of detail available to the public.
12.2	The following comments/observations were made from Locality Board members: - • It would be helpful to focus in on a number of smaller performance areas as part of future reports as there was a significant amount of detail included within this report making it somewhat difficult to navigate at times.

ID	Type	The Locality Board	Owner
D/10/16	Decision	Noted the Performance report.	

13.	Risk report
13.1	Ms Jackson presented the latest Risk report to the Locality Board.
13.2	This report detailed the locality strategic and programme risks set by the Risk and Scrutiny Group as scored above 15 using the strategic risk descriptors detailed in section 3 of the report. The risks were described in summary and high-level mitigating actions were included. Further detailed information on the risk mitigations is discussed and actioned through the transformation/programme boards and workstreams.
13.3	A further quality risk register is available and scrutinised at the System Assurance Committee.

ID	Type	The Locality Board	Owner
D/10/17	Decision	Noted the latest Risk Report	

14.	Mental Health Gap analysis
14.1	Mr Blandamer provided a verbal update on the latest position in relation to the Mental Health gap analysis and the need for a Greater Manchester ICB response from a commissioning perspective.
14.2	It was reported that this analysis would form part of the refreshed Mental Health Strategy in the coming months.

ID	Type	The Locality Board	Owner
D/10/18	Decision	Noted the update.	

15.	Urgent Care
15.1	Mr Latham was in attendance to discuss the Urgent and Emergency Care Plan Refresh, Current Performance Update and Bury Winter Planning 2025-26. It was reported that: - • Given the refresh of the Bury Care Organisation Collaborative programmes of work and recent planning guidance, it was timely to review the urgent care change programme. The refreshed plan has considered: - 10 year plan and the national neighbourhood planning guidance - National and GM UEC planning guidance - The previous BCO Collaborative work plan and the BCO Performance Improvement Plan and A-TED report

	- Live Well: Whitefield Exemplar • The Current Urgent Care Performance was discussed for each of the metrics such as FGH 2% reduction attendance and admissions and Release to Rescue – Ambulance Handover Performance • The governance process, structure, and content of the NCA Locality Winter Plan 2025 – 26 was outlined The following comments/observations were made from Locality Board members: -
15.2	• Query raised around Urgent Care paediatric data and the associated current challenges. Mr Latham agreed to pick up outside of the meeting with Dr Fines on this issue. • A recent walk around of the emergency department at Fairfield General Hospital had been extremely positive and the NCA and partners were commended in this regard. • The importance of system working across the breadth of urgent care was highlighted. • Mr Latham was commended for all of his hard work and exceptional knowledge within this area.

ID	Type	The Locality Board	Owner
D/10/19	Decision	Noted the presentation.	

16.	Strategic Finance Group
16.1	Mr Blandamer presented the Strategic Group update to the Locality Board in the absence of Mr O'Hare.
16.2	It was reported that: - • The Public Sector finance position across all partners remains very challenged. • In terms of the budget the board was responsible for, it was forecasting to spend the same amount of money as last year but unfortunately due to budget constraints this is a £2.5m overspent. This locality position had continued at month 6 but this was yet to be formally reported. • As the locality was not achieving a break even position, the locality have been asked to submit a recovery plan to get to break even. It is the view of the leadership team, that the £2.5m position was the best achievable position we can get to this year, which has £1m of a stretch target in that we are forecasting to achieve (and are confident that we can and therefore we are asking the board to endorse this position. • We have also reached agreement with GM colleagues on 2025/26 operating / staffing costs, around non recurrent funding of the RBMS position in 2025/26. This means that these budgets were in balance for 2025/26 and in fact were forecasting a slight underspend for this year. It was recommended that these budgets are accepted for 2025/26 and that delegated authority is given to the Place Based Lead to sign this off on behalf of the board.
16.3	The following comments/observations were made from Locality Board members: - • The pressure that appeared to be being placed upon locality NHS GM Bury leadership in relation to CHC and joint funded was unreasonable when the ICB already transfers such a relatively small amount of funding to council.

ID	**Type**	**The Locality Board**	**Owner**
D/10/20	Decision	Noted the updates on financial positions for 2025/26	
D/10/21	Decision	Noted the requirements of the deficit recovery plan for the locality	
D/10/22	Decision	Approved the 2025/26 operating cost budget and give delegated authority the Place Based Lead to agree these on behalf of the board	

17.	**Population Health and Wellbeing update**
17.1	Mr Hobday submitted the latest Population Health and Wellbeing update to the Locality Board.

ID	**Type**	**The Locality Board**	**Owner**
D/10/23	Decision	Noted the update	

18.	**Clinical and Professional Senate update**
18.1	Dr Patel submitted the latest Clinical and Professional Senate update to the Locality Board.

ID	**Type**	**The Locality Board**	**Owner**
D/10/24	Decision	Noted the update	

19.	**SEND Strategy**
19.1	Mr Blandamer reported that a SEND Strategy for the borough has been developed and available as part of the meeting papers which was approved by the SEND Improvement and Assurance Board in September 2025.
19.2	The SEND strategy has been co-produced by Bury Changemakers, Bury Youth Service and the SEND Improvement and Assurance Board is the result of conversations with young people about social reform and improvement to SEND for children and young people in Bury.
19.3	It was hoped that this strategy would improve the lives of children and young people in Bury. The strategy was for them, and for parents/carers. This document was also for anyone who interacts with children and young people with SEND in the public and voluntary sector in order to better understand, accommodate, support and respect children and young people with SEND, their families, and those who support them.

ID	**Type**	**The Locality Board**	**Owner**
D/10/25	Decision	Noted the SEND Strategy	

20.	**Any Other Business**
20.1	There were no items raised.

ID	**Type**	**The Locality Board**	**Owner**
D/10/26	Decision	Noted the information	

21.	**Date and time of next meeting**
22.1	**Date and time of next meeting in public - Monday, 3 November 2025, 4.00 - 6.00pm via Teams**

BURY
INTEGRATED CARE
PARTNERSHIP

Locality Board Action Log – September 2025

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

Date	Reference		Action	Lead	Status	Due Date	Update
7th April 2025	A/04/02	Action	It was proposed that an Executive Summary of the Locality Plan be produced and that further detail around the priority areas be brought back to a future Locality Board meeting	Mr Blandamer		November 2025	Update to be provided in September in the context of the 10 year plan Update to be provided in November, aligned with comms and 10-year plan
2nd June 2025	A/06/01	Action	Mr Woodhouse to obtain the latest figures for people accessing the Ingeus Neighbourhood hub in the Millgate and circulate to Locality Board members for information.	Mr Woodhouse		July 2025	To be shared outside the meeting by Will Blandamer. 9/10/25 – Mrs Kennett followed this up with Mr Woodhouse in terms of the required information
21st July 2025	A/07/02	Action	It would be helpful to produce some patient/resident communications around services available which could link into the neighbourhood working approach and the existing Bury Directory work.	Mr Blandamer/Ms Wynne-Jones		July 2025	Access Points to Services: To be linked with comms work and gap analysis. Action remains open
1st September 2025	A/09/01	Action	To include updates regarding Healthy Life Expectancy and School Readiness to a future	Mr Jon Hobday		December 2025	

			meeting.				
1st September 2025	A/09/02	Action	Cancer Team will continue discussions at the Major Conditions Board and return to the Locality Board with an update on plans and ongoing activities in the future.	Ms L Harris		January 2026	
1st September 2025	A/09/03	Action	A further update of data regarding the Pharmacy First service to be brought back to a future meeting	Mr Fin McCaul		January 2026	
6th October 2025	A/10/01	Action	An update on the North Manchester Redevelopment to be submitted to the next Locality Board meeting.	Ms Hargreaves		November 2025	Update included on November agenda.

Meeting: Locality Board			
Meeting Date	03 November 2025	**Action**	Receive
Item No.	5	**Confidential**	No
Title	Place Based Lead Update - Key Issues in Bury		
Presented By	Lynne Ridsdale – Place Lead, NHS GM (Bury) and Bury Council Chief Executive		
Clinical Lead	Dr Cathy Fines		

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

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

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

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

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

1. NHS GM Operating Model

NHS GM has launched its revised operating model to be congruent with the National future ICB blueprint. The operating model is included in the papers and the comments from all partners are welcome.

NHS GM have received briefings on the content of the operating model and a potential alignment of role and function of NHS GM staff to the operating model. There is still no national clarity on redundancy arrangements or the extent to which the 39% headcount reduction is the primary driver of a fundamental restructure of the organisations. A consultation on a process of role and function alignment to 6 portfolios is due to commence in January. However there remains some uncertainty about the process of the alignment particularly in relation to some place functions and recommendations from design groups in the summer about potential aggregation away from local place management. There is also a slowing of the process around potential staff redeployment into different organisations.

The operating model itself provides welcome clarification on the centrality of place partnership working to the work of the ICB, with a particular focus on neighbourhood working, and it is therefore timely we have an update from Kath Wynne Jones following a series of workshops in the borough on the next stages of our health and care system model of neighbourhood working.

2. Adult CQC inspection.

A note to thanks a number of colleagues who participated in the CQC inspection of the Council in relation to Adult Services, either before the on-site inspection visit (6-10th October) or during. We are very pleased so many staff, clients, residents, and partners had the opportunity to share their view and their work . Regardless of the outcome I would like to pay tribute to the work of Adult Services under the leadership of Adrian Crook for the organisation of the inspection and for the body of transformation and innovative work undertaken over recent years. We do not expect to hear the outcome of the inspection until January 2026 but will of course keep colleagues on the locality board updated.

In the meantime, I am delighted to advise that Falcon and Griffin, a Council led extra care home, received a 'good' outcome from a CQC visit and I would like to congratulate all staff there.

3. SEND

Further to the approval of the Bury SEND Strategy at the last locality board meeting, further work has been undertaken on all aspects of the performance improvement plan delivery. The SEND Improvement and Assurance Board on 30/10/25 considered a number of deliverables, including an assessment of the extent to which the comprehensive My Happy Mind and My Mind Coach – a product used to support emotional wellbeing and resilience in primary schools and secondary schools, was contributing to the SEND cohort, and also an overview of the work NCA and Pennine Care are doing to support those whilst waiting for an appointment.

An important element of the meeting was the review of the NHS GM proposals around new pathways for adults and children to access diagnostic services. This is a challenging area and has caused alarm and distress to some patients and families. It is also true the very high demand for services is creating clinical risk through the lack of prioritization of those most urgent or at highest clinical need. A further update on this work will come to a future Locality Board.

On SEND can I in the meantime thank a number of colleagues from NCA who supported the Council and ICB in a recent Ofsted annual engagement meeting intended to assess the steps being taken to improve services for children and young people with SEND and their families in Bury. While not formally part of the reinspection process (date awaited) this is nevertheless an important aligned process. A self evaluation framework was presented, building out of our performance improvement work, and evidence of effective action and self awareness of future priorities was provide. The outcome letter is awaited.

4. Urgent Care/Winter planning

Following the update on urgent care system and winter planning at the last meeting, it feels like we are already heading into winter pressures with a potential rise in respiratory illness/flu and some pressure on hospital beds. I am confidence all organisations and the partnership as a whole are fully prepared – and could I ask partners to do all they can in support of the respective vaccination campaigns underway – include staff uptake of the flu vaccination.

For information NHS GM have written to all localities as follows
"to remind that it is essential that all teams across the organisation are equipped with a clear and operational understanding of their escalation responsibilities. The ability to respond swiftly and consistently to system pressures relies on the effective embedding of escalation protocols at every level of our integrated care system."

In alignment with the NHS Greater Manchester Integrated Care Board (ICB) Winter Escalation Framework and the national Operational Pressures Escalation Levels (OPEL) guidance, we are seeking formal assurance that escalation arrangements have been appropriately disseminated and understood across your respective teams."

NHS GM are requesting.

- A detailed description of how this protocol has been embedded within your teams.
- Evidence that all relevant staff possess a working knowledge of their roles and responsibilities in relation to escalation procedures.

This submission will be co-ordinated by the UEC Board.

Lynne Ridsdale
Place Lead NHS GM (Bury)
Chief Executive Bury Council
31/10/25

Meeting: Locality Board			
Meeting Date	03 November 2025	**Action**	Receive
Item No.	5.2	**Confidential**	No
Title	NHS Greater Manchester Operating Model - Final Draft for Engagement		
Presented By	Will Blandamer, Executive Director, Health and Adult Care - Bury Council and Deputy Place Lead - NHS Greater Manchester (Bury)		
Author	Jo Street, Programme Director – Transition, NHS Greater Manchester		
Clinical Lead			

Executive Summary

The new NHS Greater Manchester operating model and supporting slides are presented as a final draft for engagement purposes with senior organisational colleagues before wider engagement with all other colleagues, political leaders and key partners.

This document sets out the proposed operating model for NHS Greater Manchester, outlining how integrated working between Place Partnerships and GM-wide teams will deliver our vision for longer, healthier lives and reduced health inequalities. It details the guiding principles, governance, and portfolio structures that will underpin strategic commissioning, emphasising a shift towards prevention, equitable access, and community co-design. By aligning resources, accountability, and collaborative leadership across health, care, and community sectors, the model aims to improve outcomes, address the wider determinants of health, and ensure that every resident benefits from a more effective, inclusive, and sustainable health and care system.

Recommendations

The Locality Board is asked to discuss and provide any feedback in relation to the draft Operating Model.

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

Links to Locality Plan priorities

Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas	☒

Links to Locality Plan priorities	
Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention	☒
Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care	☒
Optimise Care in institutional settings and prioritising the key characteristics of reform.	☒

Implications						
Are the risks already included on the Locality Risk Register?	Yes	☐	No	☐	N/A	☒
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	☐	No	☐	N/A	☒
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☐
Are there any financial Implications?	Yes	☐	No	☐	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☒	No	☐	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☒	No	☐	N/A	☐
If yes, please give details below:						
If the NHS Greater Manchester Operating Model is successfully implemented, people across Greater Manchester can expect to live longer, healthier lives with reduced health inequalities, as services become more integrated, proactive, and tailored to local needs. The model aims to shift the focus towards prevention and early intervention, ensure fairer access and improved experiences, and put community voice at the centre of decision-making. By fostering collaboration across health, care, and community partners, and introducing new financial arrangements to support care closer to home, the model seeks to deliver better outcomes, greater efficiency, and a more inclusive, supportive system for all residents. The model tackles health inequalities by making them a central priority in both strategy and delivery. It commits to using population health data and local insight to identify where inequalities are greatest, ensuring resources and interventions are targeted to those most in need. Each of the ten						

Implications						
Place Partnerships is responsible for understanding and addressing the unique needs of their communities, including the social, economic, and cultural factors that drive health disparities. The model measures success by equitable access, experience, and outcomes, not just activity, and requires ongoing evaluation and adjustment to ensure services are reaching and benefiting the most disadvantaged groups. By integrating services across health, care, and community sectors, and shifting the focus towards prevention and early intervention, the model aims to address the wider determinants of health and prevent issues before they escalate. All of this is underpinned by strong accountability, transparency, and shared governance across partners, making the reduction of health inequalities a shared responsibility and a key measure of success.						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐

Governance and Reporting		
Meeting	**Date**	**Outcome**
Task and Finish Group	08/10/2025	
Executive Committee	08/10/2025	
Joint Health Scrutiny	14/10/2025	
Extended Leadership Team	21/10/25	
Bury Locality Board (and Wider Engagement through Greater Manchester)	03/11/2025	

NHS Greater Manchester

NHS Greater Manchester Operating Model:

Making it work, from vision to reality

Part of Greater Manchester Integrated Care Partnership

STAKEHOLDER UPDATE DRAFT V.1
October 2025

About this briefing

- This document is designed to be used as presentation slides for meetings. If you're reading it as a standalone briefing, please refer to the accompanying notes for further detail and context behind each slide.

- The full draft operating model is available on our website; https://gmintegratedcare.org.uk/about/our-plans/

Background to NHS Reform

NHS Greater Manchester

- NHS England has set out how we'll work together in 2025/26 to prepare for long-term reform
- We need a simpler, more focused way of working, with clear roles, responsibilities and accountability to deliver the three strategic shifts of the 10 Year Health Plan:
    - **Treatment to prevention** – focus on keeping people well, not just treating illness
    - **Hospital to community** – move care closer to home through joined-up services
    - **Analogue to digital** – use technology and data to make healthcare smarter, faster, and more tailored

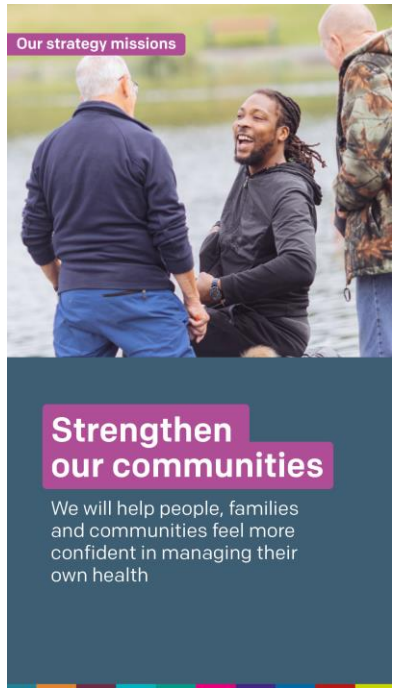
What this means for ICBs:

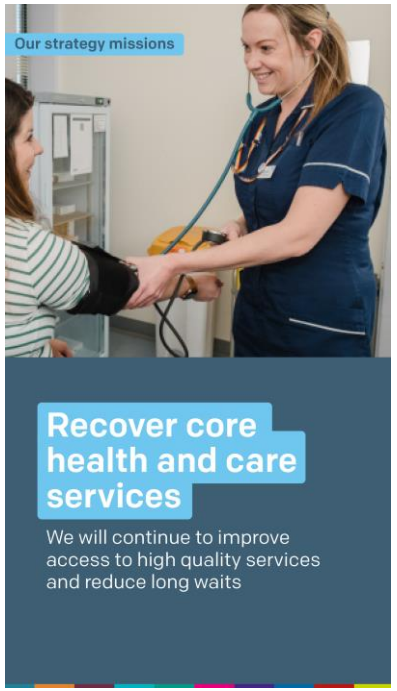
- ICBs will lead on understanding population needs, reducing inequalities and planning high-quality care
- Our functions will become more focused, with some responsibilities shifting to providers or national teams
- Not all changes will happen this year – some need legislation or time to implement safely

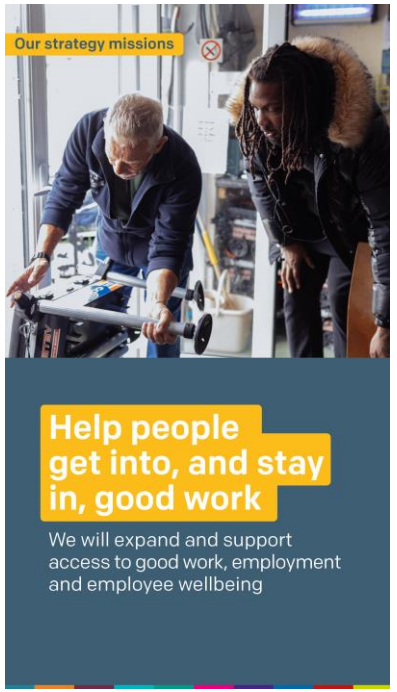
NHS Greater Manchester

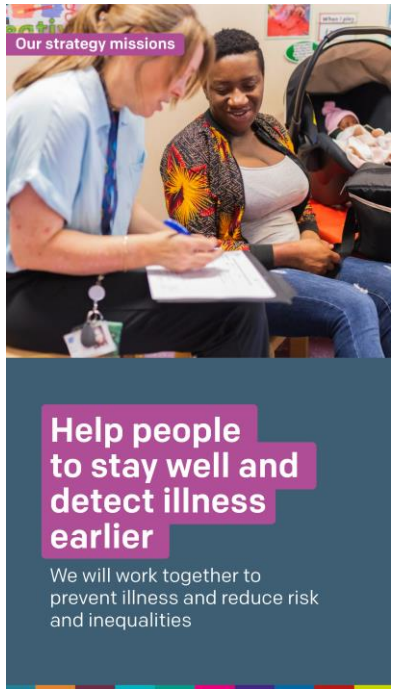
What isn’t changing…

Our missions









Our commitment to help people in GM will live longer, healthier lives, closing the gap between richer and poorer communities by tackling inequality and widening access to opportunities that shape wellbeing.

How NHS GM works together

NHS Greater Manchester

System Convenor – to enable delivery of the ICP strategy

Improving Population Health Outcomes / Reducing Inequalities / Social & Economic Development / Statutory Accountabilities / Constitutional Standards / System Resilience

Strategic Commissioner

Needs Assessment & Outcomes-setting

- In-depth population analysis
- Analysis of resource utilisation (finance)
- Clinical-led evidence on opportunity
- Health economics (Public Health)

Strategy and Planning

- NHS GM / ICP / GMCA partnership priorities
- Assessment of national policy and local analysis (Planning)
- Setting system strategic ambition and place expectations.
- Setting clinical and professional commissioning policy for the system (Clinical)
- Setting financial policy rules (Finance)
- Strategic Resource Allocation (Finance)
- Operational Planning (Planning)
- Agree transformation priorities based on constitutional standards
- Strategic Digital leadership and development

Contracting & Evaluating Impact of System

- Manage Market Rules and Core NHS Contracts
- Assure delivery at place, provider, system groups
- Quality Improvement

Clear Accountability and Trust

Ten Integrated Place Partnerships

Local Insight-led Planning

Develop priorities and plans to address:

- Agreed strategic goals and outcomes
- Utilising value based analytical capability
- JSNA, in-depth population analysis & community insight (BI / Planning / Insight)

Integrated Delivery at Place

- Engage partners, clinicians and communities in designing solutions to deliver priorities.
- Integrated Neighbourhood Health - work with partners to create neighbourhood health model
- Drive benefits realisation (Planning)
- Demand Management
- Supporting the system wide Live Well model
- Population Health
- Co-design with communities
- Single view of allocation of place allocation

Aligning Partnership Incentives & Resource

- Coordinate the resources across pathways and partners to achieve shared outcomes.
- Support the development / strengthening of provider partnerships.

Enablers: portfolio/s to encompass all of these functions

Communications & Engagement	**Quality & Safety** (Experience)	**Clinical & Professional Leadership**	**Corporate & Clinical Governance**	**Digital & DII**	**People & Culture**	**Finance**	**Programme Management**	**EDI**

NHS Greater Manchester

Our approach to strategic commissioning

1. Understanding local context

Understand population needs through in-depth analysis, building on JSNAs, working with people to understand their experiences, LAs, other commissioners and providers, to ensure services are equitable and responsive to all communities. Set ambitious, realistic health outcomes for the population which improve health and reduce inequalities.

2. Developing long-term population health strategy

Assess service quality, value for money and how well they meet community needs. Strengthen communities and partnerships to improve health outcomes and reduce inequalities. Commission evidence-based, high-quality services designed around population needs, targeting resources for greatest impact

3. Delivering the strategy

Make better use of resources by investing in areas that have the biggest impact on people's health and help reduce health inequalities. Create and use outcome-based contracts that cut down on unnecessary processes, reward prevention, and promote fairer health outcomes, while empowering providers to drive effective delivery

4. Evaluating impact

Enable providers to improve technical efficiency by convening system-wide solutions that save costs, avoid duplication and strengthen the quality and sustainability of services. Rigorously review how services are delivered, using community feedback and insights to guide future commissioning – taking action to decommission when needed

NHS Greater Manchester

What our ten Place Partnerships will do:

Improve population health, wellbeing & tackle inequalities	Integrate services	Deliver care	Deliver the 10-year plan	Coordinate finances	Drive partnerships
Maximise the Live Well approach by focusing on community needs, connecting with other public services and neighbourhood working	Join up NHS, local government, VCFSE and wider public services so they work better together at place and neighbourhood levels	Provide fair, easy-to-access, high-quality care that's tailored to people's needs	Move from reactive support to prevention, supporting people earlier, using digital tools and helping them stay independent	Manage all health and care budgets together to get the best results for local people	Build strong partnerships with shared goals, good leadership and a culture of collaboration

NHS Greater Manchester

Working with our partners

Key to the 10 Year Health Plan are VCFSE, local government, primary care, NHS trusts and independent sector providers, who we'll work even more closely together with.

1

Treatment to prevention

Working with public health, primary care and VCFSE teams to embed Live Well, i.e. community-led prevention

2

Hospital to community

Working with our Trust Provider Collaborative (TPC) to shift resources from hospitals to community settings. NHS Trusts will be equal partners within Place partnerships, using their expertise and staff to deliver world-class neighbourhood health services

3

Analogue to digital

With leadership and insight from the ICB, partners across all sectors, and Health Innovation Manchester will work together to modernise services using digital tools, virtual care, shared records and AI to empower citizens and transform care delivery

NHS Trust Providers

Working with Trusts to redesign care

- Make hospital care more effective and affordable
- Focus on outcomes, not just activity
- Improve access, flow, and use of digital tools
- Redesign services across the whole system — together

Primary care providers

Working together to shape local services, share data, and invest in prevention — putting clinical leadership and community insight at the heart of change.

NHS
Greater Manchester

The finances and supporting the ‘left shift’

- We need to change how money is managed to make care more local, more efficient and more focused on prevention
- Each Place will get funding to meet local health needs
- We’ll work with providers to encourage redesign of services to save costs and improve care
- As acute provider costs go down, more money will go to community services, supporting the ‘left shift’
- Transparency and visibility to all NHS spending – everyone will be able to see how the money is spent and track how it improves health and reduces inequalities

Over to you…

NHS Greater Manchester

How do you think the model will improve partnership working across Greater Manchester?

What concerns do you have that the model might harm relationships or collaboration?

What could we do to reduce any negative impacts and maximise the positive ones?

When we implement the model, is there anything important we need to keep in mind?

[NHS Greater Manchester Operating Model Stakeholder Engagement | Greater Manchester Integrated Care Partnership]

NHS Greater Manchester

NHS Greater Manchester Operating Model:

Making it work, from vision to reality

We recognise that there are parts of this document that may be inaccessible for some people, particularly for those using screen readers. As an organisation we are working to ensure that all information is available to everyone. If you need this document in a more accessible format, please contact gmhscp.gm-stakeholders@nhs.net.

Part of Greater Manchester Integrated Care Partnership

DRAFT V0.9 (For Internal and External Engagement)
20th October 2025

Foreword

Greater Manchester has a proud history of leading the way on the integration of health and care as part of a whole-system effort to improve lives. NHS Reform does not change that ambition. In fact, it presents an opportunity to strengthen how NHS Greater Manchester will deliver the 10-Year Health Plan (2025) as a strategic commissioner, with delivery at place and in partnership with others. It also reinforces our commitment to the city-region by aligning our work with the Greater Manchester Strategy (GMS) and its missions, actively contributing to our joint economic and social ambitions.

As a strategic commissioner, our role will be to think ahead, to make sure the right services are in place to improve population health, tackle inequalities and meet people's needs, now and in the future. Our focus will be leading the way in improving population health - by setting long-term, evidence-based strategies and using our role as healthcare payers to help make them happen. This will work in partnership with place, which will provide the local intelligence and insight, as well as the expert local knowledge to integrate delivery in the way that is best for the local population.

This pack sets out our operating model: how NHS GM works - from teams, systems and processes - and how we'll work with our partners too - across NHS Trusts, primary care, GMCA, local authorities, VCFSE, social care, public health, and of course the communities and residents we serve. It's based on the input from our All Staff Away Day, our Design Groups and leaders across the organisation. It describes our vision and our role in delivering it. It also includes some helpful scenarios that bring our way of working to life.

This is an operating model for every member of our team. It has been designed to help us understand the role we all play and how we fit together to deliver services and support people. Our NHS GM values will continue to underpin everything we do and act as a golden thread throughout our model.

Our NHS Reform journey has been challenging to say the least and there is still a way to go. However, developing this operating model is a big step towards defining our future as an organisation, with clarity of purpose and roles. It creates the shared vision by which we can all work together to achieve a Greater Manchester where everyone can live a good life. We look forward to working together with you to deliver for Greater Manchester.

Sir Richard Leese
Chair

Mark Fisher
Chief Executive

About this document

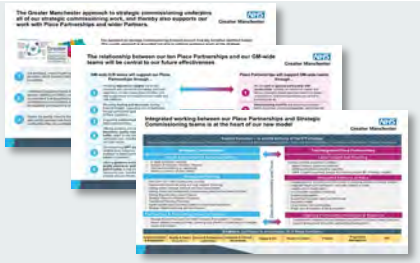
This document sets out the proposed operating model for NHS Greater Manchester, detailing the guiding principles for future strategic commissioning and Place Partnership activities. It explains the approaches that will be taken to realise our ambition: "People in GM will live longer, healthier lives. We will close the gap between richer and poorer communities by tackling inequality and widening access to the opportunities that shape wellbeing." It also highlights the key portfolio areas and outlines the next steps for further developing these plans in the coming weeks.

Chapter 1 (Page 4 – 5)

Summarises the vision and goals of NHS Greater Manchester; how this shapes key components of our operating model

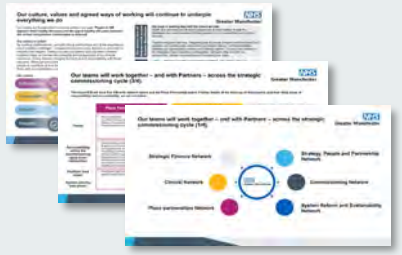
Chapter 2 (Page 6 – 12)

We explore the role of strategic commissioning and Place Partnerships in collectively delivering our intended outcomes. We look at the principles of each and the approaches they will adopt.



Chapter 3 (Page 13 – 21)

We describe how we will organise ourselves to deliver our operating model. We describe portfolios, accountability, governance and how our culture and values align to our ways of working.



Chapter 4 (Page 22 – 24)

We describe how we will work with partners and how we will organise ourselves to deliver on this work.

Chapter 5 (Page 25 – 28)

Three scenarios are used to illustrate how strategic commissioning and Place Partnerships utilise the full breadth of skills available to deliver key outcomes.

Chapter 6 (Page 29 – 30)

At the end of this document is a glossary of abbreviations used throughout.

NHS
Greater Manchester

1

Describing how our vision shapes how we operate

As we change our organisational form, we retain our purpose, vision and six missions for our population

NHS Greater Manchester

Why we are here
Our vision

A thriving city region where everyone can live a good life

What we will achieve
Our goal

People in GM will live longer, healthier lives. We will close the gap between richer and poorer communities by tackling inequality and widening access to the opportunities that shape wellbeing.

What we focus on
Our missions

- **Strengthen our communities**
- **Help people stay well and detect illness earlier**
- **Recover core NHS and care services**
- **Support our workforce and our carers**
- **Help people get into – and stay in – good work**
- **Achieve financial sustainability**

How we work together
Our Operating Model

The key components of our operating model:

- **Convening, influencing and leading across GM**
- **Thriving and impactful Place Partnerships**
- **Working in a matrix way across our teams**

We are a city region with a global reach.

Our collaborative approach has put Greater Manchester at the forefront of progress. We are home to renowned universities and research institutions. We have the largest tech cluster outside London and the largest life science cluster outside Cambridge. We have one of Europe's top visitor economies, are the beating heart of the UK's creative industries, a sporting capital, pioneers of public transport and trailblazers of English devolution.

Our collective vision for the next decade is to see a thriving city region where everyone can live a good life. Health is part of a wider picture that determines quality of life. Outcomes are shaped by good work and skills, decent housing, safe and connected neighbourhoods, education, transport, culture, environment and a sense of belonging. Greater Manchester is only successful if every part of our city region and every person in our city region is successful.

NHS Greater Manchester intends to make its contribution, as a key public service partner, bringing its resources and capacity to bear to improve the physical and mental health of our three million residents - commissioning for health as well as health services. This includes leading the delivery of the three strategic shifts set out in the 10 Year Health Plan: moving from reactive care to prevention, from hospital-based services to community-led support, and from analogue systems to digitally enabled care.

NHS
Greater Manchester

2

Describing how strategic commissioning and Place Partnerships will work in future

Integrated working between our Place Partnerships and Strategic Commissioning teams is at the heart of our new model

NHS Greater Manchester

System Convenor – to enable delivery of the ICP strategy

Improving Population Health Outcomes / Reducing Inequalities / Social & Economic Development / Statutory Accountabilities / Constitutional Standards / System Resilience

Strategic Commissioner

Needs Assessment & Outcomes-setting

- In-depth population analysis
- Analysis of resource utilisation (finance)
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- Health economics (Public Health)

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- NHS GM / ICP / GMCA partnership priorities
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- Agree transformation priorities based on constitutional standards
- Strategic digital leadership and development

Contracting & Evaluating Impact of System

- Manage market rules and core NHS contracts
- Assure delivery at place, provider, system groups
- Quality improvement

Clear Accountability and Trust

Ten Integrated Place Partnerships

Local Insight-led Planning

Develop priorities and plans to address:

- Agreed strategic goals and outcomes
- Utilising value based analytical capability
- JSNA, in-depth population analysis & community insight (BI / Planning / Insight)

Integrated Delivery at Place

- Engage partners, clinicians and communities in designing solutions to deliver priorities.
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- Drive benefits realisation (Planning)
- Demand management
- Supporting the system wide Live Well model
- Population Health
- Co-design with communities
- Single view of allocation of place allocation

Aligning Partnership Incentives & Resource

- Coordinate the resources across pathways and partners to achieve shared outcomes.
- Support the development / strengthening of provider partnerships.

Enablers: portfolio/s to encompass all of these functions

Clinical & Professional Leadership	**Communications & Engagement**	**Corporate & Clinical Governance**	**Digital & DII**	**EDI**	**Finance**	**People & Culture**	**Programme Management**	**Quality & Safety** (Experience)

The relationship between our ten Place Partnerships and our GM-wide teams will be central to our future effectiveness

NHS Greater Manchester

GM-wide ICB teams will support our Place Partnerships through…

1. Providing **data-driven insights** via the DII, combined with community knowledge and lived experience, to help shape place priorities, delivery of Live Well and Neighbourhood health and care initiatives.
2. Allocating **funding and resources,** sharing financial insights, supporting clinical leadership, through partnership agreements to enable delivery of Place objectives.
3. Supporting **communications**, in collaboration with place partners.
4. Offering guidance and expertise from **quality assurance, quality improvement, and patient safety** insight to help ensure high-quality community care, including services in primary care and care homes.
5. Commissioning **GPIT and digital solutions** to facilitate local integration and transition from analogue to digital systems. Supporting strategic estates discussions.
6. Providing expert guidance in **equality, diversity, and inclusion** to help ensure that health care services, including general practice and care homes, are inclusive, equitable, and of consistently high quality.

Place Partnerships will support GM-wide teams through…

1. We will **work in genuine partnership with communities**, building on community assets and taking a strengths-based approach where co-design and lived experience are central to everything we do
2. **Demonstrating benefits** and delivering improved health outcomes, reduced inequalities, and enhanced prevention through delivery of Live Well and Neighbourhood Health and Care initiatives.
3. Implementing collaborative approaches to **demand management** by utilising place budgets across partners to test and scale alternative care models to systematically reduce acute expenditure.
4. Providing timely progress **updates and outcome** reports to meet governance requirements, including early escalation and mitigation of risks when necessary.
5. **Securing partner investment and commitment**, including clinical and professional leadership, transformation, and organisational development, to support achievement of key objectives.
6. Acting on strategic commissioning intent locally and **sharing local insights** to help inform strategic commissioning and strengthen performance assurance.

Our Place Partnerships will be guided by eight key principles.

NHS Greater Manchester

Taken together, these principles will ensure that Place Partnerships can consistently maximise their contribution to health and care outcomes for their population, as well as working effectively with GM-wide teams.

1. We have a clear view – consistent across GM – of the functions to be discharged through Place Partnerships.
2. The discipline of population health improvement must be the goal of all ten places and their strategies and plans must articulate how they will achieve this. This includes recognising cultural, social and economic factors and their impact on health.
3. Each Place Partnership will deliver core features of a neighbourhood health model (Live Well).
4. Each Place Partnership has a workforce united in improving health, wellbeing, and independence for all, and striving to be representative of the communities it serves.
5. Every Partnership has a clear line of sight to the total Place spend on health and care, understands what aspects of that are influenceable, and has clarity about what spend the Place Partnership is directly charged with control of.
6. Strengthened accountability for all ten Place Partnerships between partners.
7. Place Partnerships will measure success by ensuring equitable access, experience, and outcomes, not just outputs.
8. We will use the reform agenda to set a new course, re-balancing power and leveraging community strengths, with Place Partnerships at the forefront of involving citizens.

Our ten Place Partnerships will convene the full spectrum of health and care resources around six key activities

NHS Greater Manchester

1 Improve population health, wellbeing & tackle inequalities	2 Integrating services	3 Delivering care	4 Delivering the 10 year plan	5 Coordinating financial spend	6 Driving partnerships
Maximising the opportunities of Live Well through a community-first mindset connecting to wider public service reform and neighbourhood working .	Integrate services across NHS, local government, VCFSE and wider public service at strategic at place and neighbourhood levels.	Deliver proactive, equitable, accessible, high quality and person-centered care using population health management to tailor approaches, recognising each partner's full range of statutory duties.	Shift from reactive support to prevention and early intervention, hospital to community and analogue to digital, reducing need, promoting independence and avoiding escalation.	Align and oversee total health and care spend, enabling joint delivery and the use of pooled/aligned budgets to optimise impact.	Drive effective multi-professional, partnership working through shared strategy, integrated delivery models, collaborative leadership, and an inclusive and supportive culture.

The Greater Manchester approach to strategic commissioning is underpinned by seven principles

NHS Greater Manchester

Key strategic commissioning principle	Describing what this means
1 **Population health & tackling inequalities**	• Commissioning is focused on improving health outcomes for all residents, with a clear priority on reducing inequalities across and within our 10 Place Partnerships and communities. • Decisions are guided by population health data, insight, and evidence, ensuring resources are targeted where they can have the greatest impact.
2 **Integration & collaboration**	• We work as one system, bringing together NHS bodies, local authorities, voluntary, community, faith and social enterprise (VCFSE) organisations, independent sector providers and other partners. • Commissioning approaches will be innovative, in order to promote shared responsibility for delivering outcomes across health, care, and wider public services.

3 **Subsidiarity & Place leadership**	• Service design and improvement is carried out at the most appropriate level:
	  • **Greater Manchester level** where consistency, scale, and equity are required.
	  • **Place level** where integration with local services and responsiveness to communities is most effective.
	• Place Partnerships are empowered to design and deliver services for their populations within a shared GM framework.

4 **Citizen voice & co-design**	• Residents, patients, carers, and communities are central to decision-making. • Commissioning plans are co-designed with citizens to ensure services reflect lived experience and local priorities.
5 **Outcomes and value-based approach**	• Commissioning focuses on outcomes, quality, and long-term sustainability rather than short-term activity measures. • We seek to maximise value, balancing efficiency with social value, community benefit, and improved wellbeing.
6 **Transparency, accountability & shared governance**	• Decisions are made openly, within clear governance and accountability across partners. • Success is judged on shared outcomes for people and communities rather than organisational performance alone.
7 **Innovation & transformation**	• Commissioning enables innovation in service models, digital transformation, and workforce approaches. • We use devolved freedoms to test new ways of working, scaling up what works for the benefit of all communities

The Greater Manchester approach to strategic commissioning underpins all of our strategic commissioning work, and thereby also supports our work with Place Partnerships and wider Partners.

NHS Greater Manchester

Our approach to strategic commissioning is based around nine key activities (outlined below). This overall approach is grounded not only in national guidance (such as the strategic commissioning cycle set out in ICB 'Blueprint' guidance) but also in what we know about effective change in the specific context of Greater Manchester, including our long history of locality working and strong track record of cross-sector partnership.

1. Understand population needs through in-depth analysis, building on JSNAs, working with people to understand their experiences, LAs, other commissioners and providers, to ensure services are equitable and responsive to all communities.
2. Set ambitious, realistic health outcomes for the population which improve health and reduce inequalities.
3. Assess the quality, value for money, and how well current services meet the needs of the communities they are commissioned to serve.
4. Actively build on the strengths of communities and partnerships to enhance the wider determinants of health and reduce inequalities.
5. Lead the commissioning of evidence-based, high-quality services that are designed around population needs and deliver agreed outcomes, ensuring resources are targeted where they achieve the greatest impact
6. Design and implement outcomes based contracting arrangements which reduce bureaucracy, incentivise prevention and drive equity in health outcomes, while empowering providers to drive effective delivery.
7. Optimise the use of resources by improving allocative efficiency, ensuring investment is directed towards areas that deliver the greatest impact on population health outcomes and reduce inequalities.
8. Enable providers to improve technical efficiency by convening system-wide solutions that deliver economies of scale, reduce duplication, and strengthen the quality and sustainability of services.
9. Rigorously review and evaluate service delivery, including community insights and feedback, to inform on-going commissioning – taking action to decommission when necessary.

NHS
Greater Manchester

3

Describing how we will organise ourselves to deliver our work

Our teams will work together – and with Partners – across the strategic commissioning cycle

Our new operating model will be implemented through portfolios that collaborate closely with Place Partnerships.

The future ICB will comprise five portfolios and ten Place Partnership teams, each driving delivery through multi-disciplinary, matrix-style collaboration across NHS GM and its partners.

These portfolios will be structured around areas of professional expertise to foster deep knowledge and clear lines of accountability, while remaining adaptable to support the full commissioning cycle and key transformation priorities.

This chapter outlines the make-up of these portfolios and their anticipated responsibilities and accountabilities.

Our new portfolios and Place Partnerships (1/2)

NHS Greater Manchester

The future ICB will have five GM-wide portfolios and ten Place Partnership teams. Further details of the make-up of these teams, and their likely areas of responsibility and accountability, are set out below.

	Place Partnerships	Strategy, People and Partnerships Portfolio	Strategic Finance Portfolio
Functions	• Place Leadership • Live Well, Primary Care & Neighbourhood health • Pathway Development & Demand Management • Place Governance & Administration	• Strategy & Strategic Planning • People and Culture • Communications and Engagement • Patient Services • Risk Management (BAF level) • Health Inequalities • Corporate Governance • Estates • Population Health / Live Well • Adult Social Care Transformation	• Finance • Contracting • Procurement • Place Finance • Delivery and Transformation
Areas of accountability	• Understanding and representing Place insights • Engaging and convening with Place partners • Find opportunities to maximise local decision-making • Translating commissioning aims for local delivery to address health inequalities • Supporting the left shift in services and pathways • Utilising data and analysis to support decision making and improve outcomes for local populations • Enabling and empowering local clinical leadership	• Overall system sustainability strategy • Corporate standards, policy and regulation • Wider system relationship management • Place relationship management • Public engagement • Workforce regulation and practice • VCFSE relationships	• Resource planning and allocation • Contracting and contractual oversight • Strategic financial development • Financial governance • Operational finance delivery • Financial sustainability
Key delivery plans	• Neighbourhood Plans • Locality Plans	• Comms & Engagement Plan • People & Culture Plan • Estates Plan	• Financial Plan
Leadership of system priorities	• Place leadership teams will provide leadership into agreed areas linked to the ICB strategic aims	• Neighbourhood and Place (integrated teams) • Prevention Demonstrator • Relationship with GMCA	

Our new Portfolios and Place Partnerships (2/2)

NHS Greater Manchester

The future ICB will have five GM-wide portfolios and ten Place Partnership teams. Further details of the make-up of these teams, and their likely areas of responsibility and accountability, are set out below.

	Commissioning Portfolio	System Reform and Sustainability Portfolio	Clinical Portfolio
Functions	• Agile ICB programme support • Healthcare Commissioning Hub • Referral teams • CHC (individualised packages of care)	• Operational Planning • Performance Improvement & Assurance • Digital & DII • QI & Improvement • NHS Reform & Transition • Provider and System Collaboration • EPRR	• Clinical Standards • Clinical & Care Professional Leadership • Clinical Networks • Place Clinical Leadership • Clinical Quality Assurance & Safety • Population Health Clinical Leadership • Vaccs and Imms • Safeguarding • Medicines Optimisation • Public Health Consultants
Areas of accountability	• Commissioning intentions strategies and plans • Service specifications • Contracts and policy	• Provider relationship management and oversight • Contract outcomes delivery framework • Transformation standards and methodology • Constitutional compliance • Delivery of GM Sustainable Acute Services Strategy • Performance reporting • Digital strategies and plans • Cost Improvement Programme	• Clinical governance and effectiveness • Definition of clinical standards and outcomes for inclusion in contracts • Clinical & quality assurance and improvement • HEI strategic relationship management • Clinical interface management and multi-organisational engagement • Quality strategy • Clinical research and innovation
Key delivery plans	• Commissioning Plan	• Operational Plan	• Clinical Strategy and Plan
Leadership of system priorities	• Major trauma • Relationships with independent sector • Community service review • Long term conditions • Children's services	• Urgent and emergency care, elective and cancer constitutional standards • Financial Recovery Plan • Cost Improvement Plan	• Mental health • Maternity • Learning disabilities and autism • Primary Care transformation

Our teams will work together – and with Partners – across the strategic commissioning cycle

NHS Greater Manchester

For each of our priorities, we will ensure that we bring together all relevant perspectives, capabilities and resources in order to achieve our objectives in the most effective and sustainable way. Often, this will mean bringing together teams (and also drawing on wider contributions) from across the ICB, our Place Partnerships, and wider organisations in the system. Our three main ways of working are summarised below.

	We work in GM-wide portfolios and Place Partnerships	We work around organisation priority programmes	We work around system priorities
Definition	Portfolios are based on groupings of core skill, functions and professional groups, This way of working is used for: • Line management • Ensuring statutory functions are discharged • Ongoing or core business activities	Organisation priority programmes will be delivered across our portfolios, with colleagues coming together based on our operational plan and transformation priorities. This matrix way of working will include contributions from across multiple (potentially all) portfolios and Place Partnerships.	System priorities will be achieved through **cross system programme teams** – where matrix working across NHS GM and other organisations is needed to deliver operational planning and GM strategic priorities.
How is the approach implemented?	**Permanent allocation** of people and responsibilities to teams. Work is undertaken, and functions discharged, on an ongoing basis.	**Flexible allocation.** Teams come together from across the ICB to deliver the organisation's priorities. Lead Chief Officer for each Programme, with identified role and accountabilities.	**Flexible allocation.** Teams come together from across multiple organisations to deliver system priorities. Lead SRO for each programme, with identified role and accountabilities.
Examples	• Commissioning Portfolio • System Reform and Sustainability Portfolio • Strategy, People and Partnership Portfolio • Place Partnerships • Clinical Portfolio • Strategic Finance Portfolio	• Operational Plan • People Plan • Financial recovery and Cost Improvement Programme • Communications and Engagement Plan	• Elective Care improvement programme • Urgent and Emergency Care programme • Digitising services and care • Strategic workforce development • Prevention Demonstrator • Live Well

Moving to a more flexible way of working across the organisation – and with Partners – will require a new approach to governance and accountability

NHS Greater Manchester

Addressing governance as we change how we work

We recognise that our governance structures and processes must evolve to support the new collaborative and flexible ways in which we will work in the future. This transition will require careful planning and detailed work over the coming weeks and months to ensure we get it right. Here, we outline the initial principles for how accountability and responsibility will function across NHS Greater Manchester.

1 **Statutory accountabilities**	• Organisational, or designated as per role. • This assignment ensures clear understanding for regulators, partners, and staff regarding who holds ultimate accountability for specific statutory requirements.
2 **Programme accountability**	• Agreed as part of programme priority. • It is vital to clearly define the problem first, then identify the appropriate roles and expertise required. This approach to programme delivery accountability minimises duplication of effort, reduces confusion regarding leadership and accountability, and supports collaborative approaches.
3 **Accountable governance**	• Decision making, in line with schemes of delegation. • Where we are held to account for delivery. • Governance, oversight and reporting.
4 **Responsibility**	• Reinforced at all levels. • Successfully delivering programmes will require input from a diverse range of skills and expertise. Responsibility for programme execution will be distributed across various teams, all operating under the leadership and accountability of the designated programme.

Our new way of working will be supported by financial arrangements and incentives to support the 'left shift' and effective locality working

NHS Greater Manchester

New financial management arrangements within our Place Partnership and GM-wide teams will ensure that financial incentives support effective joint working across our teams, as well as providing a clear mechanism for funding the 'left shift' from acute to community-based care over time. Headline changes to our financial management arrangements can be summarised in four key areas.

1

A new approach to financial management for our Place Partnerships

Place funding payment provided to each Place. Place partners are collectively responsible for use of funds and have a collective interest in the outcomes achieved.

Place funding can be entirely devoted to Place priorities including population health, neighbourhood health and primary care enhanced services.

Place funding simplifies governance, ensuring each Place can use funds to support its priorities, and that accountability for use of funds is streamlined and outcomes-based.

2

A new approach to financial management for our Provider Contracts

NHS GM finance and commissioning teams will work closely with providers to reduce provider costs over time. This will be achieved through pathway re-design and new models of care which support prevention, earlier intervention and more efficient care processes.

NHS GM and provider finance teams will develop new contract and incentives structures to support and reward new models of care.

Primary care contracting will be largely managed at GM level (core contract and most enhanced services), with Places able to contract additional enhanced services where identified as a local priority.

3

Bringing our financial management arrangements together to support and incentivise what is known as the 'left shift' - from hospital to community-based care.

As the costs of provider contracts (relative to other costs in the system) are reduced, the funding released will be re-allocated to support the left shift.
System wide teams will need to work together to enable the shift - which will only be achieved with successful redesign across all settings of care in pursuit of highly performing neighbourhood health models and an improved sustainable Provider sector.

4

Transparency and visibility of all NHS spending supports both collective responsibility and continuous improvement.

Total NHS spending (~£9bn) will be allocated and tracked on a locality basis.
Localities will therefore be able to track spending outcomes locally, how spending links to outcomes achieved, compare between localities, and identify changes / interventions to improve value.
Visibility drives collective responsibility – all parts of the system have an interest in the overall (systemwide) financial position, rather than individual teams being responsible for (and so having an interest in) one part only.

Our new ways of working will require us to continue being a system leader for data and digital, as well as utilising opportunities to improve productivity through digital innovation

NHS Greater Manchester

NHS GM plays a critical role in supporting the transition from analogue to digital across healthcare systems. Our involvement ensures that digital transformation is coordinated, strategic, and system-wide—avoiding fragmented or incompatible solutions developed in isolation.

By acting as facilitator, NHS GM helps align digital initiatives with broader system goals, ensuring equitable access to benefits and resources. This leadership also enables consistent standards, scalable technologies, and efficient resource allocation. These are essential for embedding automation, reducing manual inefficiencies, and achieving long-term operational and financial sustainability.

A digitally forward NHS must ensure inclusive design to avoid widening health inequalities - especially for digitally excluded populations.

1 Within our organisation

- Embed automation principles into our operating model, especially in transactional areas of functions like People Services and Finance, as well as across our full range of programme management.
- This will include detailed review of approaches to rationalise unnecessary manual processing of a broad suite of data which is handled by all departments.

2 System Leadership

- NHS GM is central to enabling and overseeing digital transformation across the system, ensuring solutions are equitable and scalable rather than isolated or duplicative.
- Collaboration between , providers of health and care, local government, and NHS GM is essential to ensure system-wide compatibility and scalability of digital solutions.
- Balancing top-down strategic direction with bottom-up innovation to maintain alignment and avoid fragmented efforts.

3 Working at scale

- Seizing opportunities to work at scale regionally and nationally on both transactional data and digital, and also on solutions which will transform how ICBs strategically commission, such as approaches to healthcare economics.
- Ensuring genuine interoperability between point of contact, city region and national systems and platforms including writeback capabilities
- Robotic Process Automation (RPA) can streamline repetitive tasks like appointment scheduling, billing, and data entry—freeing up staff time for patient care

Our culture, values and agreed ways of working will continue to underpin everything we do

NHS Greater Manchester

Our values are fundamental to how we achieve our goal: ***People in GM improve their healthy life years and the gap in healthy life years between the richest and poorest communities is reduced.***

Our values in action

By working collaboratively, we build strong partnerships and share expertise to solve complex challenges. Compassion ensures every decision is grounded in empathy and respect, making our services patient and population-centred. Inclusion helps us harness the strengths and perspectives of our diverse workforce, driving fairness. Integrity builds trust and accountability with those we serve. When we demonstrate our values in our daily work, we encourage people to contribute at their best, creating an environment where individuals thrive and our organisation succeeds. Brining our values to life in our new operating model will be a key component of our two-year OD plan.

Our Values

We work together with colleagues, partners, and communities to achieve the best outcomes for people in Greater Manchester.

We care for patients and the communities we serve. We care for each other and act with kindness and understanding.

We respect and value everyone's ideas, backgrounds, and experiences and make sure all voices are heard.

We are honest, do what is right and take responsibility for our actions.

Our shared view of how we work across Greater Manchester

Our ways of working align with the values we hold:
Health and care partners will take the opportunity to work together to face the challenges the current economic climate presents to our communities and to public services. We will collaborate, innovate and seek to continuously improve our services for our population.
Transforming public services, integrating care to provide solutions which are more than medicine, and working with communities; not simply 'doing to', will fundamentally challenge our approaches to delivery and working together. The way that members of the Integrated Care Partnership work together, with each other and with our communities, will play an important part in achieving our vision.

Our ways of working

1. **Advance equality and tackle inequalities**: We will take action at individual, team, organisation, and system levels, informed by data, to understand and tackle inequalities.
2. **Share risk and resources**: We will set out our expectations of each other, share data effectively, support joint working with shared resource and create a culture of collaboration. This must happen at every level and in every place.
3. **Involve communities and share power**: We will work in genuine partnership with communities, taking a strengths-based approach with co-design and lived experience are central to everything we do.
4. **Spread, adopt, adapt**: We will share best practice effectively, test, learn and celebrate success, with supportive governance and resources. Adapt and implement best practice locally, in organisations and across systems.
5. **Be open, invite challenge, take action**: We will be open, honest, consistent and respectful in working with each other. Work on the boundaries and differences that we have in a constructive way, to support effective change.
6. **Names not numbers**: Ensure we all listen to people, putting them at the centre, and personalising their care.

NHS
Greater Manchester

4

Describing how we work with provider partners

Working with our commissioned provider partners to deliver the 10 Year Health Plan

NHS Greater Manchester

This operating model outlines how NHS Greater Manchester will work. NHS GM is part of the wider GM Integrated Care System, and how we work with our full range of provider partners is vital in delivering the 10 Year Health Plan.

1

Treatment to prevention

Working with public health, primary care and VCFSE teams to embed a Live Well approach at place by aligning priorities, co-designing services, and investing in prevention-focused, community-led initiatives.

2

Hospital to community

Working with our range of Provider Collaboratives to redirect resources from hospitals to primary care and community settings. Supporting primary care, community services as well as VCFSE and independent sector to expand neighbourhood health, improve GP access and enabling care in the community. Our focus on outcomes over outputs will enable this shift.

3

Analogue to digital

With leadership and insight from NHS GM, partners across all sectors, and Health Innovation Manchester will work collaboratively to digitise services, empowering citizens, reimagine care, and drive system-wide transformation, including virtual care, integrated records, maximising the opportunities to utilise AI.

NHS Trust Providers

Out of the £9b health budget, £5.5b is allocated to ten NHS Trusts, including mental health, cancer, ambulance and integrated hospital and community Trusts. Our NHS GM model focuses on accountability, lead provider contracting, incentivizing early interventions, and system-wide collaboration. We will work with the Trust Provider Collaborative to support reform, ensure system group impact, and explore Integrated Health Organisations within our system.

Primary Care Providers

Primary care providers will be engaged as equal partners within Place Partnerships, contributing their expertise to the design and delivery of neighbourhood health models and the wider Live Well agenda. By aligning priorities, sharing data, and investing in prevention-focused, community-led initiatives, we will empower primary care to drive improvements in access, outcomes, and patient experience, ensuring that local insights and clinical leadership are at the heart of system-wide change.

How our relationship with NHS Provider Trusts will be different

NHS Greater Manchester

Our new operating model will shift the landscape in the relationship between NHS trust and commissioner. As a principal partner, we will work closely with our trusts to co-develop and deliver a transformation plan for acute care - anchored in the strategic shifts outlined in the NHS 10 Year Health Plan. This collaborative programme will focus on:

Rebalancing care from hospitals to communities: Working together to reduce the financial burden on acute trusts by shifting resources into community-based care. Incentivising primary care, expanding neighbourhood health services, and introducing a new payment regime that supports sustainable financial flows across the system.

Major Service Reform and Financial Sustainability
Driving comprehensive reform of acute services, developing sustainable models of care that are clinically effective and financially viable.
Models will be shaped through intelligence led commissioning and healthcare economics, and supported by the new financial framework.
Better integration across primary, secondary, and community care, improving outcomes and reducing duplication.

Redesigning Urgent and Elective Pathways
Working with trusts to streamline urgent care pathways, ensuring timely access, reducing pressure on emergency departments, and improving patient flow.
Elective care will be reimagined through digital innovation, pathway redesign, and targeted investment, helping to reduce waiting times and improve patient experience.

Trusts' role in Place Partnerships
Trusts will be an equal partner within Place Partnerships. Trusts are well equipped and will have the responsibility to contribute to the delivery of Place Partnership outcomes. By coalescing the huge contribution available across their clinical and professional teams, Trusts will enable our Partnerships to deliver world-class neighbourhood health services.

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5

Describing how we will work through three scenarios

Our first scenario describes how we will work in Pan-GM teams and through Place Partnerships to eliminate corridor care in A&E

NHS Greater Manchester

Scenarios are examples of how our operating model may come to life. They are not exhaustive. They will be further refined through engagement and as we plan to mobilise the operating model.

	1	2	3	4	
	Understanding need	**Designing care services & pathways**	**Allocating resources & contracting**	**Evaluating outcomes & value**	
Managing the health spend & outcomes ~£9bn	Population Health Management (PHM) team bring together DII, clinical leads and quality teams, to use data and community insights to analyse drivers of demand and identify opportunity to manage health and wellbeing more proactively at home.	Programme lead brings together an MDT from across ICB teams, including Place Partnerships, and partner organisations, to co-produce new service models and care pathways. The MDT utilise national evidence base, local intelligence and service user feedback.	Programme lead works with the MDT to develop a case for change, business case and specifications. Strategic Finance identify how to shift resource to support new care models. Contracting team adjust financial flows to support implementation.	DII support Performance Lead and Programme Lead to develop bespoke intelligence to monitor impact. Programme MDT undertake formal evaluation exercise to determine outcomes and return on investment.	
Influencing the wider public sector spend & outcomes ~£80bn	Place Partnership teams work with their population and local providers including the VCFSE sector, to understand the causes of ill health which are driving use of hospital emergency care.	The Strategy and PHM teams work with GMCA and other public sector partners to make sure Live Well supports urgent care needs across Greater Manchester. They develop Live Well hubs to help meet current gaps in health and wellbeing services..	Place Partnership collectively agree increase investment in urgent neighbourhood health services, developing a case for change and road map for shifting resource from acute to community care.	PHM team evaluate wider factors of prevention related to urgent and emergency care – including employment status, access to education, housing status etc... to begin to inform design which systemically intervenes in urgent care usage.	

Our second scenario describes how we will work at-scale and through Place Partnerships to address waiting times for children's mental health services

NHS Greater Manchester

Scenarios are examples of how our operating model may come to life. They are not exhaustive. They will be further refined through engagement and as we plan to mobilise the operating model.

	1	2	3	4	
	Understanding need	**Designing care services & pathways**	**Allocating resources & contracting**	**Evaluating outcomes & value**	
Managing the health spend & outcomes ~£9bn	Programme Lead brings together PHM team, DII, clinical leads and quality teams to analyse drivers of demand and Joint Strategic Needs Assessment (JSNA) findings. They signal an opportunity to address delayed identification of and support for CYP with neurodiversity.	Programme lead works with Place Partnerships leads to transform neurodiversity pathway. Communications and engagement team develop a public engagement exercise.	Strategic Finance and Commissioning Teams work with providers to stimulate the market for improved provision. Programme lead and MDT develop a case for change, business case and service specifications.	The Programme lead and MDT work with DII and health economics to plan in advance of a pilot project for an effective evaluation. Commissioning team produce and publish an 'Evaluating Impact Framework' which guides how the MDT develop the evaluation.	
Influencing the wider public sector spend & outcomes ~£80bn	Strategy and People & Culture to engage with Under 19 education and skills team in GMCA, teams working on school readiness and DCS to identify need and prevention opportunities. Place Partnership teams engage schools, families, youth groups and local authority.	Strategy and People & Culture design at scale initiatives with GMCA and other services outside of health and care. Place Partnership teams work with local authorities, VCFSE and community assets to design initiatives.	Those working on design to work in partnership with finance colleagues on shared resource at a GM level for initiatives around education and skills, school readiness. Place Partnership mobilise delivery across neighbourhoods.	Those working on design to form partnerships with HEIs and DII to evaluate impact of GM-wide initiatives in partnership with GMCA. Place Partnerships evaluate patient and family feedback and ROI. Evidence is shared with ICB teams to scale elsewhere.	

Our third scenario describes how we will work in Pan-GM teams, through Place Partnerships and in partnership with others to deliver the mayoral ambition to prevent homelessness

NHS Greater Manchester

Scenarios are examples of how our operating model may come to life. They are not exhaustive. They will be further refined through engagement and as we plan to mobilise the operating model.

	Understanding need	Designing care services & pathways	Allocating resources & contracting	Evaluating outcomes & value
	Strategy and Planning team to bring together DII, Health Inequalities, and provider intelligence. Identify demand patterns, place variation and also examine best practice examples across GM and beyond. Also, utilise information from engagement teams on homeless people's experience.	The Service Redesign Team will look at the data and evidence of practice and identify practice that needs to be spread, adapted and adopted. Then use commissioning lever or transformation and improvement resource in the organisation to embed these ways of working and services.	Strategic finance team have clear understanding of the cost and benefit of investment as a preventor of upstream consumption and be able to allocate resources intelligently design which delivers this.	DII, Health Inequalities, Finance, Engagement a nd Provider Partners to assess impact of spend in terms of prevention, upstream cost prevention, user experience and to work with universities in researching this emergent area.
1	Strategy and Planning to bring in partner agencies like GMCA, Housing, DWP etc. to build out the data set at a GM level and understand investment and cost opportunities. Place Partnerships to see more granular detail for their place and neighbourhoods – particularly if there is a departure from the core evidence	Strategy, Public Health, People & Culture to work with other public service providers to design collaborative approaches at scale. Also, work in partnership to address employment and work, skills and education and housing as preventors. Place Partnerships to spread, adapt and adopt best practice.	Those working on design to work in partnership with finance to look at where joint stewardship of programmes across work, education and skills and housing can provide collective benefit. Place Partnership to work with GPs and community health providers to pivot resources toward prevention in this area.	Those working on design to form partnerships with HEIs and DII to evaluate the impact of wider programmes as a collective brought together by the strategy and planning team. Place partnerships to evaluate area specific delivery to look for emergent practice-based evidence.
2	Managing the health spend & outcomes ~£9bn			
3	Influencing the wider public sector spend & outcomes ~£80bn			
4				

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6

Glossary

Glossary of abbreviations used within this document

AI	Artificial Intelligence
BAF	Board Assurance Framework
CHC	Continuing Health Care
CIP	Cost Improvement Programme
CYP	Children and Young People
DII	Data, Intelligence and Insight
DPH	Director of Public Health
DPL	Deputy Place Lead
DWP	Department of Work and Pensions
EDI	Equality, Diversity and Inclusion
EPRR	Emergency Preparedness, Resilience and Response
GM	Greater Manchester
GMCA	Greater Manchester Combined Authority
GPIT	General Practice Information Technology
HEI	Higher Education Institute
ICB	Integrated Care Board
ICP	Integrated Care Partnership
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
MDT	Multi-Disciplinary Team
OD	Organisational Development
PHM	Population Health Management
PoC	Point of Contact
ROI	Return on Investment
SEND	Special Educational Needs and Disabilities
SRO	Senior Responsible Officer
TPC	Trust Provider Collaborative
VCFSE	Voluntary, Community, Faith and Social Enterprise Sector

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Part of Greater Manchester
Integrated Care Partnership

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North Manchester Redevelopment - Transforming North Manchester General Hospital

Locality Board

Mike Bacon (Programme Director)
Sophie Hargreaves (Director of Strategy)

NMGH Redevelopment | Overview

Manchester University
NHS Foundation Trust

- Progress and Overview of the Site Masterplan
- NHP and Hospital 2.0 Model
- Outline Delivery Plan
- Forward look for the next 6 months
- Questions

NMGH Redevelopment | Timeline

Manchester University
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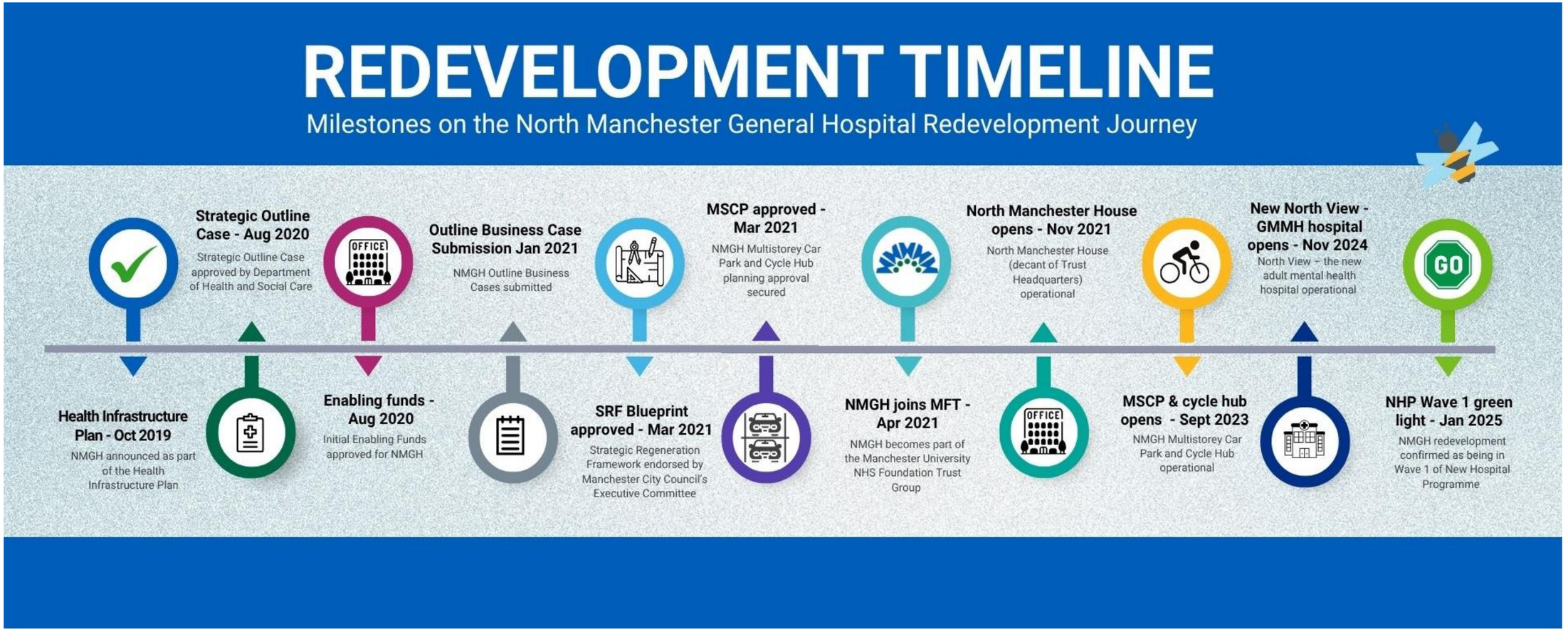
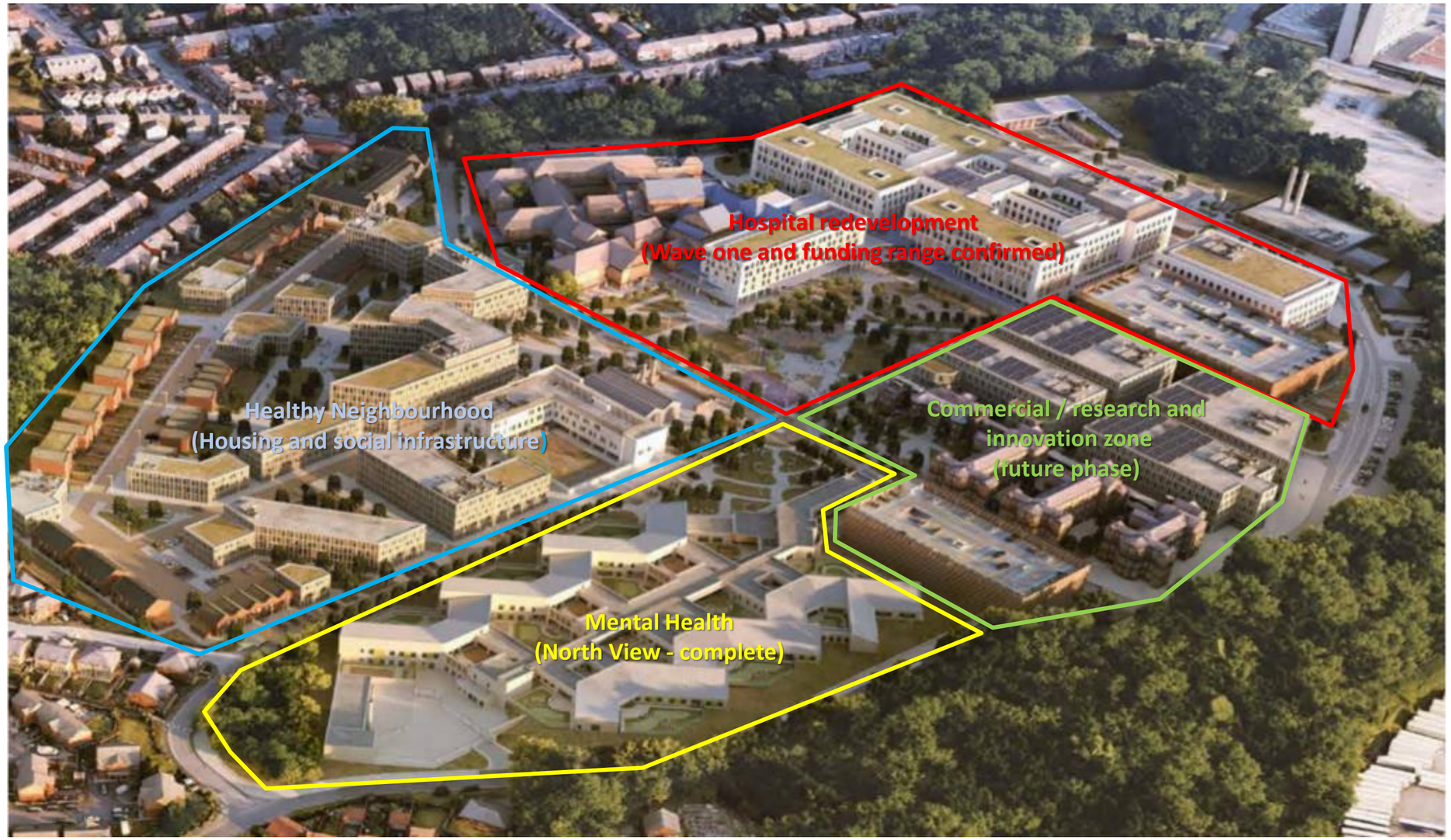


NMGH Redevelopment | Masterplan (SRF 2021)

Manchester University NHS Foundation Trust



Four zones:

1. **Hospital redevelopment:** New acute medical facilities including new hospital buildings and reuse of existing estate (where appropriate)
2. **Healthy neighbourhood –** site cleared and ready for work to begin. To provide key worker housing, step-down housing, intergenerational housing with focus on ‘healthy ageing’.
3. **Mental Health hospital –** Replacing Park House. North View is now operational.
4. **Commercial / research zone:** future phase

The Hospital 2.0 systems approach seeks to deliver optimised, standardised and repeatable solutions for scheme development, design, construction and operation. It comprises:

- A new transformational clinical strategy driven by clinical and digital standards.
- Standardised design – repeatable and optimises clinical and engineering best-practice.
- New approaches to integrating modern methods of construction – that seeks to deliver economies of scale.
- A new standardised and accelerated assurance process.

North Manchester’s new hospital and health campus journey

1

2021 to 2025

Enabling works: new multi-storey car park and office block

2

Estimated 2025 to 2027

Designing the new hospital & healthy neighbourhood

3

Estimated 2026 to 2027

Outline business case and full business case applications

4

Starting 2027 / 2028

The main development is expected to start on site.

NMGH Redevelopment | Forward Look: 6-month Overview

Manchester University NHS Foundation Trust

Outline Business Case	Design & Technical	Communications & Engagement	Enabling Works	New Ways of Working
The Trust will complete the OBC Readiness Phase and commence preparation of the OBC Q1 2026/27.	During the OBC Readiness Phase, the Trust will finalise the massing and core clinical arrangements for the new hospital, adopting the new NHP H2.0 principles. Once agreed, the Trust will commence detailed design in Q1 2026/27.	The Trust is currently developing a Communications and Engagement Plan in parallel with the completion of its OBC Readiness Phase. It will include an annual plan, setting out our approach for how we will communicate and engage with stakeholders, supported by a detailed quarterly plan.	The Trust will continue with its development of essential enabling works projects, including critical infrastructure installations (e.g. for new power), as well as essential services diversions, alongside other projects that will support the acceleration of delivery.	The Trust is continuing to develop the framework and principals of its new operating structure which will support new ways of working, driven through the digital agenda.

Next Steps…

We will provide a further update in Q1 2026/27 with an update on:

- Programme Plan
- Our plans for further communication and engagement and how people can get involved
- The concept proposals based upon the adoption of the NHP H2.0 Model

Manchester University
NHS Foundation Trust

Thank you & Questions

Meeting: Locality Board			
Meeting Date	03 November 2025	**Action**	Receive
Item No.	8	**Confidential**	No
Title	Integrated Delivery Board Update - Chief Officer's Report		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

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

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

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

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

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

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

Bury Integrated Delivery Collaborative Update

1. Context

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

2. Key strategic developments

- In response to the national planning guidance, the proposals emerging from the ICB are becoming clearer about the formal Place Based Partnership requirements in Localities. The IDC Board have amended the structure of the IDC Board to bi-monthly development sessions until March 26. In October we considered the challenges we are facing, opportunities to strengthen partnership working and making the most value of the time we have together. The annual Board development plan will be developed from this discussion.

- There is a requirement for each Locality to develop neighbourhood plans in line with national guidance. It is anticipated that these will be required in January by NHG GM, which will include an annual review of our Locality Plan. The next stage delivery plans for neighbourhood working have been agreed, which are included within the next agenda item. We have already have in place the core asks of the neighbourhood model. Our plan will articulate how we plan to strengthen and deepen this work.

- A development programme has been designed and commissioned through the GP Federation for our GP leaders, which commenced in October.

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

- A workshop was held between IDC partners and the VCSE in Whitefield on the 30th September 2025 connected to the Live Well proposals. This will provide a template for other neighbourhoods with regard to how we start to implementing the recently signed MOU between the IDC and the VCSE

- We have commenced discussions with partners to ensure closer connection between the adults and children's agenda. A number of areas of focus have been agreed. A development plan will be brought to a future Locality Board

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

- We have had a real focus on the implementation of local and GM offers for Advice and Guidance. The GM Consultant Connect offer is now live which will support achievement of our ambition. This has been promoted through the GP webinar

- We have seen improvement in some of our Mental Health indicators and future strategy. These are considered in a separate agenda item.

- Work has continued supported by place partners to design the place element of the NCA Clinical Leadership Model. The ambition is to mobilise the new model from April 26. Key

members of the IDC Board are involved in the leadership of the NCA place group to support the effective engagement of place in the transitional arrangements.

3. IDC Programme Highlights:

Mental Health:

- Performance in reducing the number of inpatient bed days occupied by Bury patients who are clinically ready for discharge remains positive with the latest cumulative position for the year position showing 614 bed days lost against a plan of 795. Average length of stay for adults of working age remains consistent [60] and LOS for older adults has been on a downward trend since the start of the year [Feb 2025 = 201, Aug 2025 = 109].

- In principle approval has been given by GMICB to proceed with re-commissioning Optimise Healthcare to provide adult ADHD assessment and treatment and ASD assessment for the NES localities in 2026.27. This will enable continuity of care for those on ADHD medication and ongoing provision of the CAMHs transitions pathway as well as a limited number of ASD and ADHD assessments. We will now proceed to take the commissioning intention through local and GMICB finance and procurement governance processes.

- PCFT has been successful in being awarded transformation funding for improving crisis support following a successful bid. This will enable the establishment of community crisis resolution teams on the PCFT footprint which should enable more people to be looked after in the community and reduce pressure on A&E, MH Liaison and inpatient services.

- A new mental health supported housing scheme providing 13 beds called Scott & Rosse Place is scheduled to have its formal opening in mid-November 2025.

Elective Care/Community

- NHS Greater Manchester (GM) has implemented a minimum waiting time of 12 weeks across all elective specialties for all Independent Sector Providers (ISPs) commissioned to deliver NHS-funded care starting from the 1st Nov.-
- Mobilisation of the new GM Dermatology community services has a launch date of 1st November: no issues expected for Bury.
- GM are developing a MSK strategy, NCA have set up a MSK group to explore options for a FLP single point of access.
- Advice and Guidance Digital Platform - Consultant Connect launched across GM on 2 Oct as the new supplementary A&G provider, enhancing GP access to specialist advice and supporting quicker, better communication between referrers and providers-remind who do we have two options now?
- BeCCoR Locally Commissioned Service: Bury achieved 100% GP compliance in referral management plans, now progressing to Q2 Elective QI activities with evidence due in Q4.
- Draft service review of the Community Anti – Coagulation Service provided by Intrahealth commenced due to complete in Nov

Palliative and EoLC

- Implementing a co-designed system wide referral Pathway for Community Specialist Palliative Services.
- Engaging with staff to have a single location for Community Specialist Palliative Care services.

- EPaCCS, Progress remains on track for a soft launch date of 1st November 2025 (Prestwich, Whitefield, North Bury)

Cancer

- Primary Care Co-Ordinator and NCA Secondary Care Pathway Navigator group established with Salford. The group will run 4 monthly and aims to improve understanding of and communication between the roles.
- Work with PH to incorporate cancer awareness into the over 40s health check which now includes cancer symptom awareness as well as cancer screening with the aim of increasing understanding of red flag cancer symptoms to support early detection of cancer.

CVD/Diabetes

- Hypertension and lipid management education session was delivered in the clinical masterclass to increase awareness of the GM hypertension and lipid pathways. The session covered primary and secondary prevention, as well as a focus on the CVNeed tool.

Adult Social Care

The CQC assessment of the council was concluded with a site visit by the CQC team 6th, 7th and 8th October. In total they interviewed 190 staff, plus many of our partners and many of our care providers. They also spoke to a small number of our users and carers.

A huge thanks to everyone who took part, you have definitely all showed our best side and much of what is uniquely different about how we support our people here in Bury. The process of report writing, calibrating, moderating and reviewing I have learnt is a very long one and we are unlikely to get our result until March.

LD & Autism

- Draft autism strategy 2025-28 delivered.
- Establishing an autism coproduction network: awaiting provider submissions.
- Bury People First met Care Quality Commission to feedback about their experiences and coproduction.
- Delivery of options paper for fee rates for people with complex needs, working with social workers and care partners.

Neighbourhoods:

- Review of Neighbourhood / practice performance in relation to Neighbourhood LCS targets and identification of key areas of focus for Q3.

- Completion of presentations to each Neighbourhood meeting on EPaCCS to support implementation.

- Progress in developing locality Neighbourhood plan for submission in November to GMICB.

- Meeting with BI representative from Bolton to learn from work in Bolton on developing an impact dashboard for Active Case Management.

- Completion of Active Case Management MDT stakeholder survey and planning for next phase of ACM review

Complex Care:

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

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

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

4. Performance – October 2025

Mental Health and LD

Access to Children and Young People MH Services - In August 2025, there were 3,470 recorded visits to Children and Young People's Mental Health Services by patients registered in Bury. This marks a slight decrease from the 3,500 visits recorded in July 2025, and a decrease compared to the 3,570 visits reported during the same period last year.

Bury currently reports an access rate of 76.8 per 1,000 population, placing it fifth highest among the Greater Manchester localities in terms of access rate per 1,000 population.

CYP Eating Disorders Routine - % within 4 weeks - Data taken from the Greater Manchester Eating Disorder Dashboard, shows 44% of patients with routine eating disorders in the Children and Young People (CYP) category were seen within four weeks during Aug 2025. Specifically, 4 out of 9 patients received care within the four-week target timeframe.

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

Percentage of CYP receiving Autism Assessment within 18 weeks of referral In August 2025, 25% of CYP received an autism assessment within 18 weeks of referral, up from 0% the previous month.
Please note: Figures may be different to those reported locally due to differences in methodology between NHS England and local providers. A paper is being drafted to explore solutions.

% of Patients aged 14+ with a completed LD health check - The performance metrics for LD health checks have been reset for the 2025/2026 reporting period, accounting for the significant decline observed in the latest data.
In August 2025, 27.7% of patients aged 14 and above completed an LD health check, showing an improvement compared to 21.9% in July 2025 and 26.9% in August 2024.

The Bury locality currently reports a rate close to the Greater Manchester (GM) average of 27.4%, ranking it 5th among GM localities.

ADHD average wait in weeks from referral to first assessment MH patients - In August 2025, the average waiting time for ADHD assessments, measured from referral to first assessment, was 53 weeks. This represents a decrease compared to July 2025, when 102 patients were on the waiting list. Please note: Figures may be different to those reported locally due to differences in methodology between NHS England and local providers. A paper is being drafted to explore solutions.

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

Number of MH Patients with no criteria to reside - This metric is monitored on a daily basis to ensure timely oversight and responsiveness. In Sept 2025, the number of mental health patients with NCTR in Bury was 9, marking an increase from the previous month. Bury presently reports 0.042 NCTR patients per 1,000 people, which is close to the Greater Manchester (GM) average of 0.046. Within GM areas, Bury has the 3rd lowest reported rate.

Percentage of MH Patients with no criteria to reside – As of Sept 2025, 12.2% of mental health patients in Bury with no criteria to reside (NCTR), representing a decrease from 17.6% in Sept 2024 and an increase from 7.7% in Aug 2025.

Bury's current percentage is lower than the Greater Manchester (GM) average, which stands at 13.9%. Among the GM localities, Bury ranks as having the 4th lowest NCTR percentage.

Inappropriate adult acute mental health out of area placement (OAP) bed days - In August 2025, the number of inappropriate adult Mental Health Out-of-Area Placement (OAP) bed days was 2,560, representing a reduction from 3,430 in July 2025. Bury has a 12.03 rate per 1,000 and currently has the highest rate of all the GM Localities.

Length of stay adults: (60+ days) Mental Health Patients – In Aug 2025, 28.6% of MH Patient discharges in Bury involved a long length of stay (LOS), an increase from 26.7% recorded in Aug 2024. Bury currently has the 6th lowest proportion of long LOS discharges among the Greater Manchester (GM) localities. The GM average for the same period is 28.2%. Both Bury and GM exceed the national target, which is set at 0%.

Access to community MH services for Adults and other Older Adults with Severe Mental Illness - In Aug 2025, a total of 2,210 Bury-registered patients with severe mental illness had two or more interactions with adult mental health services. This marks an increase from 1,565 contacts noted in Aug 2024, but shows a decrease from July 2025, which recorded 2,165 contacts.

Bury currently reports 13.2 contacts per 1,000 population, positioning it as the third lowest rate among the Greater Manchester (GM) localities.

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

Talking Therapies Recovery Rate – July 25 data shows a Talking Therapies recovery rate with 54.0%, an increase on the previous month. This is higher than the performance in the same period last year, which was 51.0%. Currently, Bury ranks as the 2nd highest among the Greater Manchester (GM) localities in terms of Talking Therapies recovery rate.

Talking Therapies 6 Week Waits – In July 2025, 63.4% of patients waited six weeks or less from referral to starting IAPT treatment, marking an improvement from 62.5% the previous month. However, this remains a decline compared to July 2024, when the performance was 90.5%. Bury's current performance falls below both the Greater Manchester (GM) average of 77.0% and the national target of 75%.

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

Talking Therapies Second Treatment Waits – In July 2025, 19.5% of patients in Bury attended their second appointment within 90 days of their first, reflecting a decrease since June 2025 (24.4%). This performance is below the Greater Manchester (GM) average of 38.3% and Bury currently ranks as the lowest among all GM localities for this measure. Both Bury and GM remain above the national target of 10%

Dementia: Diagnosis Rate (aged 65+) - As of August 2025, 76.3% of patients aged 65 and over in Bury have received a dementia diagnosis. Bury's diagnosis rate is higher than the Greater Manchester (GM) average, which stands at 74.8%, and ranks 3rd highest among the GM localities.

Both Bury and GM exceed the national target for dementia diagnosis, which is set at 66.7%.

Women Accessing Specialist Community Perinatal MH Services – During the 12-month period ending in Aug 2025, 205 women registered in Bury accessed Perinatal Mental Health Services. This represents a decrease from 190 accesses recorded in the equivalent period ending Aug 2024.
Bury currently reports an access rate of 5.0 per 1,000 population, which is the 3rd highest rate among all Greater Manchester (GM) localities.

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

Urgent Care

A&E 4-Hour Performance – This metric is monitored on a daily basis to support timely performance oversight. In Sept 2025, Bury achieved a 4-hour emergency care performance rate of 71.7%, representing a decrease from 73.3% in Aug 2025. This also reflects a notable increase compared to 64.5% in Sept 2024. Bury's performance is currently above the Greater Manchester (GM) average of 68.7%, ranking as the 3rd highest among GM localities.

A&E Attendances – In Sept 2025, there were 7,164 A&E attendances recorded for Bury-registered patients. This represents an increase from 6,787 in Aug 2025 and an increase from 6,929 in Sept 2024. Bury currently reports an attendance rate of 33.7 per 1,000 population, ranking as the 5th lowest among the Greater Manchester (GM) localities.

Percentage of Patients with no criteria to reside as % of occupied beds – This metric is monitored daily to support ongoing performance oversight. In Sept 2025, the NCTR percentage for Bury was 17.1%, reflecting a slight increase from 16.4% in Aug 2025, but a decrease compared to 18.6% in Sept 2024. Bury's rate remains above the Greater Manchester (GM) average of 13.9% and currently ranks as the 9th lowest percentage among GM localities.

Total number if specific acute non-elective spells – In Sept 2025, there were 1,994 specific acute non-elective spells recorded for Bury-registered patients. This reflects an increase from 1,877 spells in Sept 2024 and 1,916 spells in August 2025. Bury currently ranks as having the 4th lowest rate of specific acute non-elective spells among the Greater Manchester (GM) localities.

% 2 hour urgent community response (UCR) first care contacts – In Aug 2025, 96.7% of Urgent Community Response (UCR) referrals for Bury-registered patients received a response within the two-hour standard. This represents a slight increase from 95.8% in July 2025. Bury currently holds the third-highest performance among the Greater Manchester (GM) localities and exceeds the national target of 70%.

Elective Care and Cancer

Diagnostics Waiting 6 weeks + - In Aug 2025, 12.8% of patients in Bury were waiting more than six weeks for a diagnostic test. This represents a notable improvement from 20.2% in Aug 2024.
Bury's performance is better than the Greater Manchester (GM) average, which stood at 18.5% in Aug 2025. Bury and GM are both above the less than 1% target.

RTT Incomplete 65+ weeks – As of Aug 2025, there were 5 patients from Bury experiencing waits of 65 weeks or more, identical to figures from July 2025. However, this reflects a significant reduction compared to Aug 2024, when 162 patients were recorded—an overall decrease of 157 patients.
Bury currently holds the position of having the 4th lowest number of 65+ week waits among the Greater Manchester (GM) localities.

28-day wait from referral to faster diagnosis (all patients) – In Aug 2025, 75.2% of patients in Bury received their cancer diagnosis outcome within 28 days following a two-week wait (2WW) referral. This marks a decline from 77.9% in July 2025, yet an improvement compared to 70.7% in Aug 2024.
Bury is currently ranked as the 6th highest performing area within Greater Manchester (GM) for this indicator.

The GM average for Aug 2025 is 76.1%, which remains below the national target of 80%.
Consequently, both Bury and the wider GM regions (excluding Bolton & Stockport) are operating below the national standard for the timely communication of cancer diagnoses.

Primary Care and Population Health

Number of GP Appointments per 10,000 weighted patients - In August 2025, the number of GP appointments per 10,000 weighted patients was 345.0, equating to a total of 73,434 appointments.
This represents a decrease from July 2025, when the rate was 405.2 per 10,000 weighted patients, with 86,224 appointments recorded.

COVER immunisations MMR2 uptake at 5 years old - As of June 2025, the MMR2 uptake rate at age five years in Bury stands at 85.3%, representing an increase from 84.8% in Mar 2025. Among the GM localities, Bury ranks sixth. However, both Bury, and all other GM localities remain below the national target of 95%.

Females, 25-64 attending cervical screening within target period (3.5 or 5.5 year coverages %) - The GM Cancer Screening Dashboard, shows cervical screening coverage for Bury patients in Sept 2025 was 68.4% among individuals aged 24 to 49 years, and 73.9% among those aged 50 to 64 years. Both figures fall below the efficiency target of 80%.

E. Coli Blood Stream Infections – In the 12-month period ending Aug 2025, 132 cases of E. Coli bloodstream infections were recorded among Bury-registered patients. This is a decrease from July 25 when 136 cases were reported, and this is below the 161 cases in Aug 2024. Bury currently reports an infection rate of 0.62 per 1,000 population, ranking as the 5th lowest rate among the Greater Manchester (GM) localities.

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

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

Complex Care and Care Homes

% of CHC referrals completed within 28 days - The % CHC referrals completed within 28 days for June 2025 is 92.3%, this is an increase from March 2025 when the figure shows 83.9%.
Bury is currently ranked 3rd among the GM localities.

Percentage of Care Homes Rated Good or Outstanding - In Sept 2025, 86.3% of care homes received ratings of 'Good' or 'Outstanding', a decrease from the previous month, when figures show 88.2% Bury holds the position of third highest among the Greater Manchester areas for this indicator

Care Home Bed Vacancy Rate - In the week commencing 15th October 25, 15.4% of care home beds were reported as unoccupied, consistent with the figure from the prior week. Bury presently records the highest care home vacancy rate within the Greater Manchester area, surpassing the Greater Manchester average of 10.6%.

Number of Vacant care Home Beds - In the week commencing 15th October 2025, there were 237 unoccupied care home beds, a figure consistent with previous weeks. Bury currently holds the 2nd highest number among the Greater Manchester localities. It should be noted, however, that as this figure represents an absolute count rather than a rate, direct comparisons between localities may have limited relevance.

5. Recommendations

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

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November 2025

Locality Performance Report Oct 2025

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Bury - Oversight Metrics

Show Definitions

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Mental Health & Learning Disabilities	N/A	Adult inpatients with autism only	Monthly	Aug 25	2	2	→	2	N/A	N/A	N/A
	N/A	Adult inpatients with LD and LDA	Monthly	Aug 25	4	4	→	3	N/A	N/A	N/A
	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Aug 25	27.7%	21.9%	↗	75.%	329	1,187	Upper
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Aug 25	3,470	3,500	↘	5,710	N/A	N/A	Lower
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Aug 25	76.3%	76.5%	↘	66.7%	1,884	2,469	Upper
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 3 month total)	Monthly	Aug 25	2,560	3,430	↘	0	N/A	N/A	Lower
	N/A	Number of MH patients with no criteria to reside - number of beds occupied by mental health patients who are ready to be discharged	Monthly	Sep 25	9	6	↗	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Sep 25	12.2%	7.7%	↗	N/A	9	74	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Aug 25	2,210	2,165	↗	4,215	N/A	N/A	Lower
	S081a	Talking Therapies: Access Rate	Monthly	Jul 25	330	275	↗	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Aug 25	205	215	↘	N/A	N/A	N/A	Lower
	S125a	Long length of stay for adults (60+ days)	Monthly	Aug 25	28.6%	27.3%	↗	0.%	20	70	Inter
	N/A	Proportion of routine eating disorder referrals cases entering treatment within four weeks, aged 0-18	Monthly	May 25	78.0%	78.0%	→	N/A	78	N/A	Inter
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar 25	70.6%	69.6%	↗	77.%	22,781	32,267	Inter
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Mar 25	64.2%	63.2%	↗	63.4%	6,900	10,740	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Aug 25	79.2%	79.9%	↘	80.6%	58,123	73,434	Inter
Quality	S042a	E. coli blood stream infections	Monthly	Aug 25	132	136	↘	N/A	N/A	N/A	Upper
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Jun 25	68.9%	69.8%	↘	87.1%	N/A	N/A	Upper
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Jun 25	5.6%	5.6%	→	10.%	5,314	95,172	Upper
	S037A	% of patients describing their overall experience of making a GP appointment as good	Annual	Mar 23	71.4%		→	73.9%	N/A	N/A	N/A

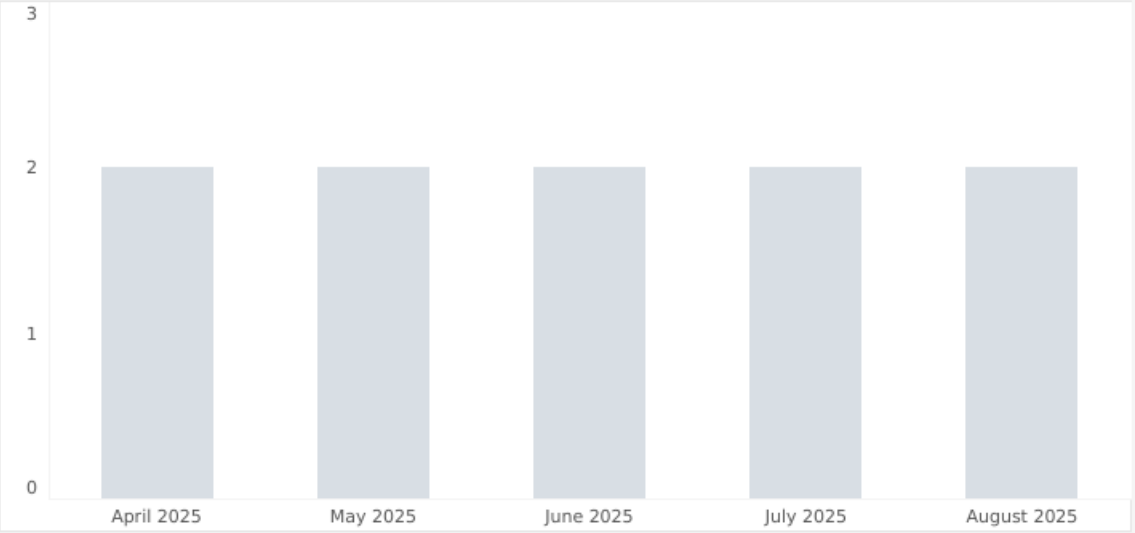
Bury

Adult inpatients with autism only

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

Source: Local data (Monthly)

2	2	2
August 2025	July 2025	Local target



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

Latest Value GM Benchmarking

Narrative

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

Bury

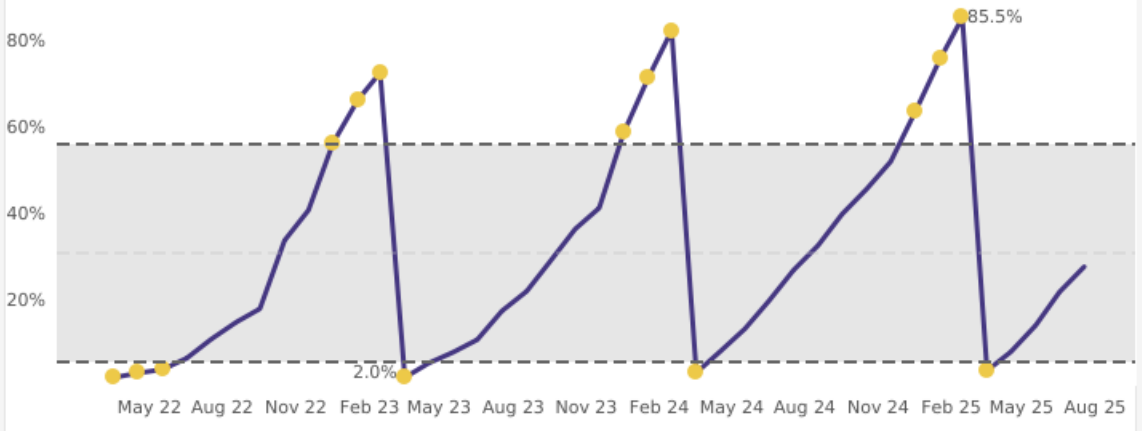
% of patients aged 14+ with a completed LD health check

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

Source: Learning Disabilities Health Check Scheme (Monthly)

27.7%	21.9%	24/106	75.%
August 2025	July 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean

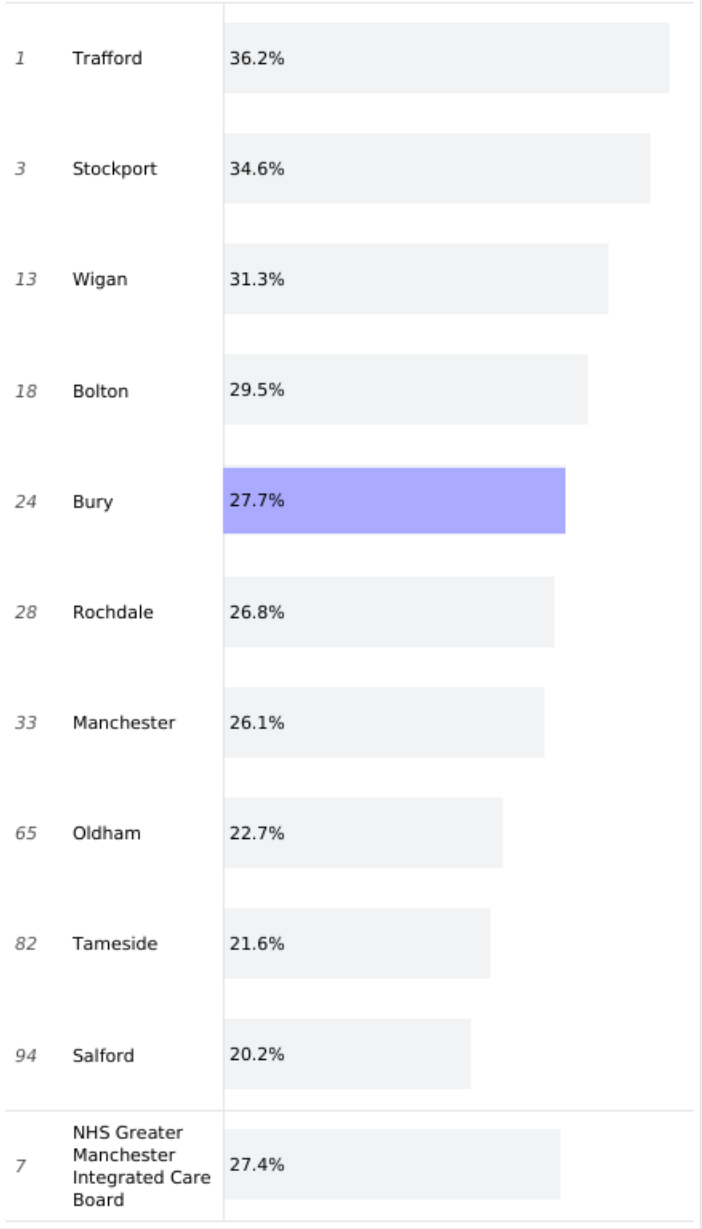


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	2.0%	3.1%	3.9%	6.5%	10.9%	14.8%	18.0%	33.8%	40.8%	56.4%	66.4%	72.7%
2023-24	2.0%	5.4%	7.9%	10.8%	17.5%	22.0%	29.1%	36.5%	41.3%	58.9%	71.7%	82.5%
2024-25	3.2%	8.1%	13.3%	19.8%	26.9%	32.7%	39.9%	45.8%	52.1%	63.7%	75.9%	85.5%
2025-26	3.6%	8.0%	14.1%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The performance metrics for LD health checks have been reset for the 2025/2026 reporting period, accounting for the significant decline observed in the latest data.
- In August 2025, 27.7% of patients aged 14 and above completed an LD health check, showing an improvement compared to 21.9% in July 2025 and 26.9% in August 2024.
- The Bury locality currently reports a rate close to the Greater Manchester (GM) average of 27.4%, ranking it 5th among GM localities.

Bury

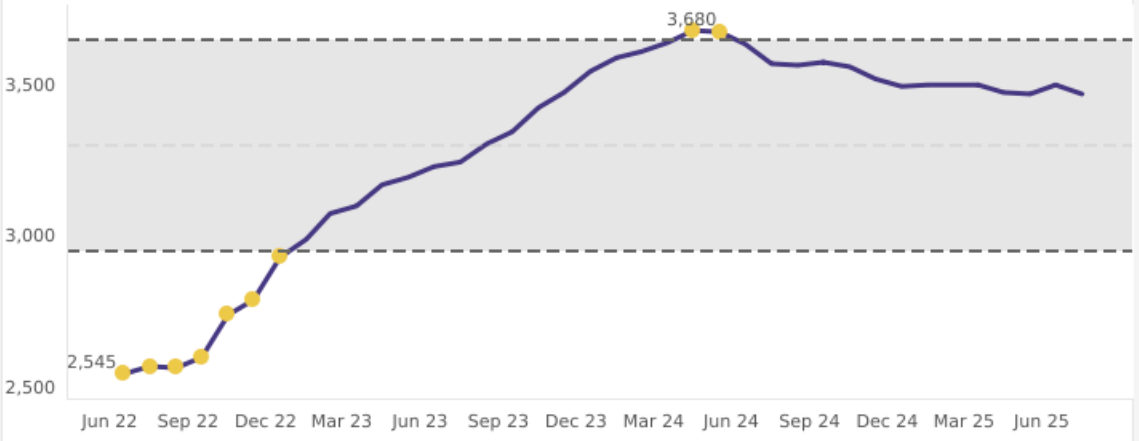
Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

3,470	3,500	93/115	5,710
August 2025	July 2025	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean

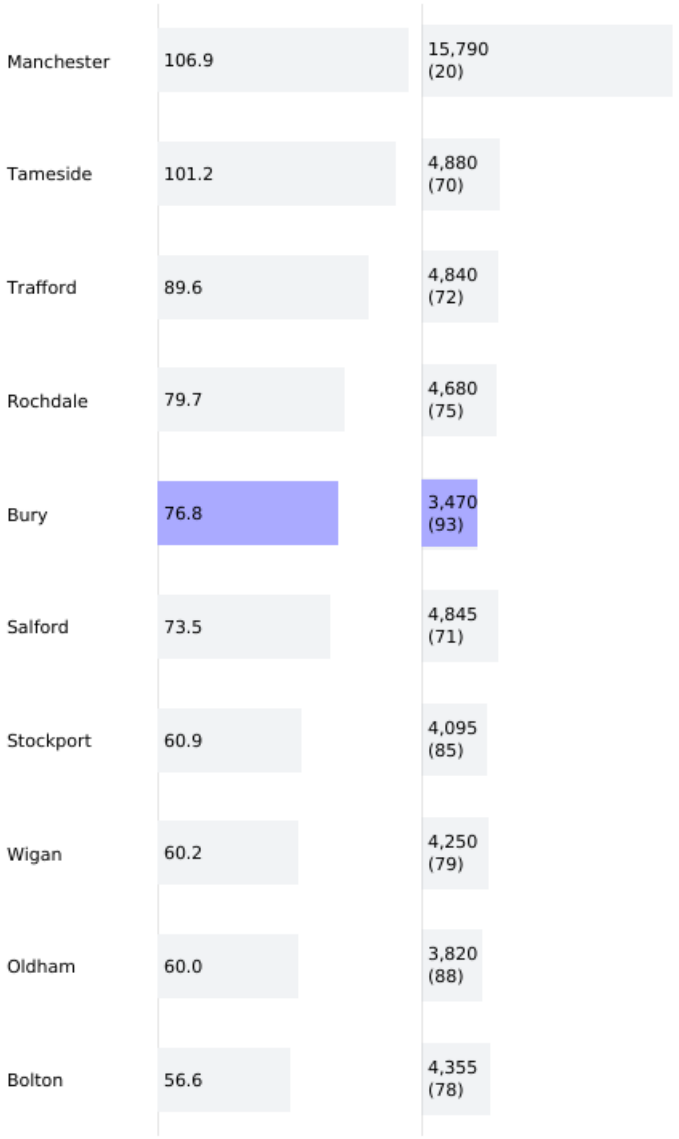


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23				2,545	2,570	2,565	2,600	2,740	2,790	2,930	2,990	3,075
2023-24	3,100	3,170	3,195	3,230	3,245	3,305	3,345	3,425	3,475	3,545	3,590	3,610
2024-25	3,640	3,680	3,675	3,635	3,570	3,565	3,575	3,560	3,520	3,495	3,500	3,500
2025-26	3,500	3,475	3,470	3,500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

Selected measure at August 2025 has continuously decreased for 1 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

- In August 2025, there were 3,470 recorded visits to Children and Young People's Mental Health Services by patients registered in Bury. This marks a slight decrease from the 3,500 visits recorded in July 2025, and a decrease compared to the 3,570 visits reported during the same period last year.
- Bury currently reports an access rate of 76.8 per 1,000 population, placing it fifth highest among the Greater Manchester localities in terms of access rate per 1,000 population.

Bury

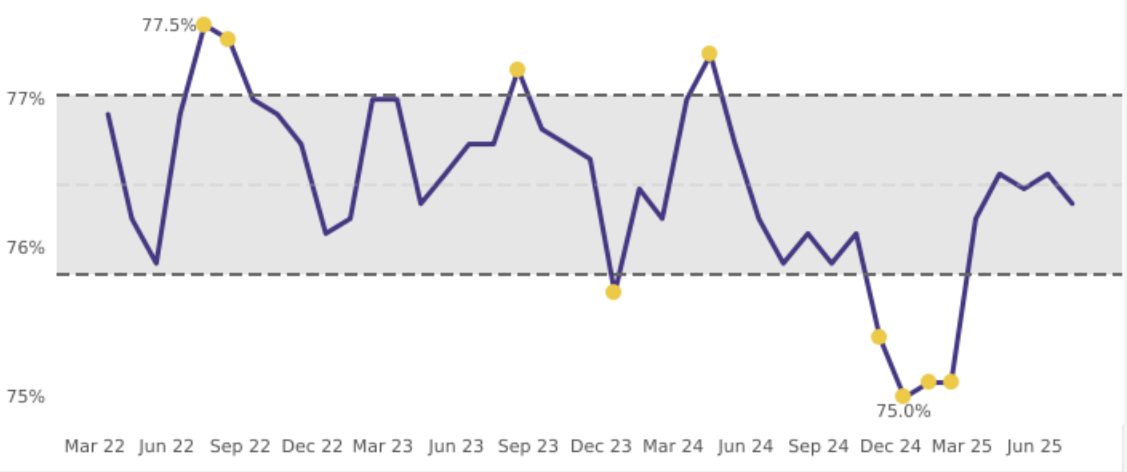
Dementia: Diagnosis Rate (Aged 65+)

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

Source: Primary Care Dementia Data (Monthly)

76.3%	76.5%	10/106	66.7%
August 2025	July 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

4	Salford	79.0%
5	Rochdale	78.2%
10	Bury	76.3%
12	Stockport	76.2%
13	Oldham	76.0%
15	Manchester	75.6%
21	Wigan	73.9%
22	Tameside	73.8%
29	Bolton	72.0%
45	Trafford	68.5%
2	NHS Greater Manchester Integrated Care Board	74.8%

Narrative

- As of August 2025, 76.3% of patients aged 65 and over in Bury have received a dementia diagnosis.
- Bury's diagnosis rate is higher than the Greater Manchester (GM) average, which stands at 74.8%, and ranks 3rd highest among the GM localities.
- Both Bury and GM exceed the national target for dementia diagnosis, which is set at 66.7%.

Bury

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

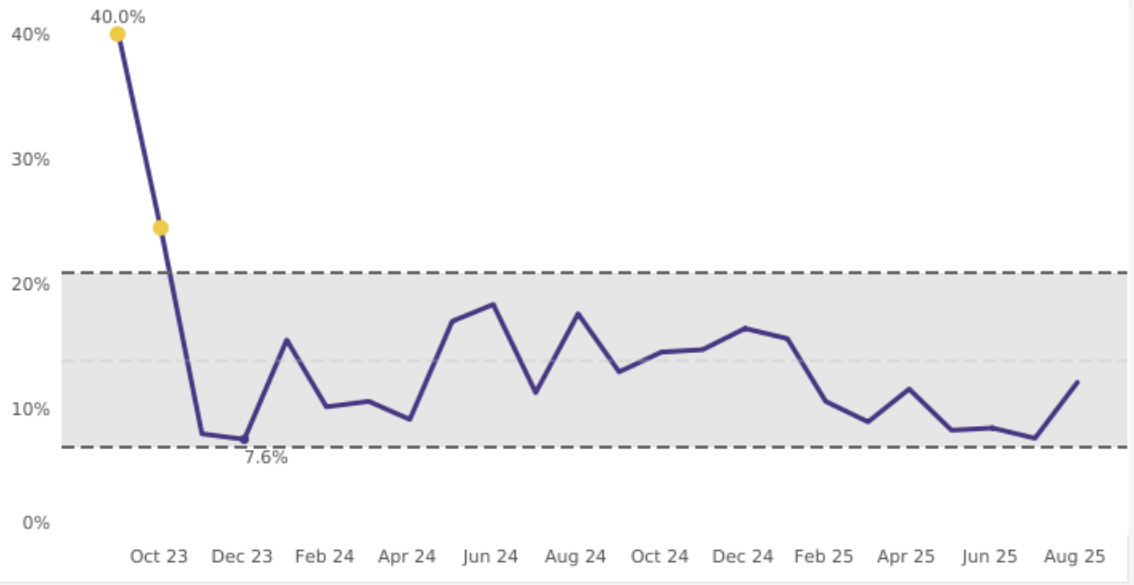
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

12.2%
September 2025

7.7%
August 2025

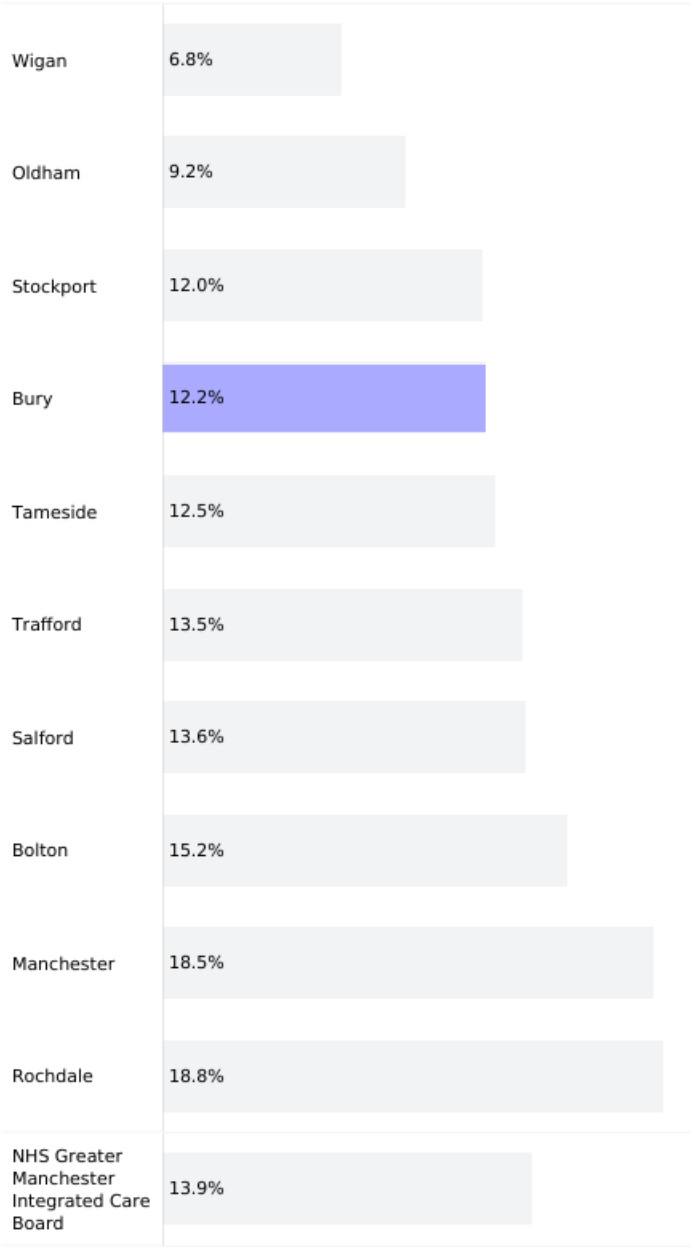
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24							40.0%	24.4%	8.0%	7.6%	15.6%	10.2%
2024-25	10.6%	9.2%	17.0%	18.4%	11.3%	17.6%	13.0%	14.6%	14.8%	16.5%	15.7%	10.6%
2025-26	9.0%	11.6%	8.3%	8.5%	7.7%	12.2%						

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

Latest Value GM Benchmarking



Narrative

- As of Sept 2025, 12.2% of mental health patients in Bury with no criteria to reside (NCTR), representing a decrease from 17.6% in Sept 2024 and an increase from 7.7% in Aug 2025.
- Bury's current percentage is lower than the Greater Manchester (GM) average, which stands at 13.9%.
- Among the GM localities, Bury ranks as having the 4th lowest NCTR percentage.

Bury

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

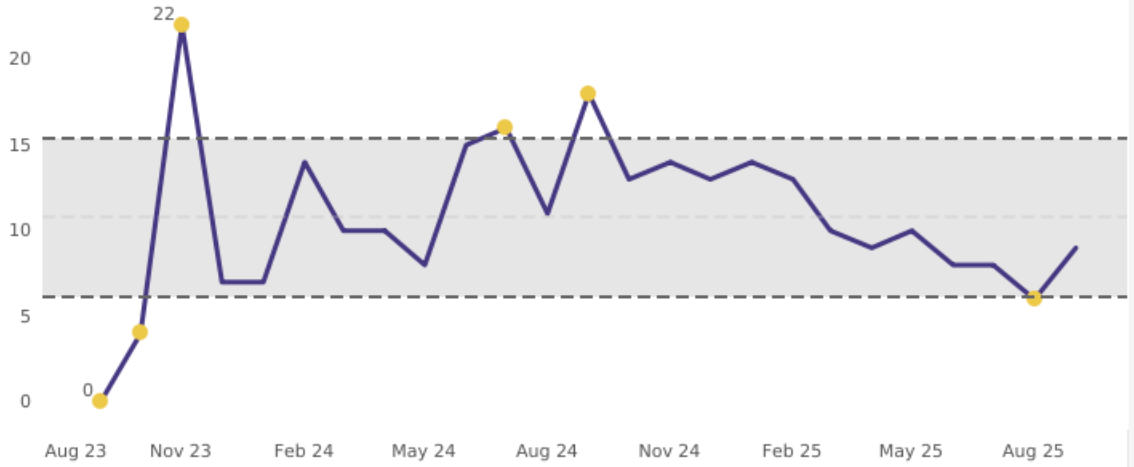
Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

9
September 2025

6
August 2025

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24						0	4	22	7	7	14	10
2024-25	10	8	15	16	11	18	13	14	13	14	13	10
2025-26	9	10	8	8	6	9						

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

Latest Value GM Benchmarking

Rate per 1000 | Count

Wigan	0.014	5
Tameside	0.035	8
Bury	0.042	9
Trafford	0.040	10
Oldham	0.041	11
Rochdale	0.051	13
Bolton	0.042	14
Salford	0.046	15
Stockport	0.054	18
Manchester	0.064	48
NHS Greater Manchester Integrated Care Board	0.046	151

The rate is calculated using the registered population figure for each locality | Bury: 212,825

Narrative

- This metric is monitored on a daily basis to ensure timely oversight and responsiveness.
- In Sept 2025, the number of mental health patients with NCTR in Bury was 9, marking an increase from the previous month.
- Bury presently reports 0.042 NCTR patients per 1,000 people, which is close to the Greater Manchester (GM) average of 0.046. Within GM areas, Bury has the 3rd lowest reported rate.

Bury

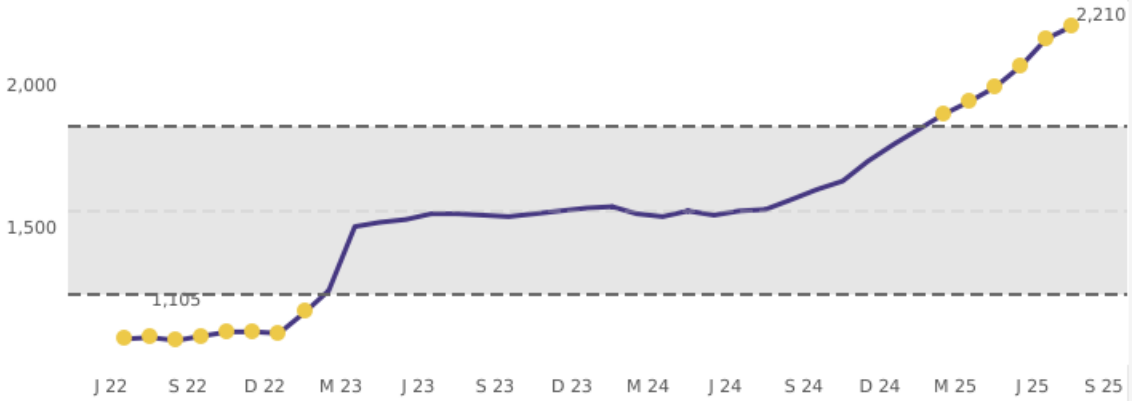
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses

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

Source: Published MHSDS (Monthly)

2,210	2,165	89/115	4,215
August 2025	July 2025	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23				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	1,945	1,995	2,070	2,165	2,210							

Selected measure at August 2025 has continuously increased for **14** period(s) of time

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Salford	18.8	4,840 (53)
2	Manchester	13.6	8,185 (36)
3	Bury	13.2	2,210 (89)
4	Wigan	12.6	3,540 (66)
5	Trafford	12.4	2,425 (84)
6	Tameside	12.2	2,205 (90)
7	Bolton	10.4	2,680 (78)
8	Rochdale	9.9	1,925 (94)
9	Oldham	8.8	1,805 (96)
10	Stockport	6.6	1,735 (98)

The rate is calculated using the 18+ registered population figure for each locality | Bury: 167,129

Narrative

- In Aug 2025, a total of 2,210 Bury-registered patients with severe mental illness had two or more interactions with adult mental health services. This marks an increase from 1,565 contacts noted in Aug 2024, but shows a decrease from July 2025, which recorded 2,165 contacts.
- Bury currently reports 13.2 contacts per 1,000 population, positioning it as the third lowest rate among the Greater Manchester (GM) localities.

Bury

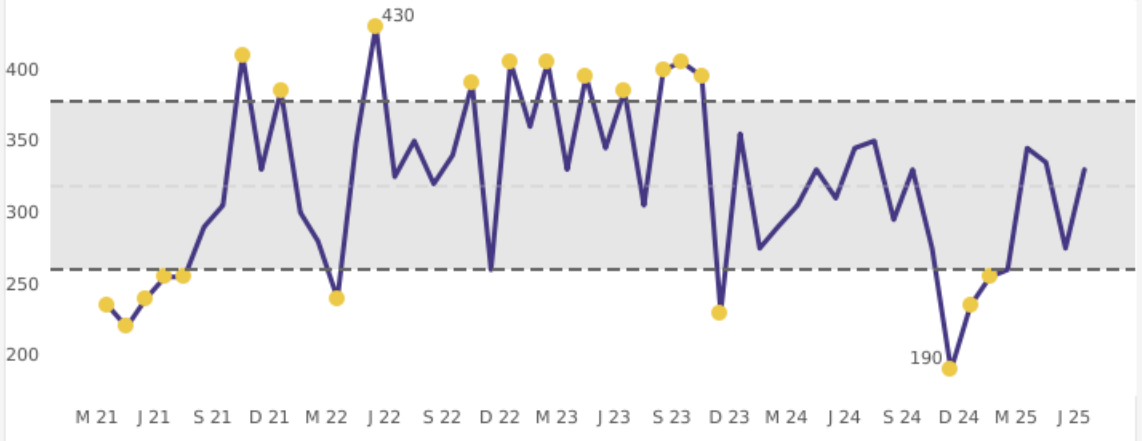
Talking Therapies: Access Rate

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

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

330	275	95/111	No Target
July 2025	June 2025	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)

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

The rate is calculated using the registered population figure for each locality | Bury: 212,825

Narrative

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

Bury

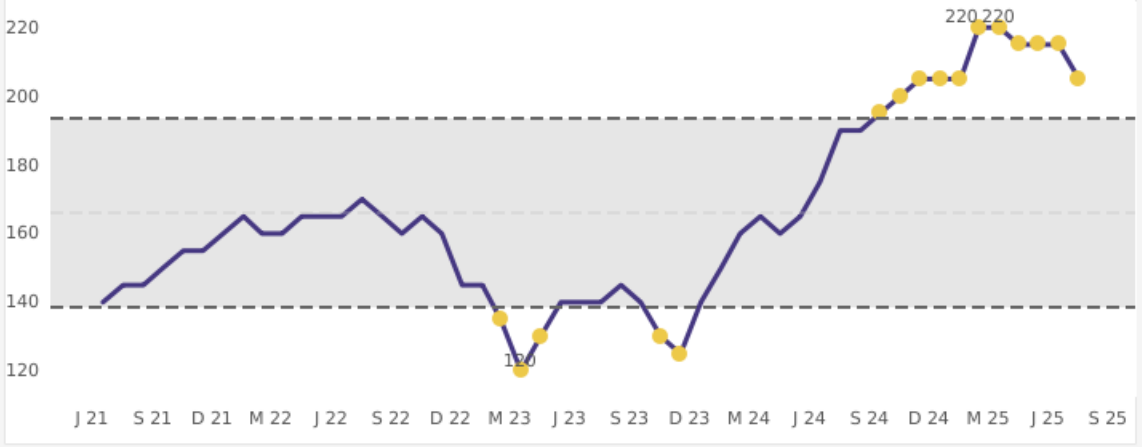
Women Accessing Specialist Community Perinatal Mental Health Services

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

Source: Published MHSDS (Quarterly)

205	215	89/107	No Target
August 2025	July 2025	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Stockport	5.4	340 (61)
2	Tameside	5.0	230 (87)
3	Bury	5.0	205 (89)
4	Rochdale	4.7	240 (84)
5	Oldham	4.5	245 (81)
6	Trafford	4.4	210 (88)
7	Wigan	4.1	275 (74)
8	Bolton	3.7	245 (81)
9	Salford	3.3	260 (77)
10	Manchester	2.7	525 (42)

The rate is calculated using the 15-44 female population figure for each locality | Bury 41,185

Narrative

- During the 12-month period ending in Aug 2025, 205 women registered in Bury accessed Perinatal Mental Health Services. This represents a decrease from 190 accesses recorded in the equivalent period ending Aug 2024.
- Bury currently reports an access rate of 5.0 per 1,000 population, which is the 3rd highest rate among all Greater Manchester (GM) localities.

Bury

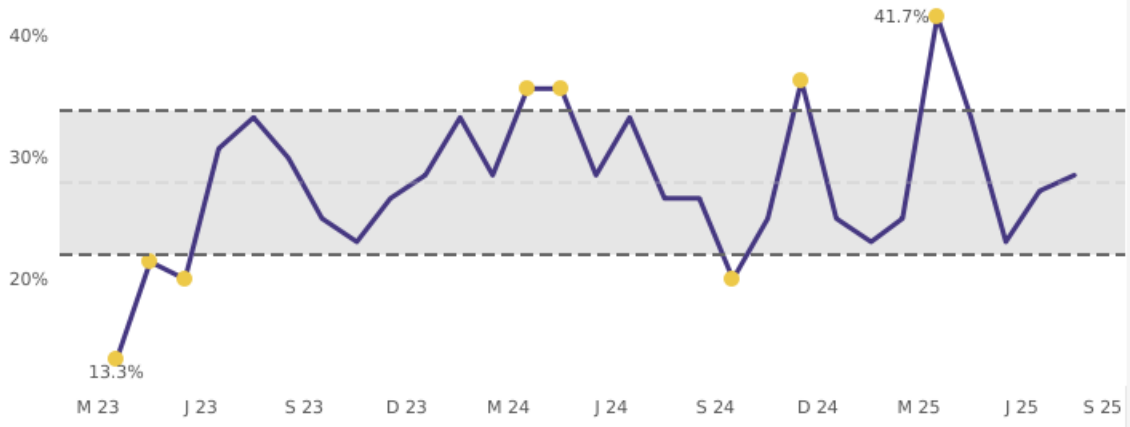
Long length of stay for adults (60+ days) - Mental Health Patients

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

Source: Published MHSDS (Monthly)

28.6%	27.3%	75/102	0.%
August 2025	July 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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%	23.1%	27.3%	28.6%							

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

Latest Value GM Benchmarking

National Rank against other localities

15	Salford	15.8%
31	Wigan	20.0%
53	Bolton	25.0%
	Trafford	25.0%
69	Stockport	26.7%
75	Bury	28.6%
78	Rochdale	29.4%
80	Oldham	30.0%
85	Tameside	33.3%
94	Manchester	36.7%
30	NHS Greater Manchester Integrated Care Board	28.2%

Narrative

- In Aug 2025, 28.6% of MH Patient discharges in Bury involved a long length of stay (LOS), an increase from 26.7% recorded in Aug 2024.
- Bury currently has the 6th lowest proportion of long LOS discharges among the Greater Manchester (GM) localities. The GM average for the same period is 28.2%.
- Both Bury and GM exceed the national target, which is set at 0%.

Bury

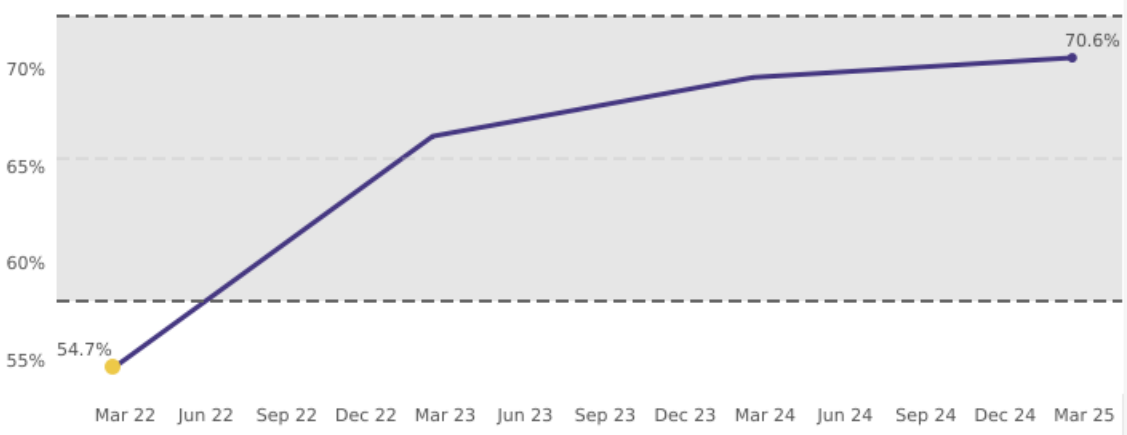
% of hypertension patients who are treated to target as per NICE guidance

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

Source: NHS Quality Outcome Framework (Annual)

70.6%	69.6%	56/106	77.%
March 2025	March 2024	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

2	Salford	77.7%
3	Wigan	75.8%
12	Stockport	73.7%
56	Bury	70.6%
59	Rochdale	70.5%
65	Bolton	70.0%
67	Trafford	70.0%
86	Oldham	68.8%
95	Tameside	68.0%
101	Manchester	67.4%
15	NHS Greater Manchester Integrated Care Board	71.2%

Narrative

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

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

Bury

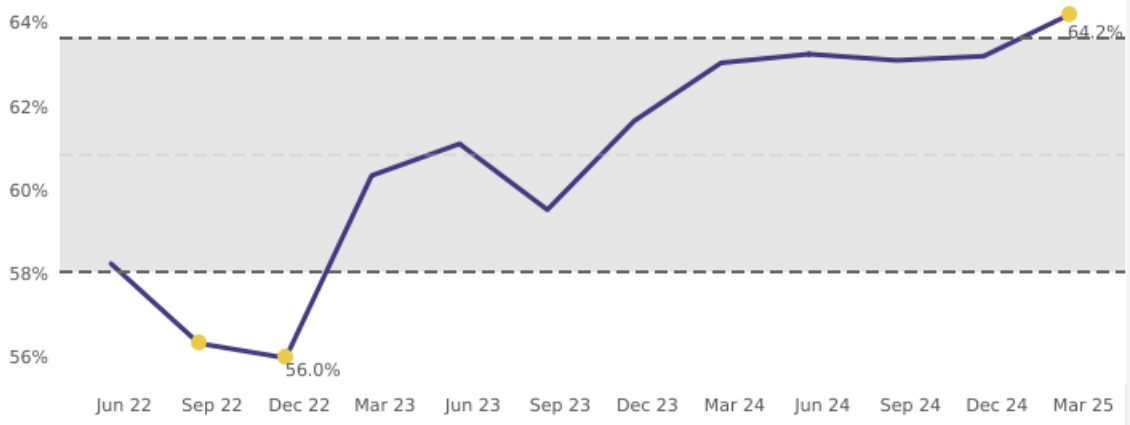
% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

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

Source: CVD Prevent (Quarterly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

- In March 2025, 64.2% of patients were identified as having a 20% or greater risk of developing CVD within 10 years, an increase from 63.2% in December 2024.
- Bury currently ranks third lowest among GM localities, with Greater Manchester having an overall proportion of 67.0%.
- Both Bury and Greater Manchester exceed the national target of 63.4%.
- Improvement in the position is noted but further work is required through the Major Conditions Board to review opportunities for further relative performance.

Bury

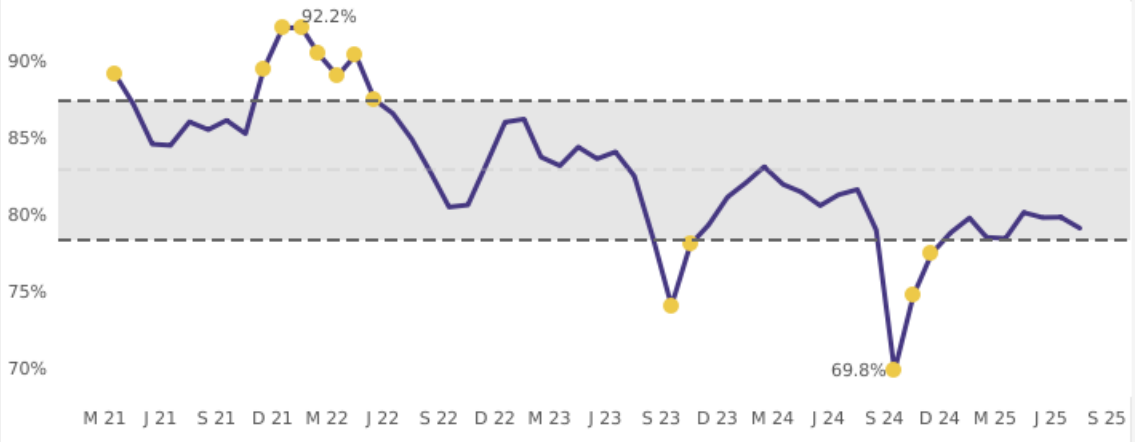
GP appointments - percentage of regular appointments within 14 days

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

Source: Appointments in General Practice (Monthly)

79.2%	79.9%	73/106	80.6%
August 2025	July 2025	National Rank Inter Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	89.2%	87.2%	84.6%	84.6%	86.1%	85.6%	86.2%	85.3%	89.5%	92.2%	92.2%	90.5%
2022-23	89.1%	90.5%	87.5%	86.6%	85.0%	82.8%	80.5%	80.7%	83.3%	86.1%	86.3%	83.8%
2023-24	83.2%	84.4%	83.7%	84.1%	82.6%	78.5%	74.1%	78.1%	79.4%	81.2%	82.1%	83.2%
2024-25	82.0%	81.5%	80.6%	81.3%	81.7%	79.0%	69.8%	74.8%	77.5%	78.8%	79.8%	78.6%
2025-26	78.5%	80.2%	79.8%	79.9%	79.2%							

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

Latest Value GM Benchmarking

National Rank against other localities

15	Manchester	86.1%
31	Trafford	83.3%
34	Rochdale	82.6%
36	Wigan	82.5%
38	Oldham	82.4%
46	Stockport	81.9%
51	Salford	81.4%
58	Bolton	80.4%
73	Bury	79.2%
78	Tameside	78.3%
14	NHS Greater Manchester Integrated Care Board	82.3%

Narrative

- In Aug 2025, 79.2% of GP appointments for Bury-registered patients were made within 14 days. This reflects a slight decrease compared to 81.7% in Aug 2024.
- Bury currently ranks as the ninth among the GM localities for this metric. The GM average stands at 82.3%.
- Board should note that this includes 'all' appointments, including those that can be pre booked in advance such as annual reviews, smears etc.

Bury

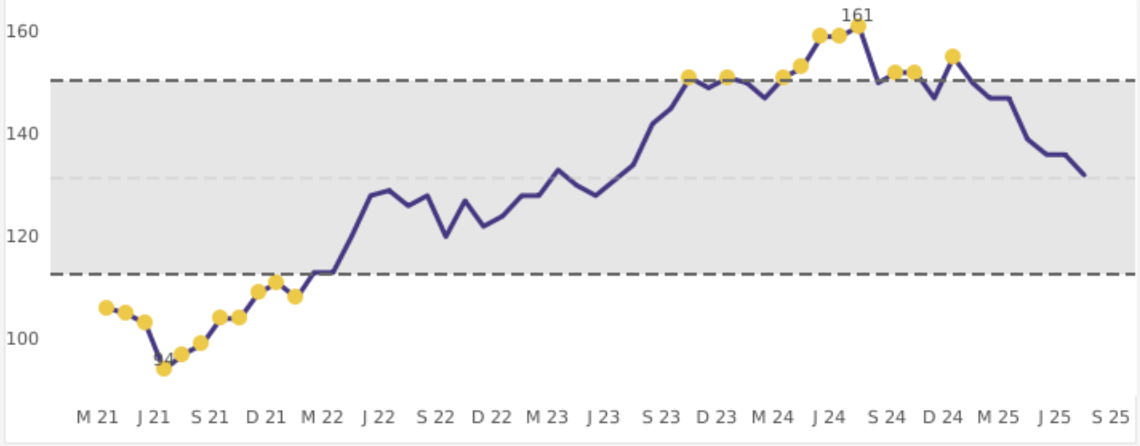
E. coli blood stream infections

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

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

132	136	13/107	No Target
August 2025	July 2025	National Rank Upper Quartile	

Outliers more than 1 standard deviation from the mean



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

Selected measure at August 2025 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: 212,825

Narrative

- In the 12-month period ending Aug 2025, 132 cases of E. Coli bloodstream infections were recorded among Bury-registered patients. This is a decrease from July 25 when 136 cases were reported, and this is below the 161 cases in Aug 2024.
- Bury currently reports an infection rate of 0.62 per 1,000 population, ranking as the 5th lowest rate among the Greater Manchester (GM) localities.

Bury

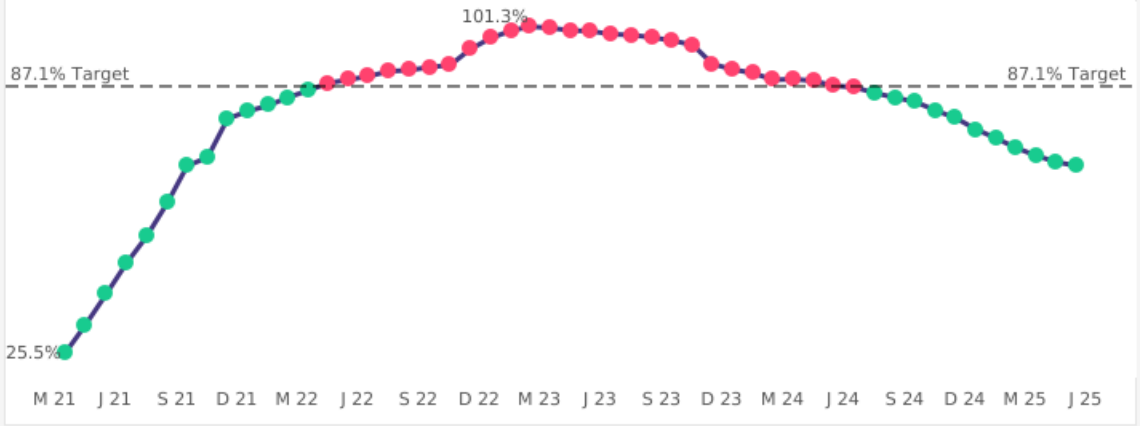
Antimicrobial resistance: total prescribing of antibiotics in primary care

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

Source: EPACT Prescribing Data (Monthly)

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

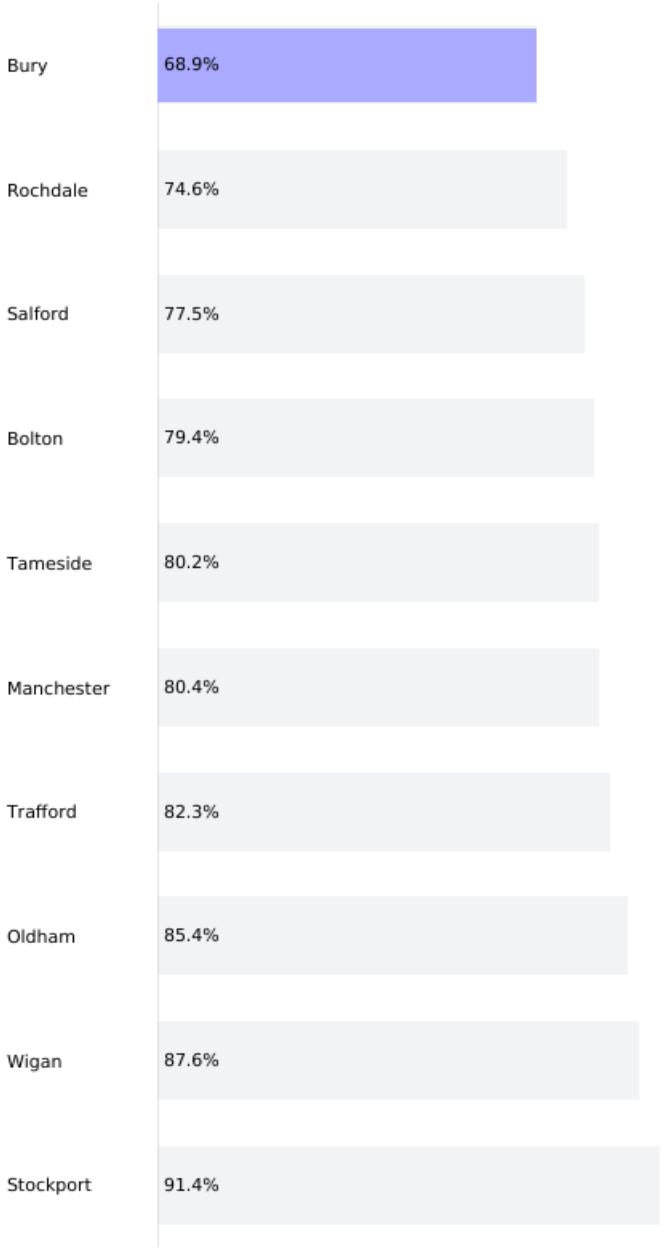
Performance Against National Target of 87.1%



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

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

Latest Value GM Benchmarking



Narrative

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

Bury

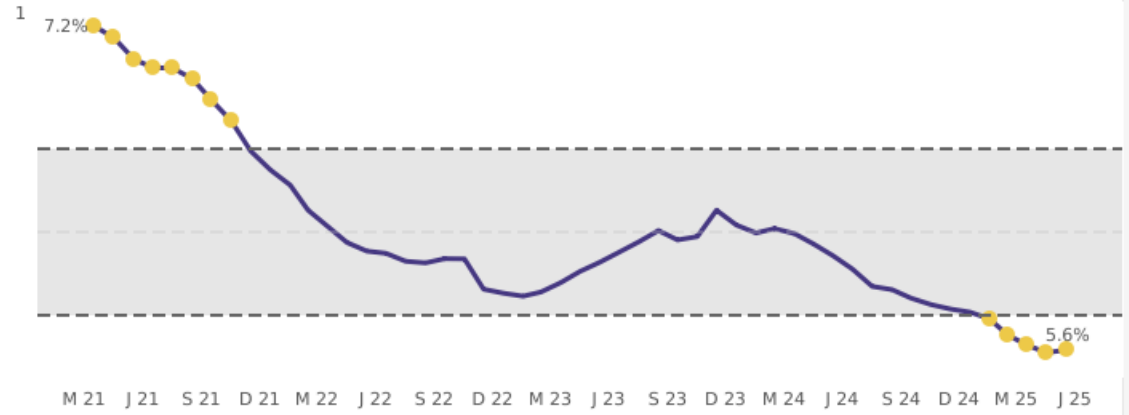
Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care

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

Source: EPACT Prescribing Data (Monthly)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

Narrative

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

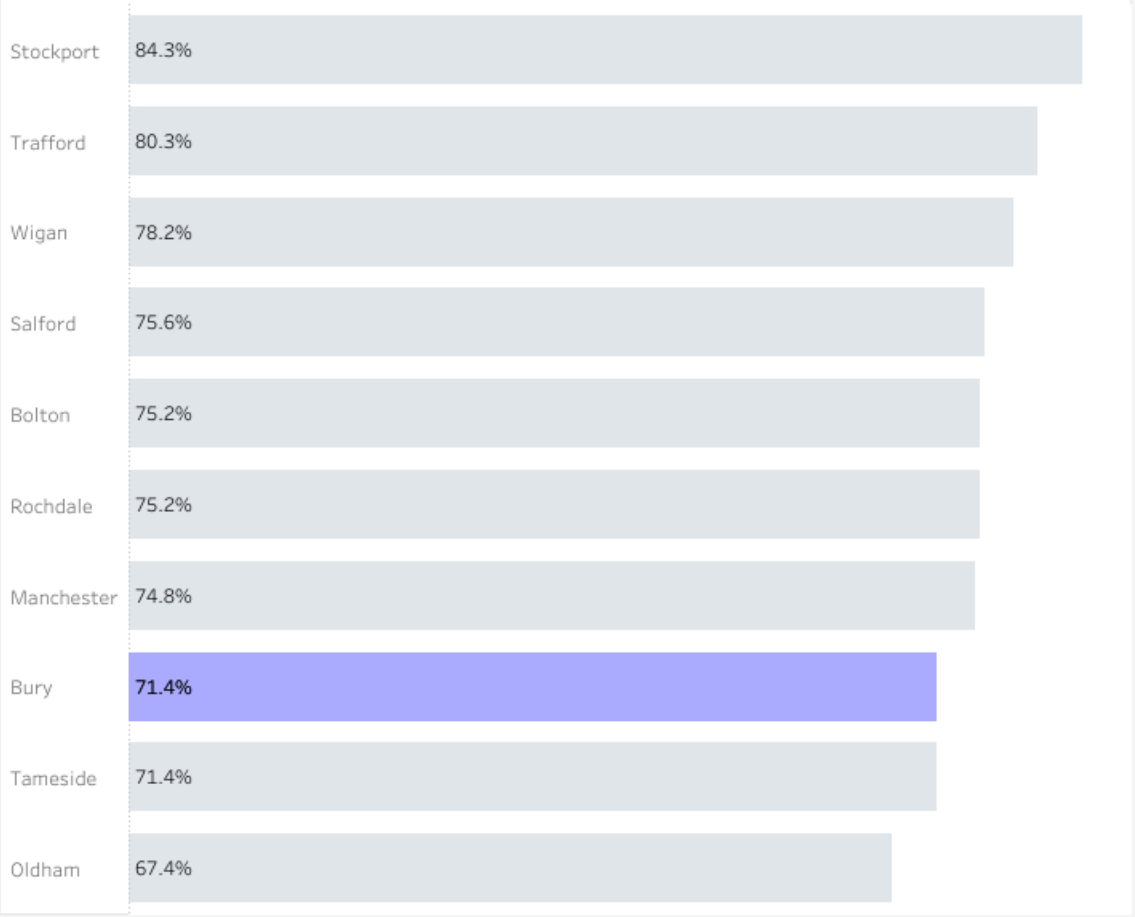
Bury

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

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

Source: GP Patient Survey (Annual)

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



Narrative

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

Bury - Sight Metrics

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Urgent Care	N/A	A&E 4 hour performance	Monthly	Sep 25	71.7%	73.3%	↘	78.0%	5,139	7,164	N/A
	N/A	A&E Attendances	Monthly	Sep 25	7,164.0	6,787.0	↗	N/A	7,164	N/A	N/A
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Sep 25	17.1%	16.4%	↗	N/A	1,720	10,070	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Sep 25	1,994.0	1,916.0	↗	N/A	1,994	N/A	Inter
Elective Care	EB28	Diagnostic 6ww: All	Monthly	Aug 25	12.8%	10.9%	↗	1.%	578	4,501	Upper
	EB20	RTT incomplete: 65+ week waits	Monthly	Aug 25	5.000	5.0	→	0.	5	N/A	Upper
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis (Monthly): All Patients	Monthly	Aug 25	75.2%	77.9%	↘	80.%	723	961	Inter
Maternity	S104a	Number of neonatal deaths per 1,000 total live births	Annual	Dec 23	1.5	0.0	↗	1.4	3	2,049	Inter
	S022a	Number of stillbirths per 1,000 total births	Annual	Dec 23	5.4	4.0	↗	3.1	11	2,049	Lower
Screening and Immunisations	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	Annual	Dec 24	73.3%	69.2%	↗	N/A	16,305	22,244	Inter
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	Quarterly	Jun 25	85.3%	84.8%	↗	95.%	474	556	Inter
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Quarterly	Jun 24	70.3%	70.6%	↘	80.%	37,935	53,940	Inter
	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	Monthly	Feb 25	73.6%	73.3%	↗	85.%	28,378	38,547	Inter
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Monthly	Aug 25	96.7%	95.8%	↗	N/A	204	211	N/A

Bury - Sight Metrics

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

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

Bury

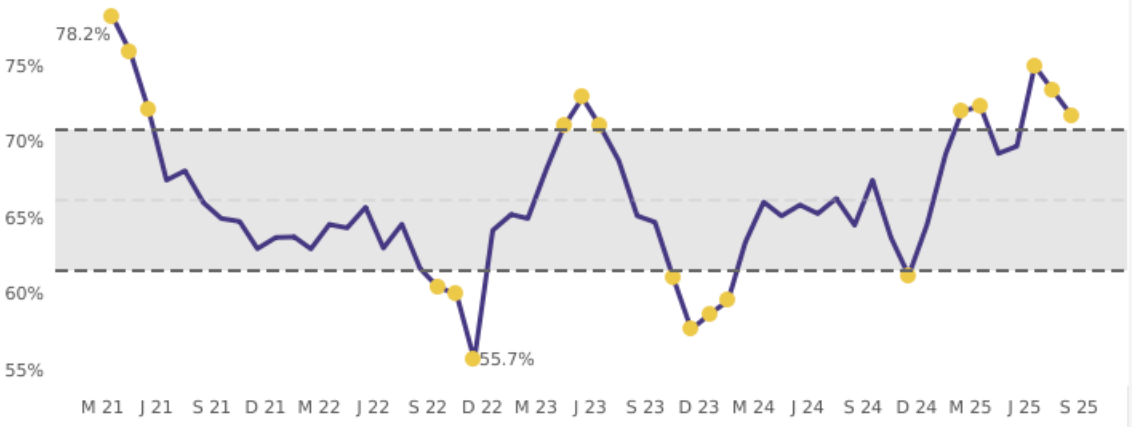
A&E 4 hour performance

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

Source: Emergency Care Dataset (ECDS) (Monthly)

71.7%	73.3%	78.0%
September 2025	August 2025	National Target

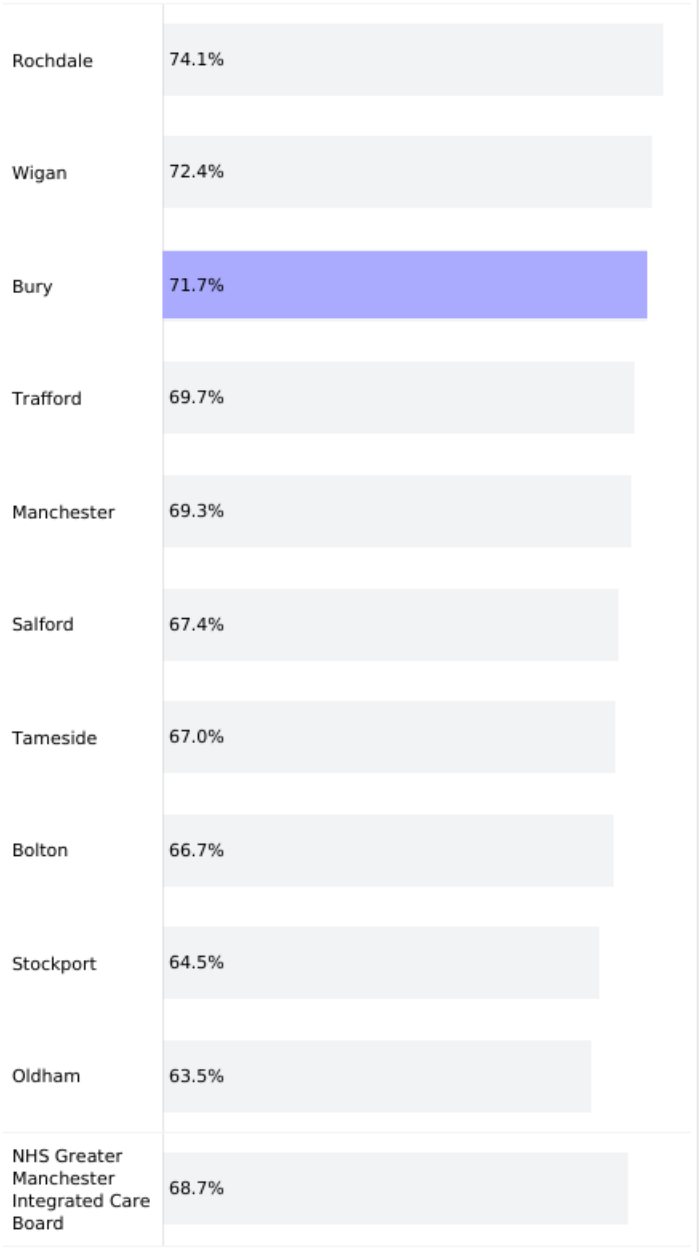
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	78.2%	75.9%	72.1%	67.5%	68.1%	66.0%	65.0%	64.8%	63.0%	63.7%	63.8%	63.0%
2022-23	64.6%	64.4%	65.7%	63.0%	64.6%	61.7%	60.5%	60.0%	55.7%	64.2%	65.2%	65.0%
2023-24	68.2%	71.0%	72.9%	71.0%	68.8%	65.2%	64.7%	61.1%	57.7%	58.7%	59.6%	63.4%
2024-25	66.1%	65.1%	65.9%	65.3%	66.3%	64.5%	67.5%	63.7%	61.2%	64.6%	69.2%	72.0%
2025-26	72.3%	69.2%	69.7%	75.0%	73.3%	71.7%						

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

Latest Value GM Benchmarking



Narrative

- This metric is monitored on a daily basis to support timely performance oversight.
- In Sept 2025, Bury achieved a 4-hour emergency care performance rate of 71.7%, representing a decrease from 73.3% in Aug 2025. This also reflects a notable increase compared to 64.5% in Sept 2024.
- Bury's performance is currently above the Greater Manchester (GM) average of 68.7%, ranking as the 3rd highest among GM localities.

Bury

A&E Attendances

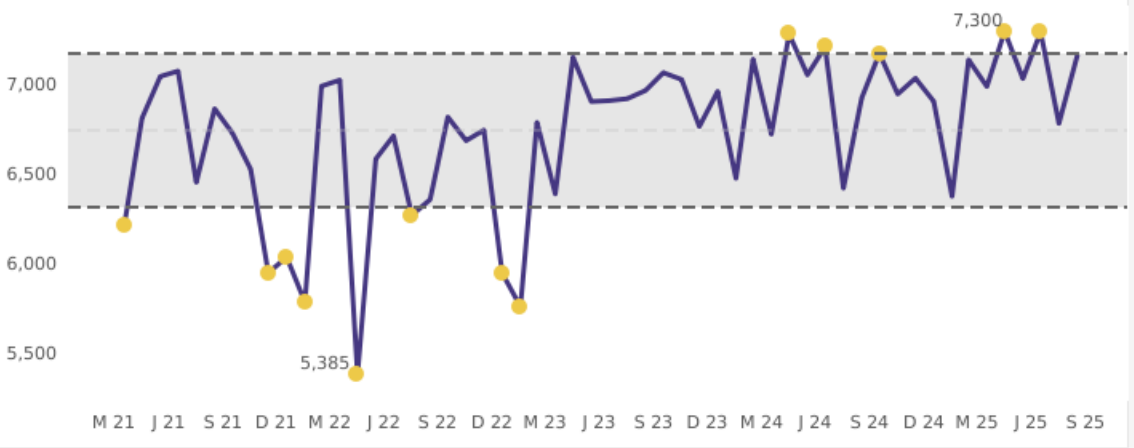
Number of attendances at A&E departments

Source: Emergency Care Dataset (ECDS) (Monthly)

7,164
September 2025

6,787
August 2025

Outliers more than 1 standard deviation from the mean

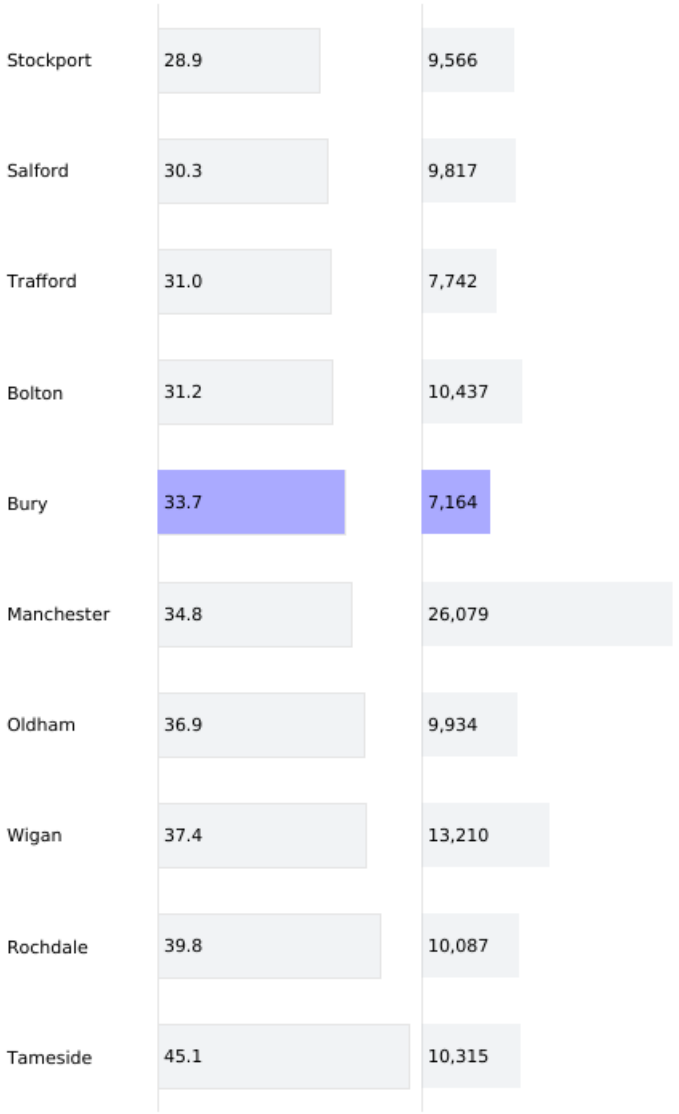


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	6,220	6,816	7,049	7,079	6,459	6,869	6,734	6,532	5,954	6,042	5,791	6,995
2022-23	7,029	5,385	6,589	6,718	6,275	6,363	6,823	6,691	6,750	5,953	5,766	6,793
2023-24	6,394	7,156	6,909	6,914	6,925	6,971	7,070	7,032	6,770	6,966	6,481	7,145
2024-25	6,727	7,285	7,058	7,213	6,426	6,929	7,177	6,951	7,039	6,910	6,381	7,142
2025-26	6,993	7,300	7,037	7,297	6,787	7,164						

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

Latest Value GM Benchmarking

Attendances Rate per 1000 population & Count



The rate is calculated using the registered population figure for each locality | Bury: 212,825

Narrative

- In Sept 2025, there were 7,164 A&E attendances recorded for Bury-registered patients. This represents an increase from 6,787 in Aug 2025 and an increase from 6,929 in Sept 2024.
- Bury currently reports an attendance rate of 33.7 per 1,000 population, ranking as the 5th lowest among the Greater Manchester (GM) localities.

Bury

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

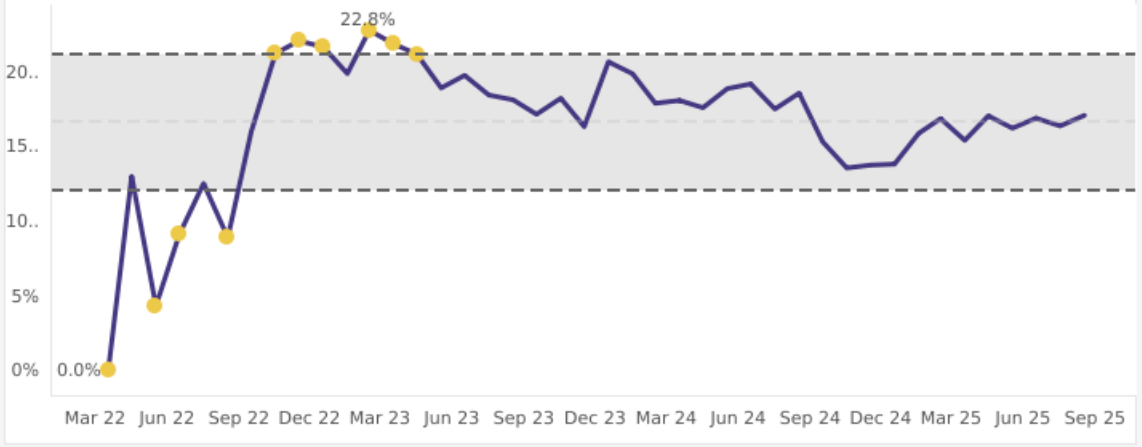
Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

Source: GM Admissions - Local (Monthly)

17.1%
September 2025

16.4%
August 2025

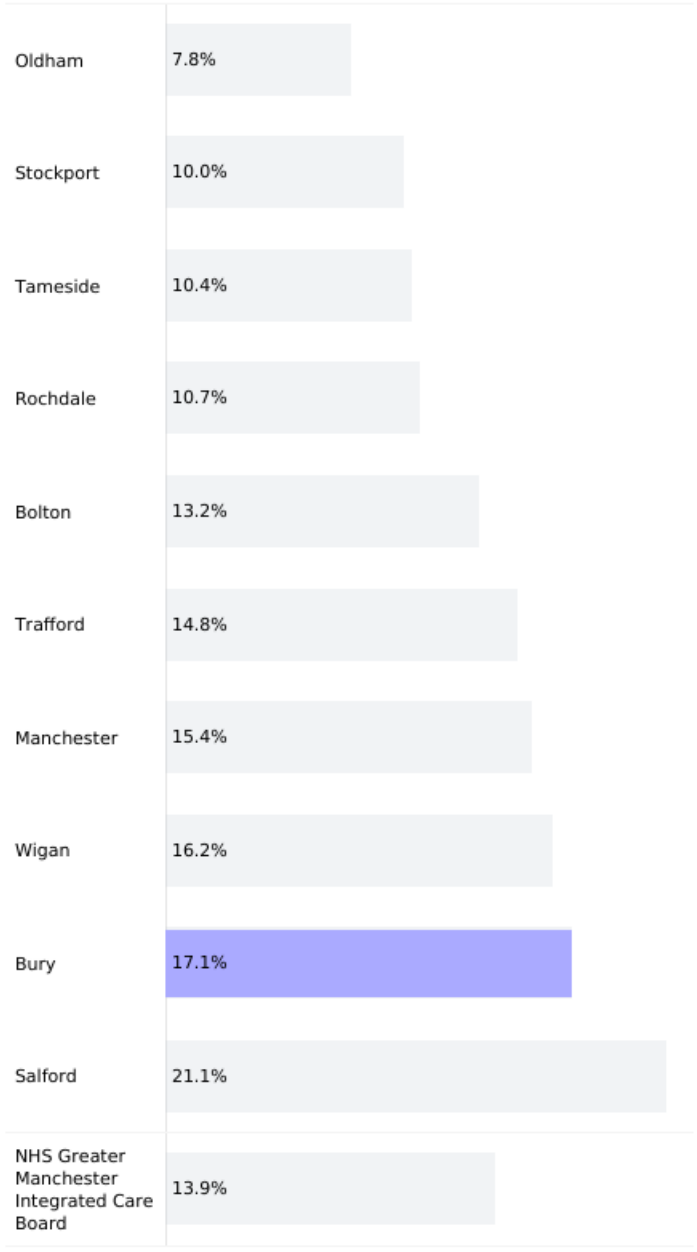
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	0.0%	13.0%	4.3%	9.1%	12.5%	8.9%	16.0%	21.2%	22.1%	21.7%	19.9%	22.8%
2023-24	21.9%	21.2%	18.9%	19.8%	18.4%	18.1%	17.2%	18.2%	16.3%	20.7%	19.9%	17.9%
2024-25	18.1%	17.6%	18.9%	19.2%	17.5%	18.6%	15.3%	13.6%	13.8%	13.8%	15.9%	16.9%
2025-26	15.4%	17.1%	16.2%	16.9%	16.4%	17.1%						

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

Latest Value GM Benchmarking



Narrative

- This metric is monitored daily to support ongoing performance oversight.
- In Sept 2025, the NCTR percentage for Bury was 17.1%, reflecting a slight increase from 16.4% in Aug 2025, but a decrease compared to 18.6% in Sept 2024.
- Bury's rate remains above the Greater Manchester (GM) average of 13.9% and currently ranks as the 9th lowest percentage among GM localities.

Bury

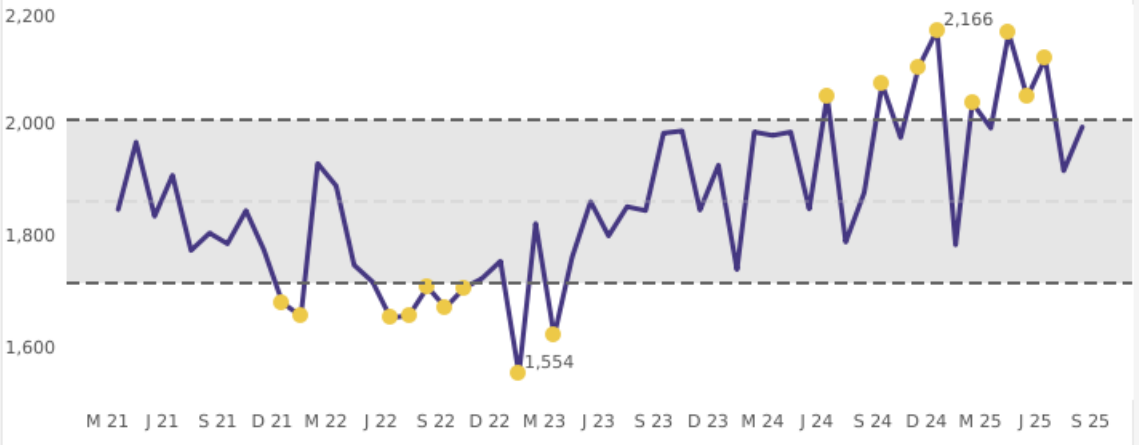
Total number of specific acute non-elective spells

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

Source: National Flows APC (Monthly)

1,994	1,916	3/10
September 2025	August 2025	GM Rank

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	1,847	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	1,979	1,985	1,848	2,049	1,789	1,877	2,070	1,975	2,100	2,166	1,784	2,037
2025-26	1,992	2,161	2,047	2,116	1,916	1,994						

Selected measure at September 2025 has continuously increased 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: 212,825

Narrative

- In Sept 2025, there were 1,994 specific acute non-elective spells recorded for Bury-registered patients. This reflects an increase from 1,877 spells in Sept 2024 and 1,916 spells in August 2025.
- Bury currently ranks as having the 4th lowest rate of specific acute non-elective spells among the Greater Manchester (GM) localities.

Bury

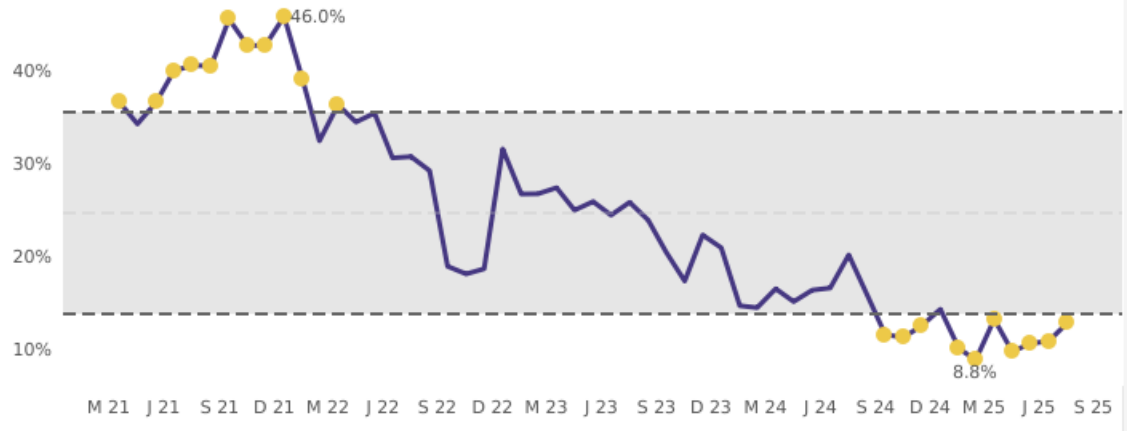
Diagnostic 6ww: All

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

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

12.8%	10.9%	19/107	1.%
August 2025	July 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean

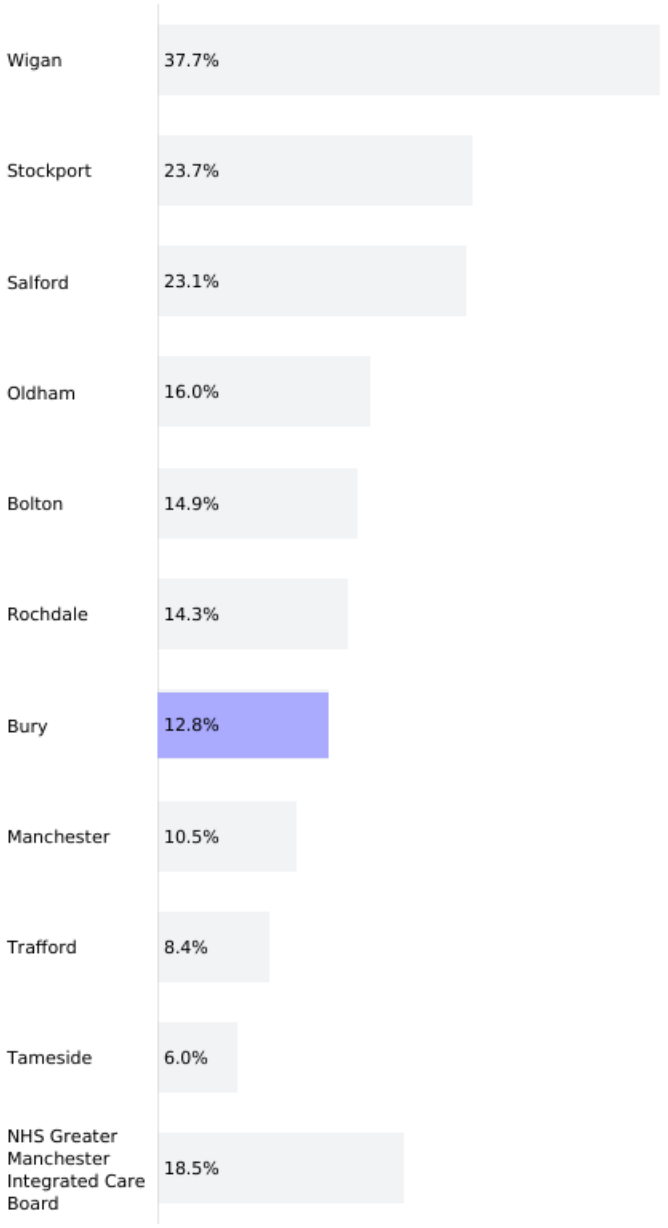


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	25.0%	26.0%	24.5%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%	15.1%	16.4%	16.6%	20.2%	15.8%	11.6%	11.3%	12.6%	14.3%	10.1%	8.8%
2025-26	13.2%	9.7%	10.6%	10.9%	12.8%							

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In Aug 2025, 12.8% of patients in Bury were waiting more than six weeks for a diagnostic test. This represents a notable improvement from 20.2% in Aug 2024.
- Bury's performance is better than the Greater Manchester (GM) average, which stood at 18.5% in Aug 2025.
- Bury and GM are both above the less than 1% target.

Bury

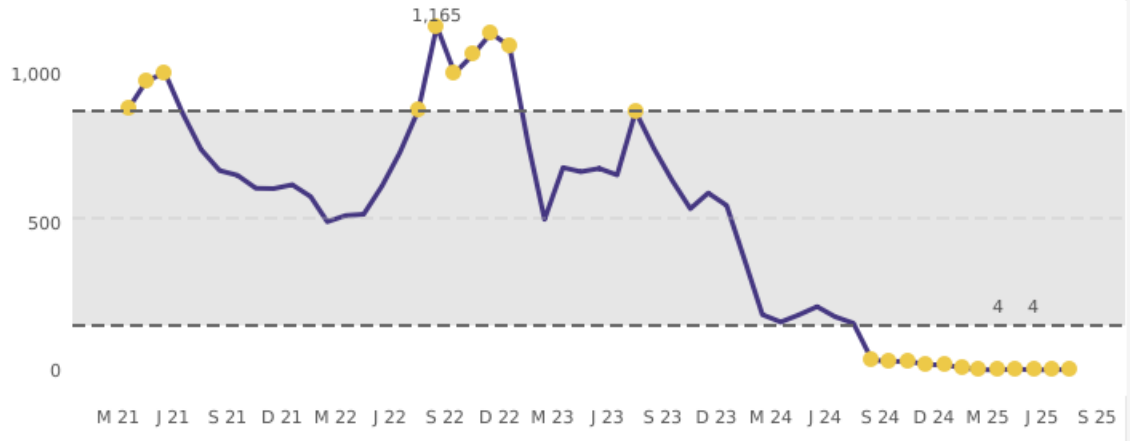
RTT incomplete: 65+ week waits

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

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

5.000	5	6/121	0.
August 2025	July 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

Narrative

- As of Aug 2025, there were 5 patients from Bury experiencing waits of 65 weeks or more, identical to figures from July 2025.
- However, this reflects a significant reduction compared to Aug 2024, when 162 patients were recorded—an overall decrease of 157 patients.
- Bury currently holds the position of having the 4th lowest number of 65+ week waits among the Greater Manchester (GM) localities.

Bury

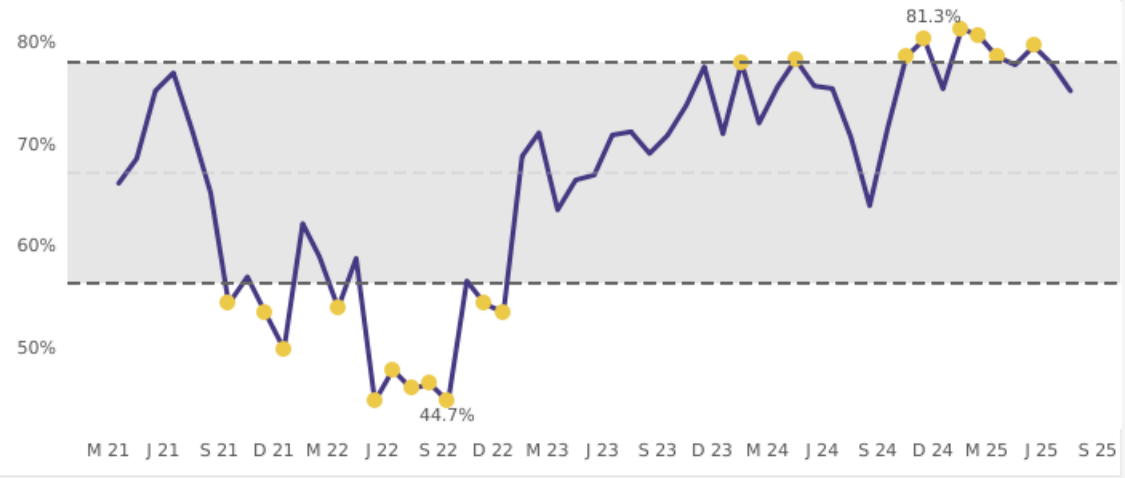
28 Day Wait from Referral to Faster Diagnosis (Monthly): All Patients

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)

75.2%	77.9%	50/106	80.%
August 2025	July 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

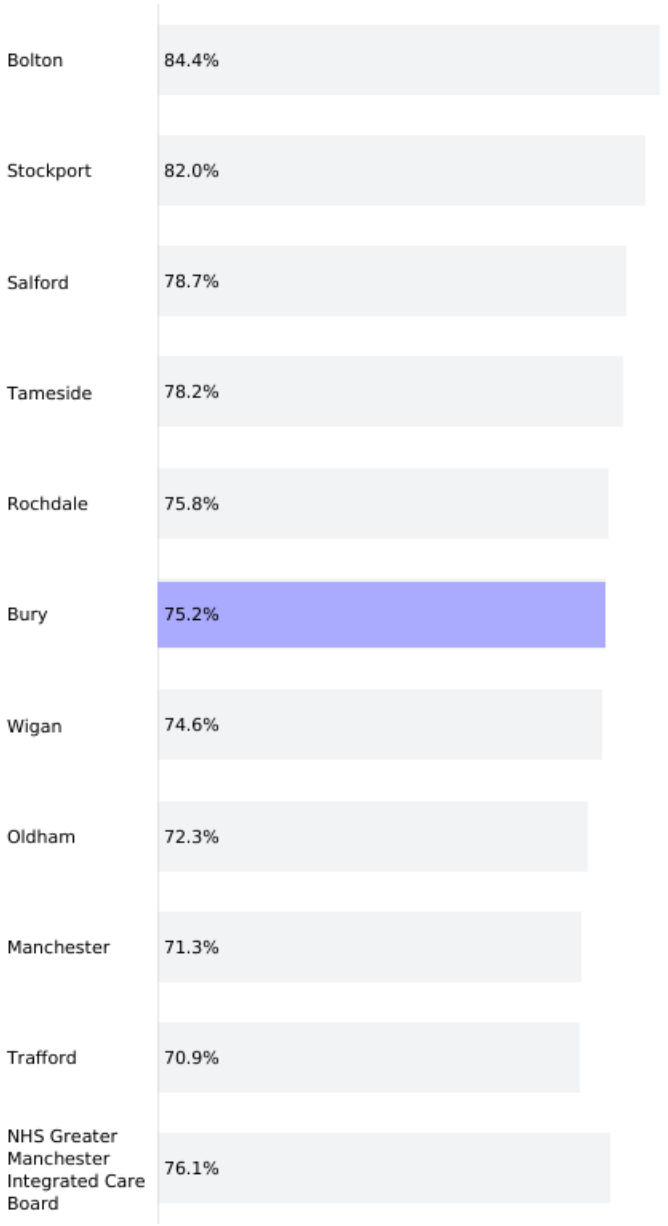


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	66.2%	68.6%	75.2%	77.0%	71.4%	65.2%	54.3%	57.0%	53.4%	49.9%	62.2%	58.9%
2022-23	53.9%	58.8%	44.7%	47.8%	46.0%	46.4%	44.7%	56.6%	54.3%	53.5%	68.8%	71.1%
2023-24	63.5%	66.5%	67.0%	70.9%	71.2%	69.1%	70.9%	73.8%	77.6%	71.0%	78.0%	72.1%
2024-25	75.7%	78.3%	75.7%	75.5%	70.7%	64.0%	71.6%	78.6%	80.3%	75.4%	81.3%	80.7%
2025-26	78.6%	77.8%	79.6%	77.9%	75.2%							

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In Aug 2025, 75.2% of patients in Bury received their cancer diagnosis outcome within 28 days following a two-week wait (2WW) referral. This marks a decline from 77.9% in July 2025, yet an improvement compared to 70.7% in Aug 2024.
- Bury is currently ranked as the 6th highest performing area within Greater Manchester (GM) for this indicator.
- The GM average for Aug 2025 is 76.1%, which remains below the national target of 80%.
- Consequently, both Bury and the wider GM regions (excluding Bolton & Stockport) are operating below the national standard for the timely communication of cancer diagnoses.

Bury

COVER immunisation: MMR2 Uptake at 5 years old

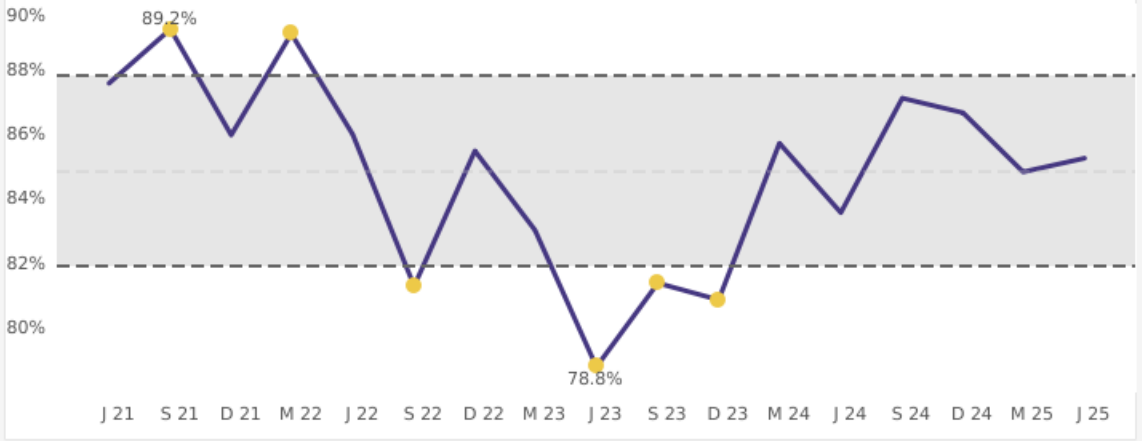
Population vaccination coverage – MMR for two doses (5 years old)

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

85.3%
June 2025

95.%
National Target

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

Narrative

- As of June 2025, the MMR2 uptake rate at age five years in Bury stands at 85.3%, representing an increase from 84.8% in Mar 2025.
- Among the GM localities, Bury ranks sixth.
- However, both Bury, and all other GM localities remain below the national target of 95%.

Bury

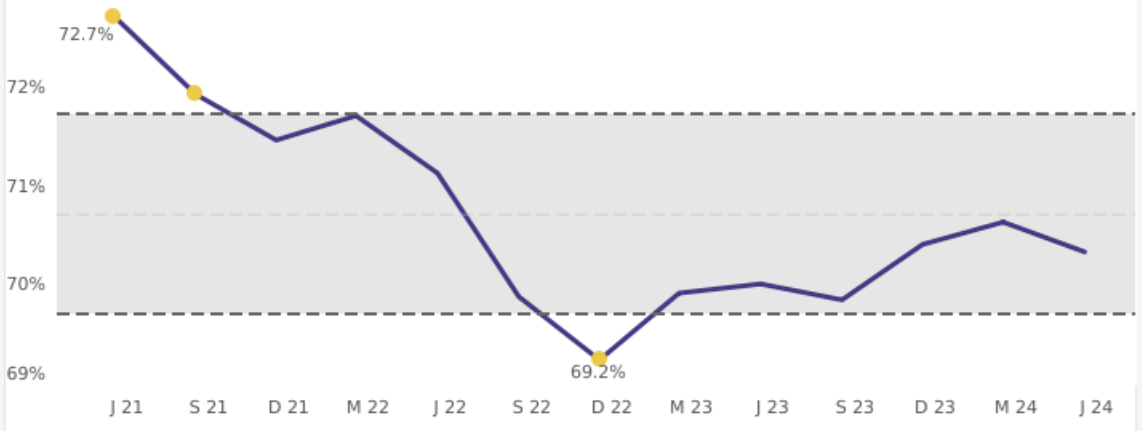
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

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

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

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

Outliers more than 1 standard deviation from the mean

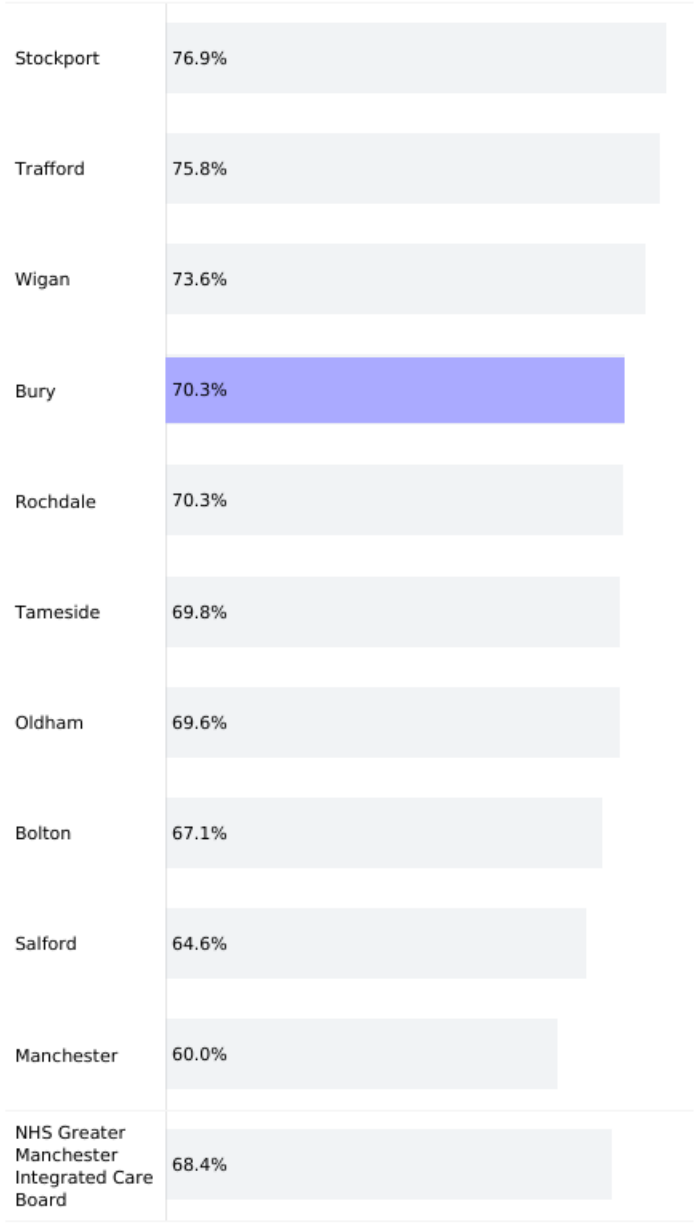


	Jun	Sep	Dec	Mar
2021-22	72.7%	71.9%	71.5%	71.7%
2022-23	71.1%	69.9%	69.2%	69.9%
2023-24	70.0%	69.8%	70.4%	70.6%
2024-25	70.3%			

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The GM Cancer Screening Dashboard, shows cervical screening coverage for Bury patients in Sept 2025 was 68.4% among individuals aged 24 to 49 years, and 73.9% among those aged 50 to 64 years.
- Both figures fall below the efficiency target of 80%.

Bury

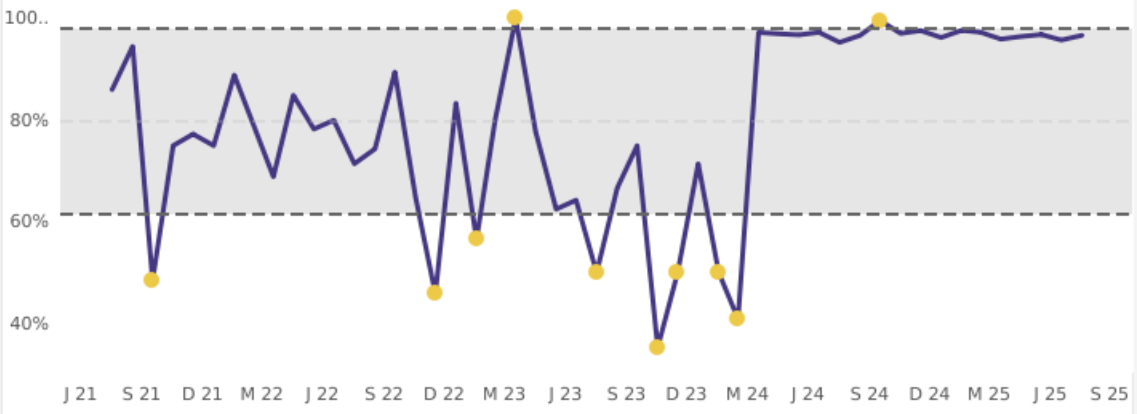
% 2-hour Urgent Community Response (UCR) first care contacts

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

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

96.7%	95.8%	70%
August 2025	July 2025	National Target

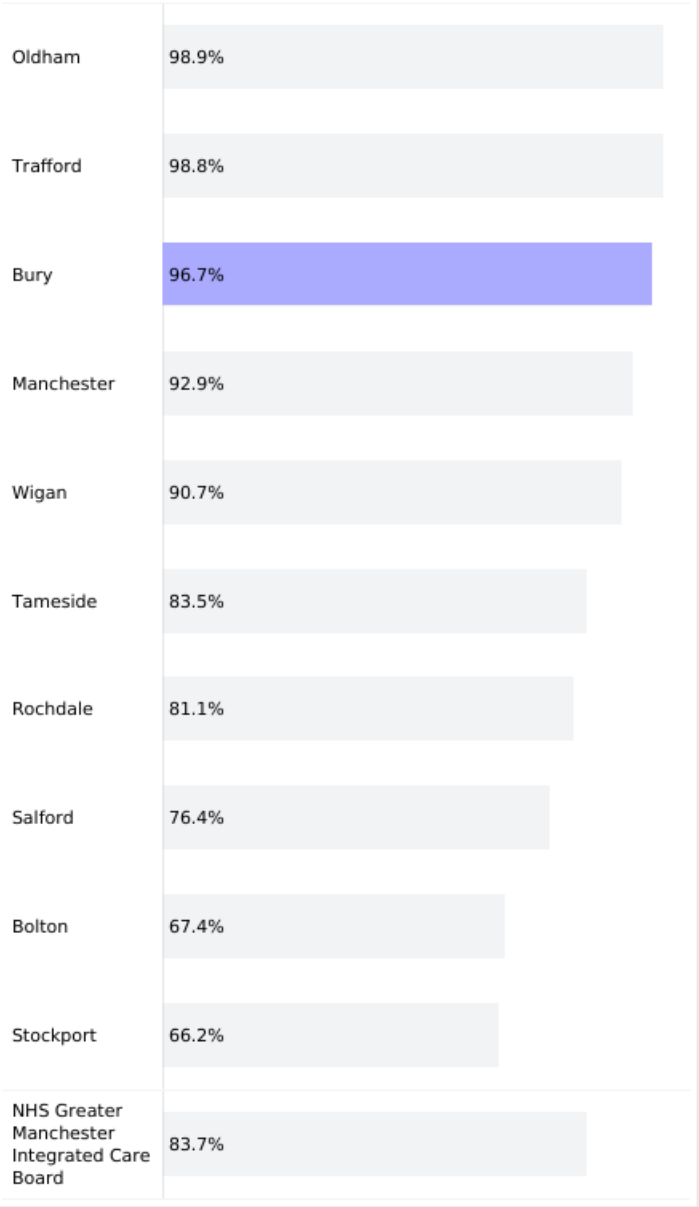
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22					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%	96.7%							

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

Latest Value GM Benchmarking



Narrative

- In Aug 2025, 96.7% of Urgent Community Response (UCR) referrals for Bury-registered patients received a response within the two-hour standard. This represents a slight increase from 95.8% in July 2025.
- Bury currently holds the third-highest performance among the Greater Manchester (GM) localities and exceeds the national target of 70%.

Oversight Metrics Glossary

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

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

Bury - Oversight Metrics

Show Definitions

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Mental Health & Learning Disabilities	EAS02	Talking Therapies: Recovery Rate	Monthly	Jul 25	54.0%	48.0%	↗	50.%	105	194	Upper
	EH13	% of people with SMI to receive all six physical health checks in the preceding 12 months.	Quarterly	Mar 24	64.9%	50.9%	↗	60.%	1,322	2,036	Inter
	EH01	Talking Therapies: 6 Week Waits	Monthly	Jul 25	63.4%	62.5%	↗	75.%	130	205	Lower
	EH02	Talking Therapies: 18 Week Waits	Monthly	Jul 25	100.0%	97.5%	↗	95.%	205	205	Inter
	EH21	Talking Therapies: Second Treatment Waits	Monthly	Jul 25	19.5%	24.4%	↘	10.%	40	205	Inter
	EH10	CYP Eating Disorders: Routine - % within 4 weeks	Quarterly	Mar 23	91.4%	94.7%	↘	95.%	32	35	Inter
	EH11	CYP Eating Disorders: Urgent - % within 1 week	Quarterly	Mar 23	75.0%	75.0%	→	95.%	3	4	Inter
	EH34	Access to Individual Placement and Support Services	Monthly	Aug 25	175	165	↗	285	N/A	N/A	Inter
	N/A	Percentage of CYP receiving Autism assessment within 18 weeks of referral	Monthly	Aug 25	25.0%	0.0%	↗	N/A	2	8	N/A
	N/A	Percentage of CYP receiving ADHD assessment within 18 weeks of referral	Monthly	Aug 25	33.3%	0.0%	↗	N/A	2	6	N/A
	N/A	Autism average wait in weeks from referral to first assessment	Monthly	Aug 25	59	103	↘	N/A	N/A	N/A	N/A
	N/A	ADHD average wait in weeks from referral to first assessment	Monthly	Aug 25	53	102	↘	N/A	N/A	N/A	N/A
Community	ET02	Total Patients on the CHS Waiting Lists (NCA)	Monthly	Aug 25	19,703	18,203	↗	N/A	N/A	N/A	N/A
	ET02a	Total CYP on the CHS Waiting Lists (NCA)	Monthly	Aug 25	6,280	6,622	↘	N/A	N/A	N/A	N/A
	ET02b	Total Adults on the CHS Waiting Lists (NCA)	Monthly	Aug 25	13,423	11,581	↗	N/A	N/A	N/A	N/A
	N/A	Total Patients Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Aug 25	828	948	↘	N/A	N/A	N/A	N/A
	ET09b	Total Adults Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Aug 25	342	356	↘	N/A	N/A	N/A	N/A
	ET09a	Total CYP Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Aug 25	486	592	↘	N/A	N/A	N/A	N/A
	N/A	% of CHC referrals completed within 28 days	Quarterly	Jun 25	92.3%	83.9%	↗	N/A	24	26	Upper
	N/A	% of DST carried out in acute setting	Quarterly	Jun 25	0.0%	0.0%	→	N/A	0	21	Inter
Primary Care	ED19	Appointments in general practice	Monthly	Aug 25	73,434	86,244	↘	175,563	N/A	N/A	Lower
	S001a	Number of GP appointments per 10,000 weighted patients	Monthly	Aug 25	345.0	405.2	↘	423	73,434	212,825	Lower
	N/A	Number of prescriptions dispensed per 1000 patients	Monthly	Apr 25	860	851	↗	N/A	N/A	N/A	Lower
Adult Social Care	N/A	Number of people in Care Homes	Weekly	Oct 25	1,303	1,303	→	N/A	N/A	N/A	N/A
	N/A	Number of people in Home Care	Weekly	Oct 25	1,625	1,635	↘	N/A	N/A	N/A	N/A
	N/A	Percentage of Care Homes rated Good or Outstanding	Monthly	Sep 25	86.3%	88.2%	↘	N/A	44	51	N/A
	N/A	Care home beds vacancy rate	Weekly	Oct 25	15.4%	15.4%	→	N/A	237	1,540	N/A
	N/A	Number of vacant care home beds	Weekly	Oct 25	237	237	→	N/A	N/A	N/A	N/A

Bury

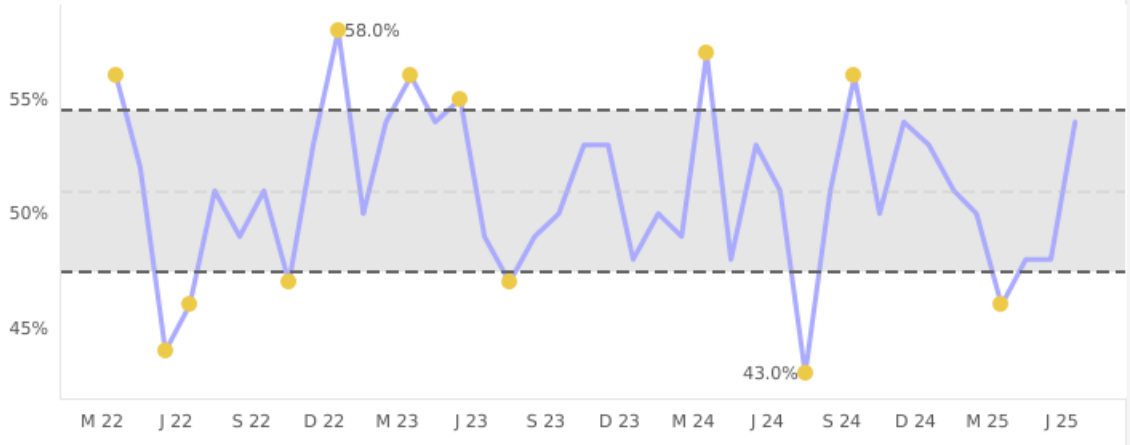
Talking Therapies: Recovery Rate

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

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

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

Outliers more than 1 standard deviation from the mean

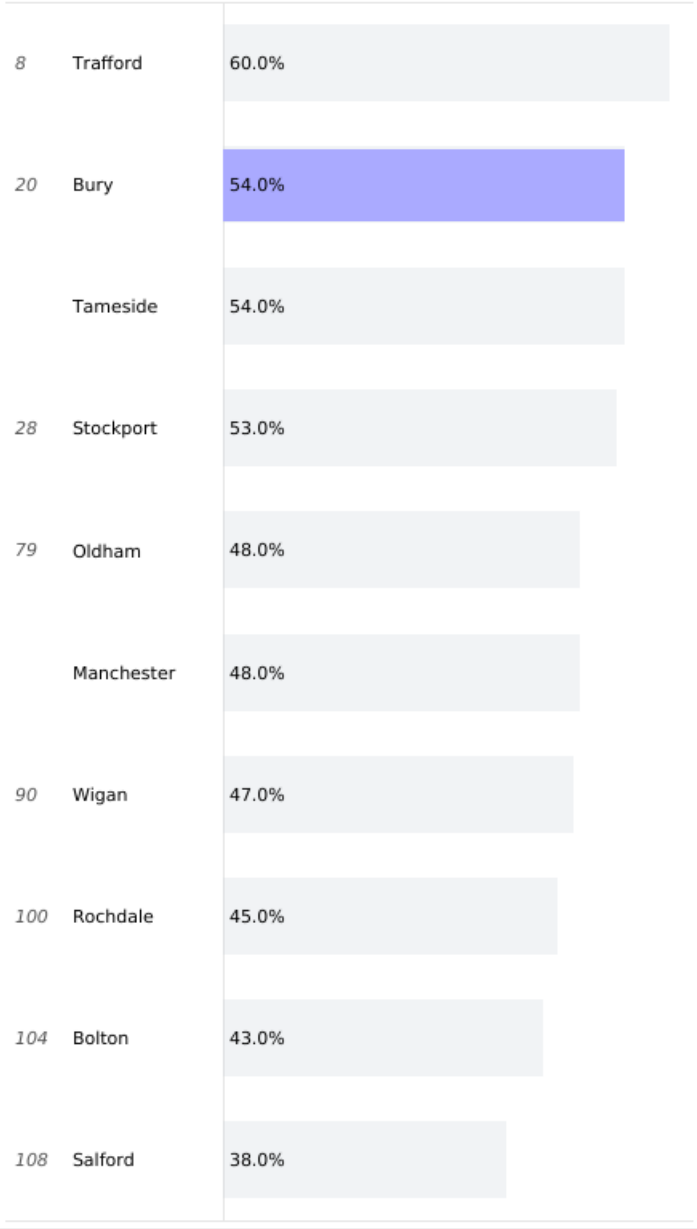


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	56.0%	52.0%	44.0%	46.0%	51.0%	49.0%	51.0%	47.0%	53.0%	58.0%	50.0%	54.0%
2023-24	56.0%	54.0%	55.0%	49.0%	47.0%	49.0%	50.0%	53.0%	53.0%	48.0%	50.0%	49.0%
2024-25	57.0%	48.0%	53.0%	51.0%	43.0%	51.0%	56.0%	50.0%	54.0%	53.0%	51.0%	50.0%
2025-26	46.0%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

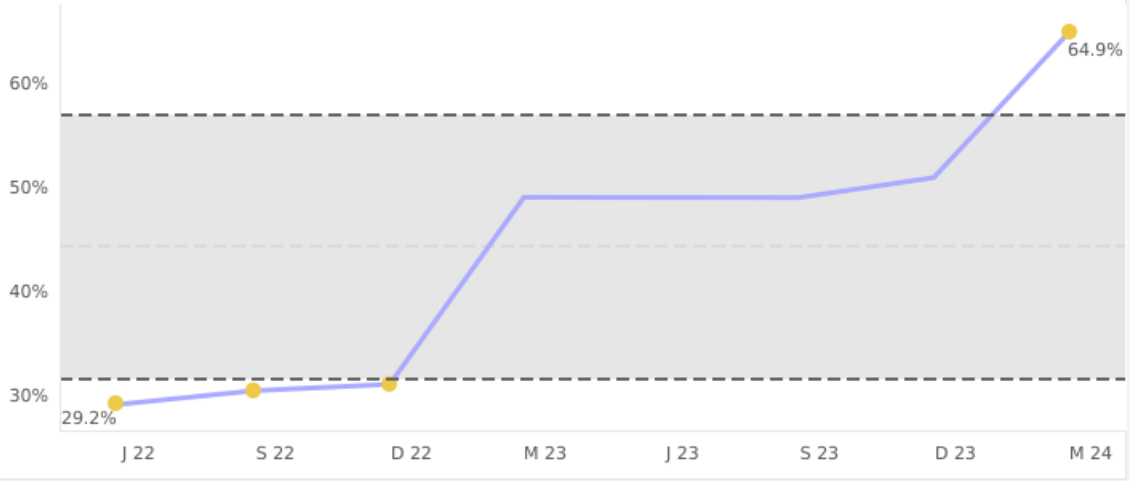
% of people with SMI to receive all six physical health checks in the preceding 12 months. - Mental Health Patients

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

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

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

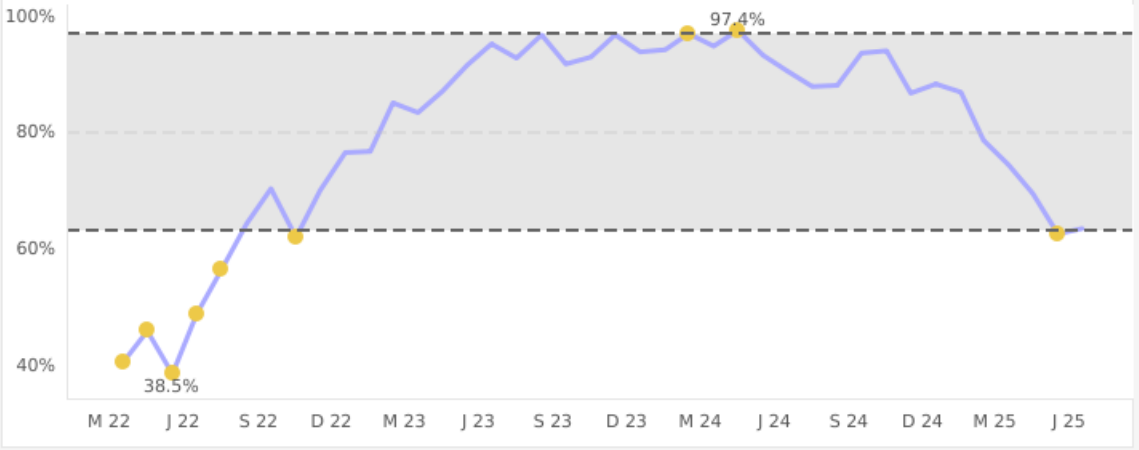
Talking Therapies: 6 Week Waits

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

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

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

Outliers more than 1 standard deviation from the mean

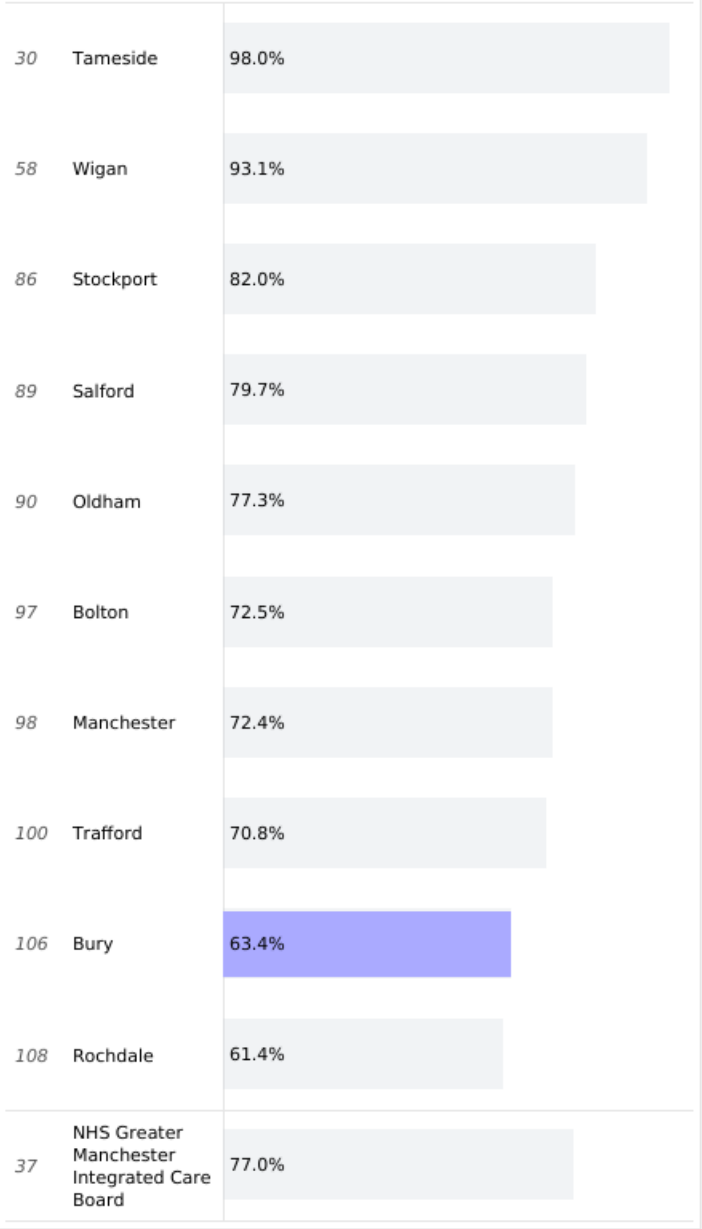


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	40.5%	45.8%	38.5%	48.7%	56.4%	64.3%	70.3%	61.9%	70.0%	76.5%	76.7%	85.0%
2023-24	83.3%	87.0%	91.5%	95.1%	92.7%	96.7%	91.7%	92.9%	96.7%	93.8%	94.1%	96.9%
2024-25	94.7%	97.4%	93.2%	90.5%	87.8%	88.0%	93.5%	93.9%	86.7%	88.2%	86.8%	78.6%
2025-26	74.4%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

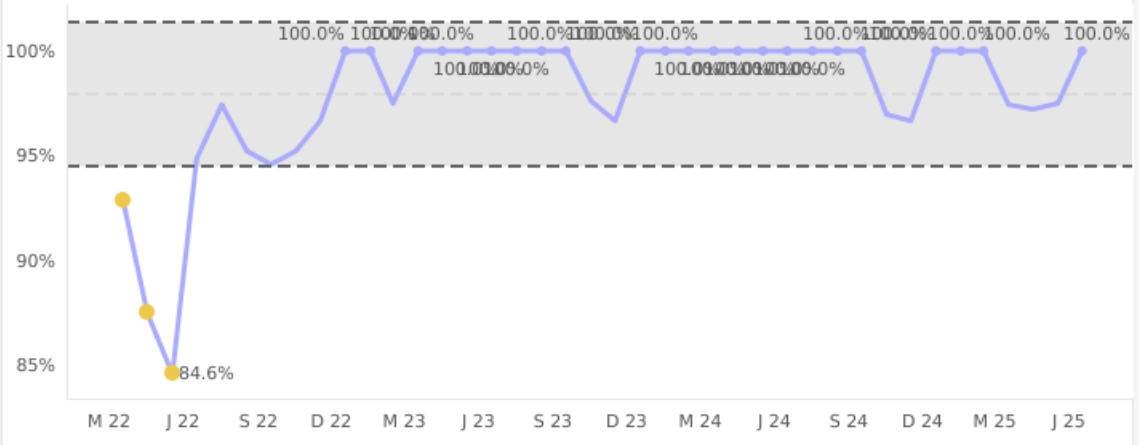
Talking Therapies: 18 Week Waits

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

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

100.0%	97.5%	6/111	95.%
July 2025	June 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

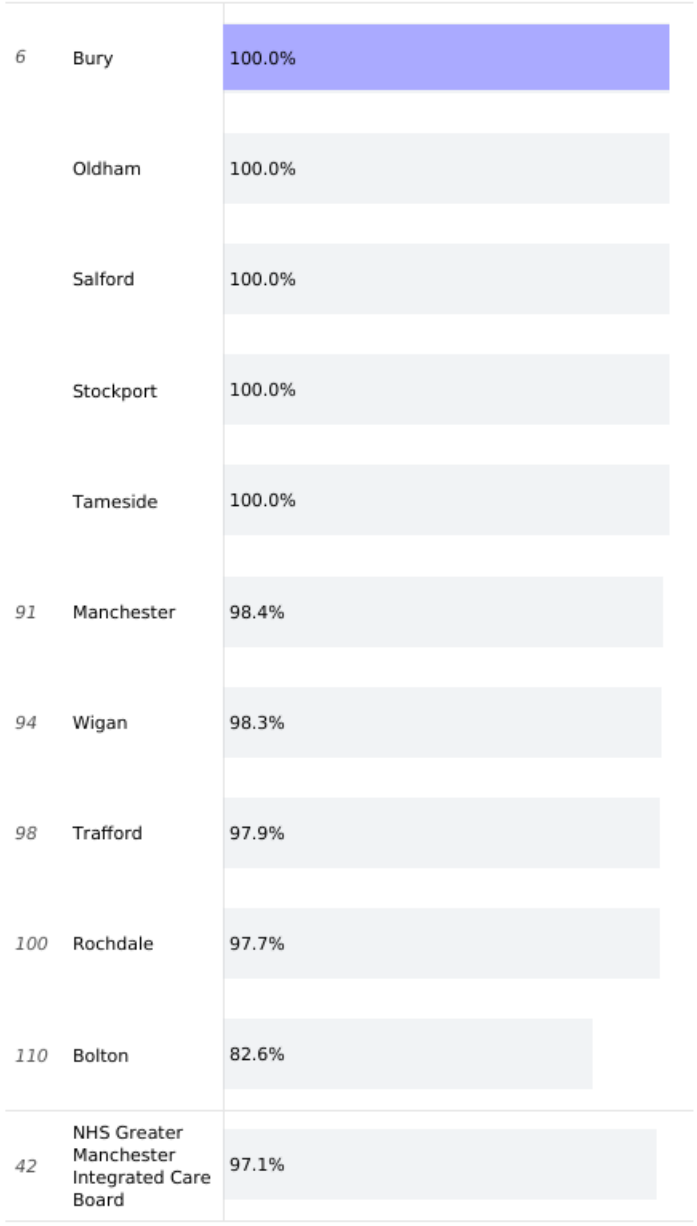


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	92.9%	87.5%	84.6%	94.9%	97.4%	95.2%	94.6%	95.2%	96.7%	100.0%	100.0%	97.5%
2023-24	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	96.7%	100.0%	100.0%	100.0%
2024-25	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	96.7%	100.0%	100.0%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury

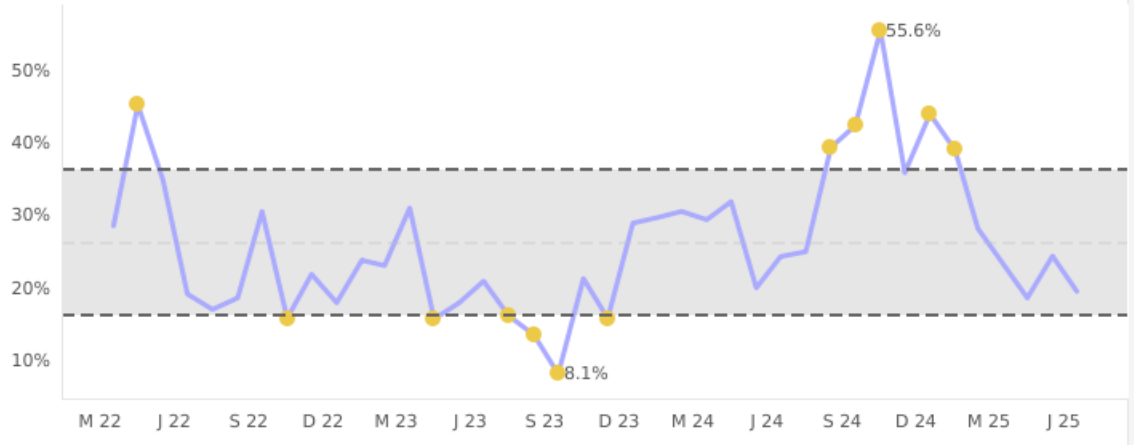
Talking Therapies: Second Treatment Waits

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

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

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

Outliers more than 1 standard deviation from the mean

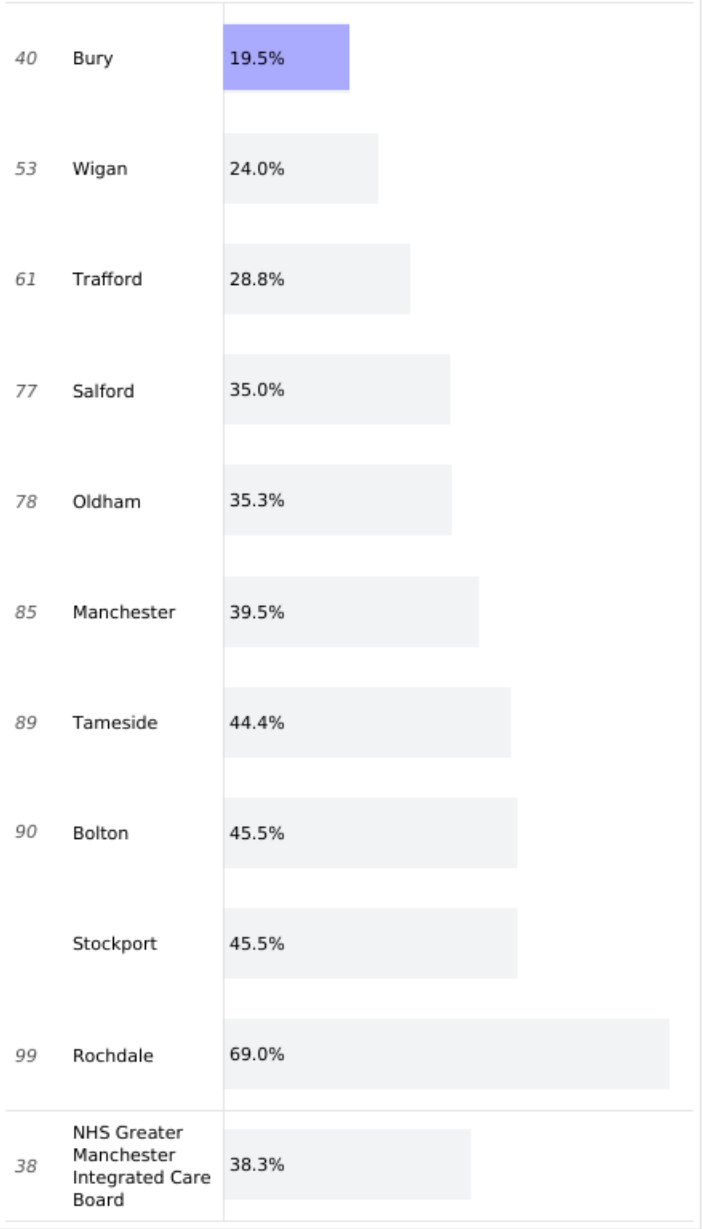


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	28.6%	45.3%	34.9%	19.1%	17.0%	18.6%	30.6%	15.8%	21.9%	17.9%	23.8%	23.1%
2023-24	31.0%	15.7%	17.9%	20.9%	16.1%	13.5%	8.1%	21.3%	15.8%	28.9%	29.7%	30.6%
2024-25	29.4%	31.9%	20.0%	24.3%	25.0%	39.4%	42.4%	55.6%	35.9%	44.0%	39.0%	28.2%
2025-26	23.3%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In July 2025, 19.5% of patients in Bury attended their second appointment within 90 days of their first, reflecting a decrease since June 2025 (24.4%).
- This performance is below the Greater Manchester (GM) average of 38.3% and Bury currently ranks as the lowest among all GM localities for this measure.
- Both Bury and GM remain above the national target of 10%

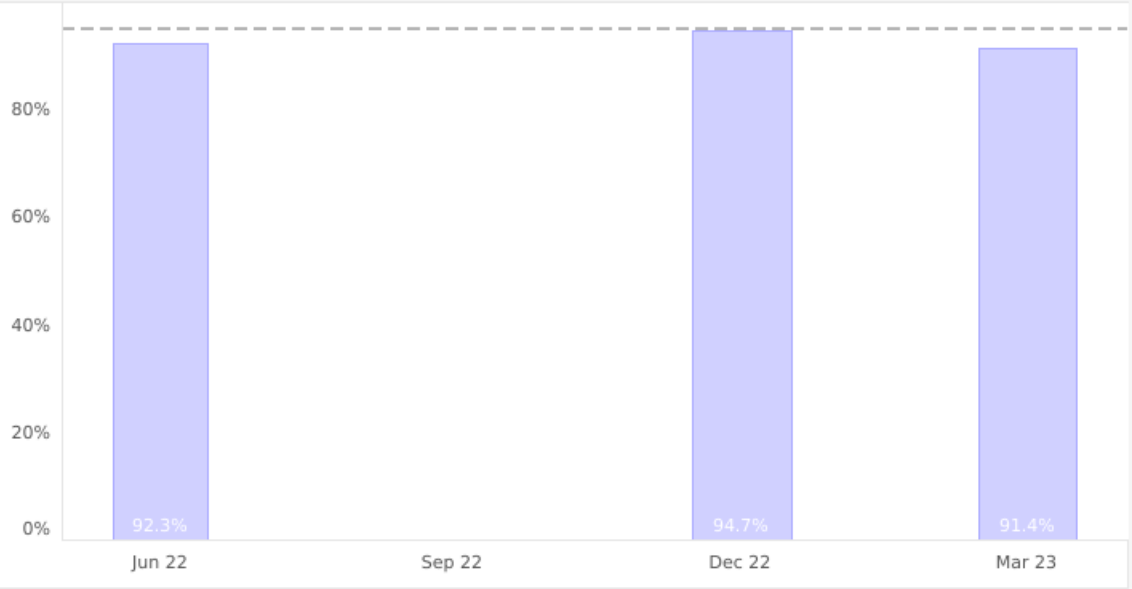
Bury

CYP Eating Disorders: Routine - % within 4 weeks

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

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

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



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

- Data taken from the Greater Manchester Eating Disorder Dashboard, shows 44% of patients with routine eating disorders in the Children and Young People (CYP) category were seen within four weeks during Aug 2025. Specifically, 4 out of 9 patients received care within the four-week target timeframe.

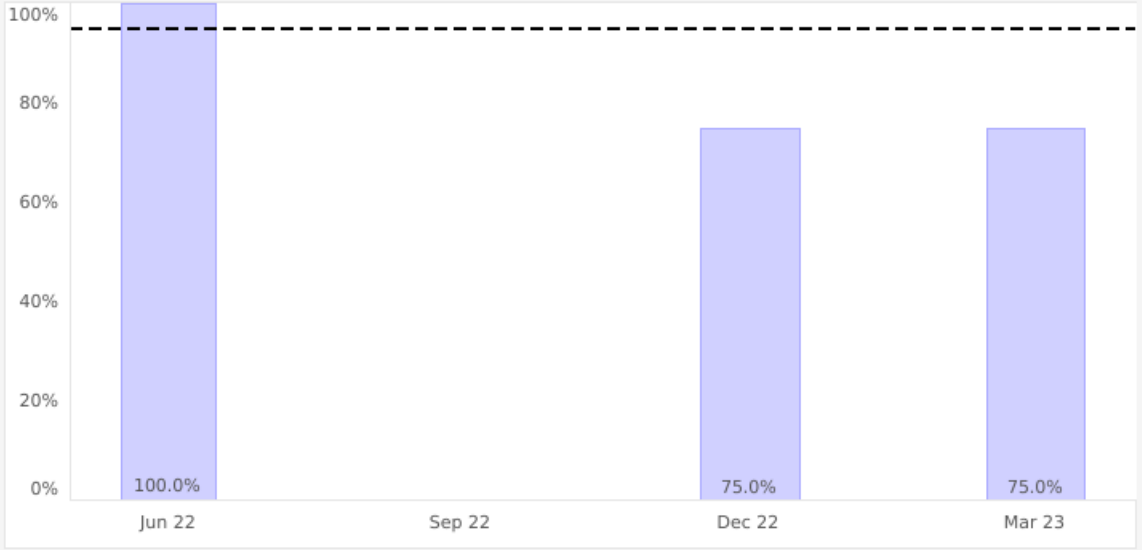
Bury

CYP Eating Disorders: Urgent - % within 1 week

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

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

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



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

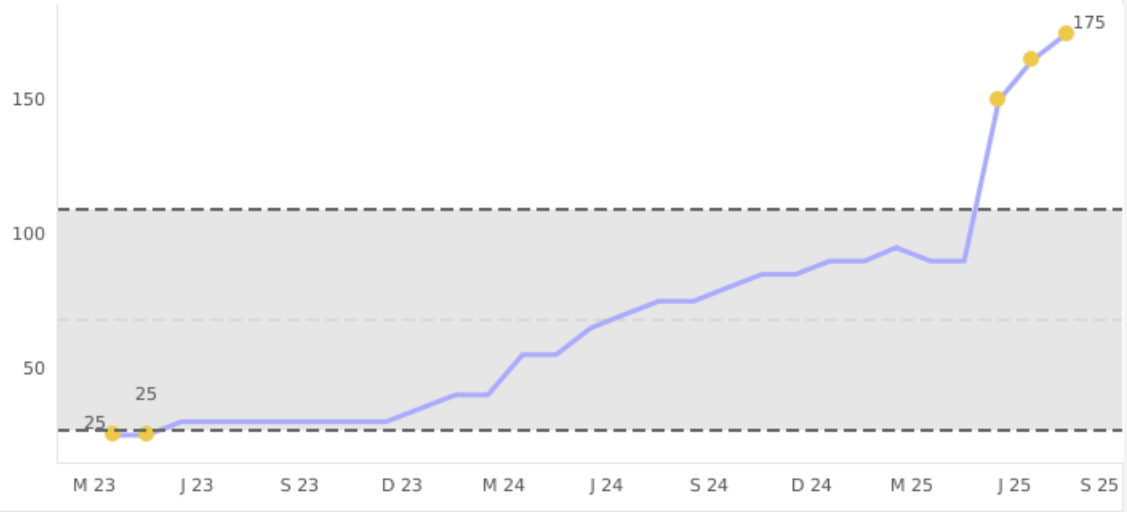
Access to Individual Placement and Support Services - Mental Health Patients

Access to Individual Placement and Support Services

Source: Published MHSDS (Monthly)

175	165	75/106	285.0
August 2025	July 2025	National Rank Inter Quartile	National Median

Outliers more than 1 standard deviation from the mean

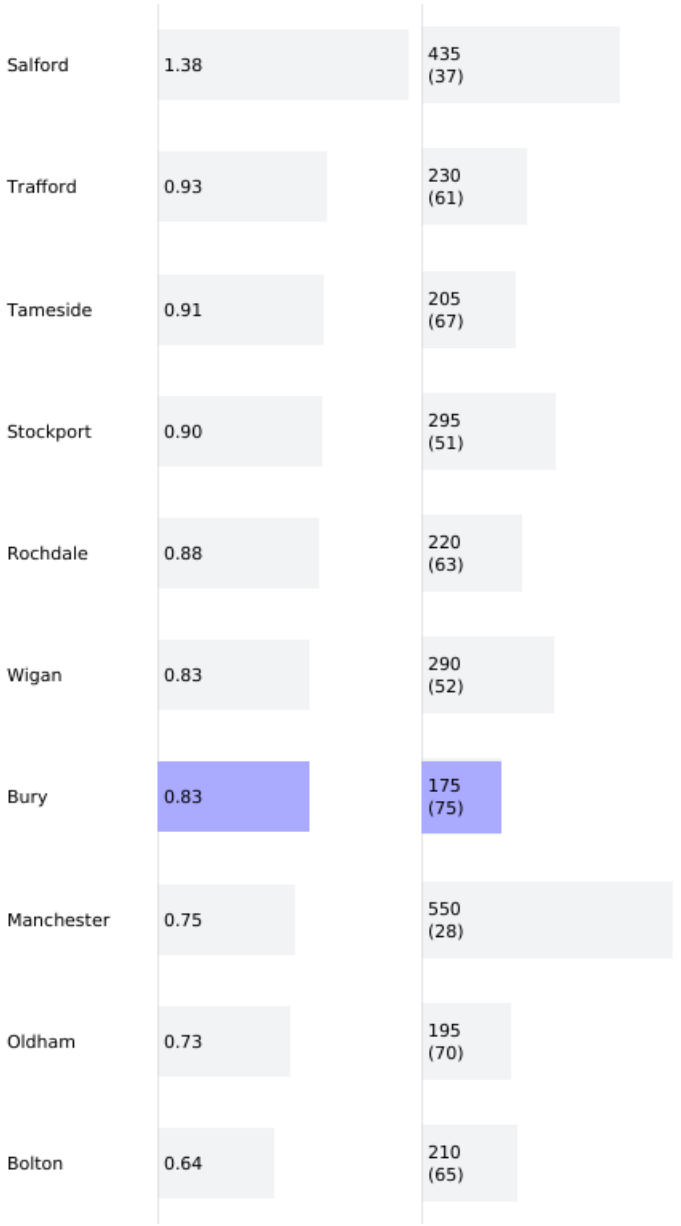


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24	25	25	30	30	30	30	30	30	30	35	40	40
2024-25	55	55	65	70	75	75	80	85	85	90	90	95
2025-26	90	90	150	165	175							

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

Latest Value GM Benchmarking

Rate Per 1000 | Count (National Rank)



Narrative

- The number of individuals accessing Individual Placement and Support (IPS) Services rose to 175 in August 2025, compared to 165 in July 2025 and 75 in August 2024.
- Bury presently records an access rate of 0.83 per 1,000 population, placing it 7th among the localities within Greater Manchester.

Bury

Percentage of CYP receiving Autism assessment within 18 weeks of referral

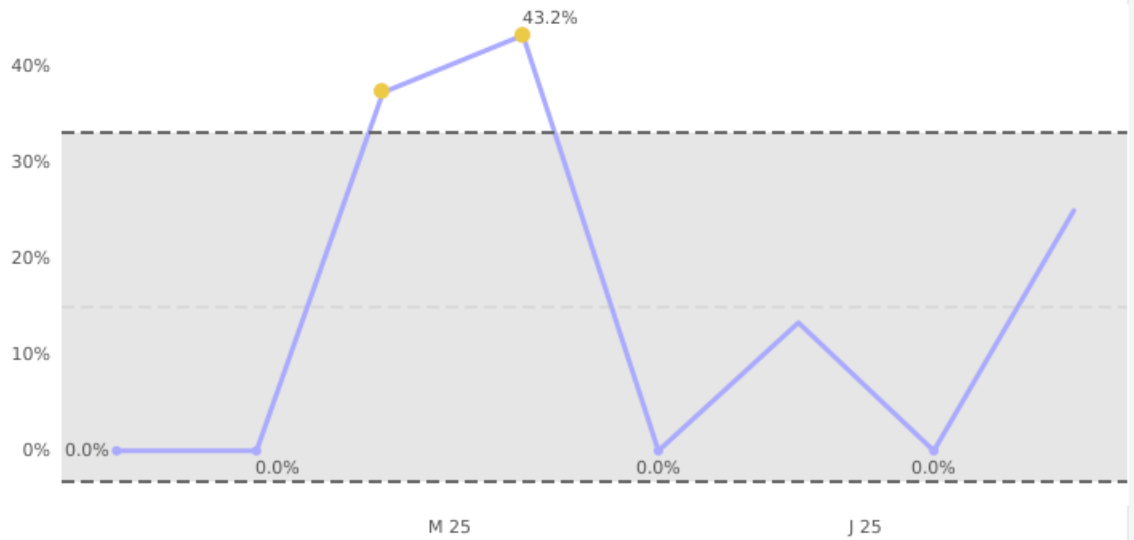
Percentage of CYP receiving Autism assessment within 18 weeks of referral

Source: Local Autism_ADHD Submission (Monthly)

25.0%
August 2025

0.0%
June 2025

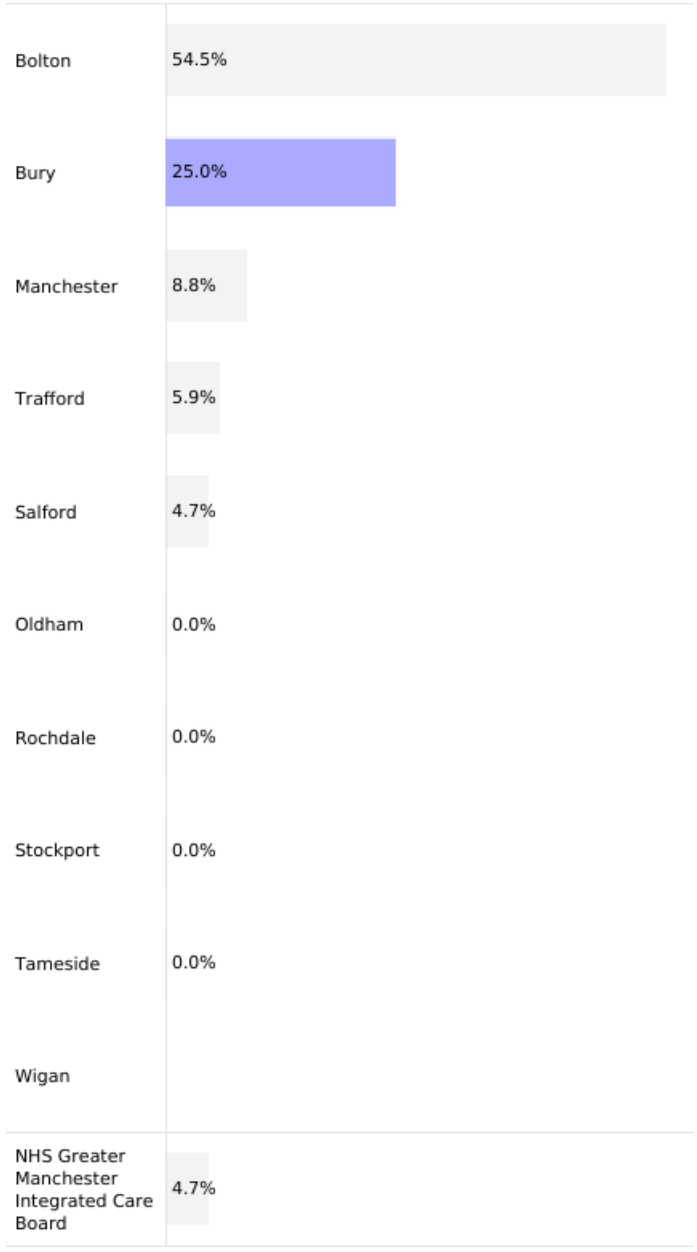
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	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%			

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

Latest Value GM Benchmarking



Narrative

- In August 2025, 25% of CYP received an autism assessment within 18 weeks of referral, up from 0% the previous month.
- Please note: Figures may be different to those reported locally due to differences in methodology between NHS England and local providers. A paper is being drafted to explore solutions.

Bury

Percentage of CYP receiving ADHD assessment within 18 weeks of referral

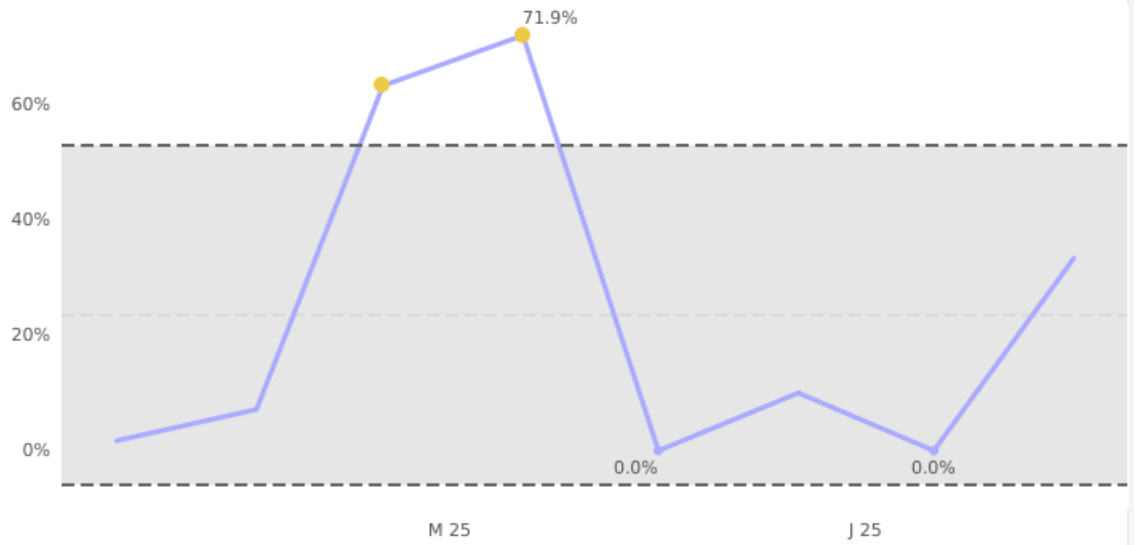
Percentage of CYP receiving ADHD assessment within 18 weeks of referral

Source: Local Autism_ADHD Submission (Monthly)

33.3%
August 2025

0.0%
June 2025

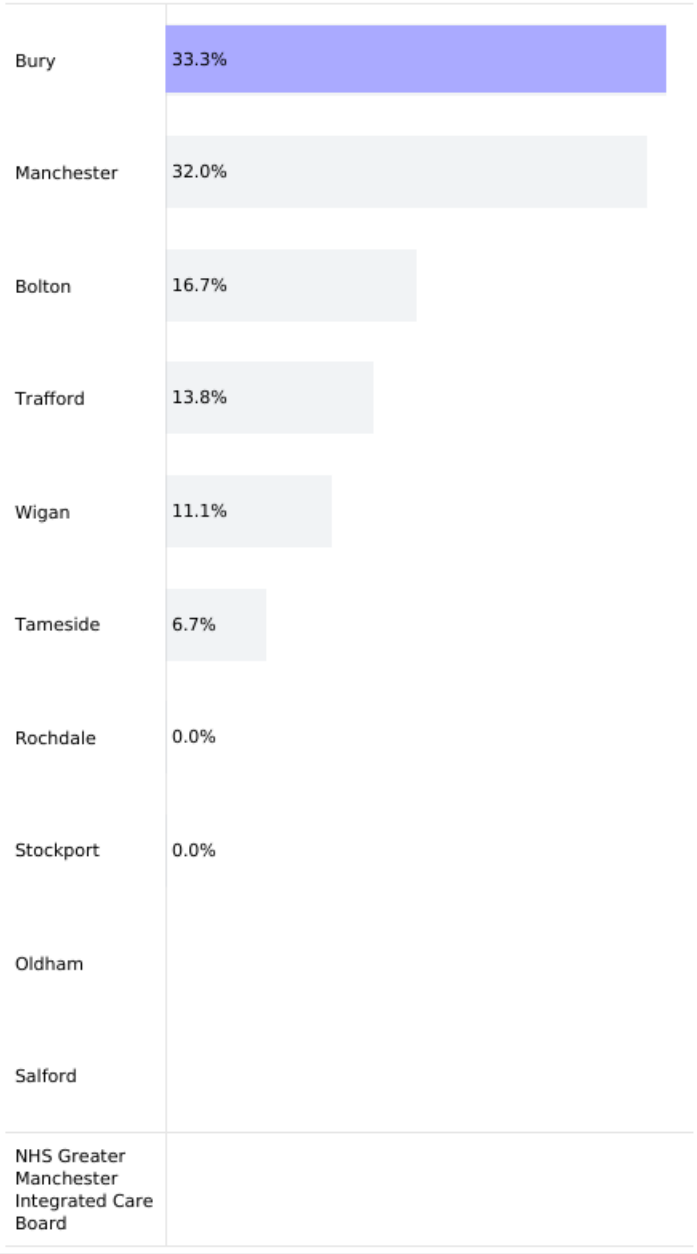
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Jan	Feb	Mar
2023-24								
2024-25						1.7%	7.1%	63.2%
2025-26	71.9%	0.0%	10.0%	0.0%	33.3%			

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

Latest Value GM Benchmarking



Narrative

- In August 2025, 33.3% of CYP receiving an ADHD assessment within 18 weeks of referral, up from 0% the previous month.
- Please note: Figures may be different to those reported locally due to differences in methodology between NHS England and local providers. A paper is being drafted to explore solutions.

Bury

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

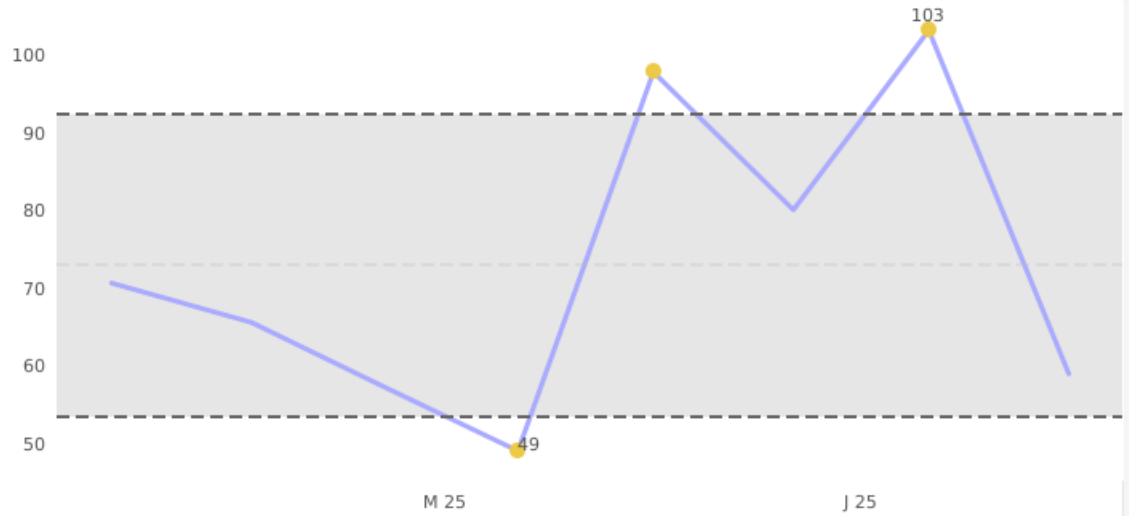
Autism average wait in weeks from referral to first assessment

Source: Local Autism_ADHD Submission (Monthly)

59
August 2025

103
June 2025

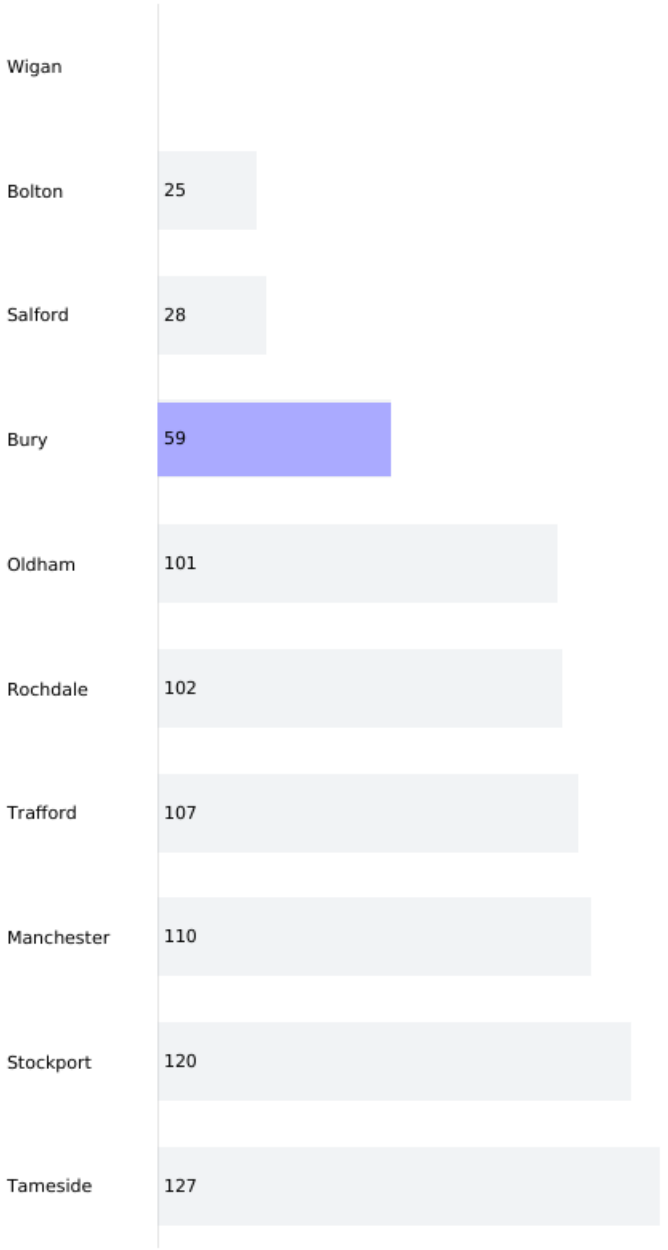
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Jan	Feb	Mar
2023-24								
2024-25						71	66	58
2025-26	49	98	80	103	59			

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

Latest Value GM Benchmarking



Narrative

- In August 2025, the average waiting time for autism assessments, measured from referral to first assessment, was 59 weeks. This represents a decrease compared to July 2025, when 103 patients were on the waiting list.
- Please note: Figures may be different to those reported locally due to differences in methodology between NHS England and local providers. A paper is being drafted to explore solutions.

Bury

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

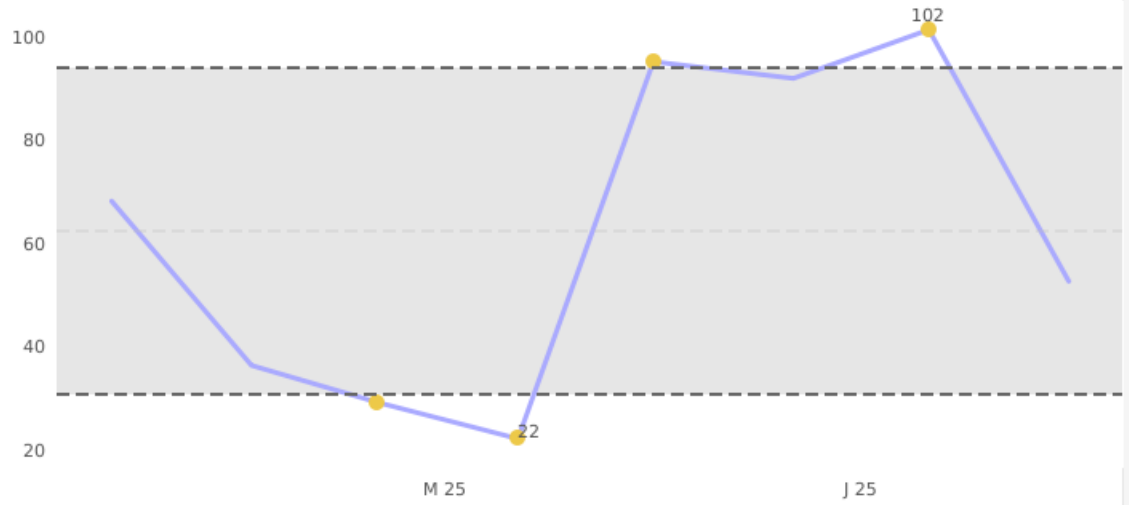
ADHD average wait in weeks from referral to first assessment

Source: Local Autism_ADHD Submission (Monthly)

53
August 2025

102
June 2025

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Jan	Feb	Mar
2023-24								
2024-25						68	37	29
2025-26	22	95	92	102	53			

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

Latest Value GM Benchmarking

Narrative

- In August 2025, the average waiting time for ADHD assessments, measured from referral to first assessment, was 53 weeks. This represents a decrease compared to July 2025, when 102 patients were on the waiting list.
- Please note: Figures may be different to those reported locally due to differences in methodology between NHS England and local providers. A paper is being drafted to explore solutions.

Bury

% of CHC referrals completed within 28 days

Percentage of referrals completed (including discounted referrals) within 28 Days

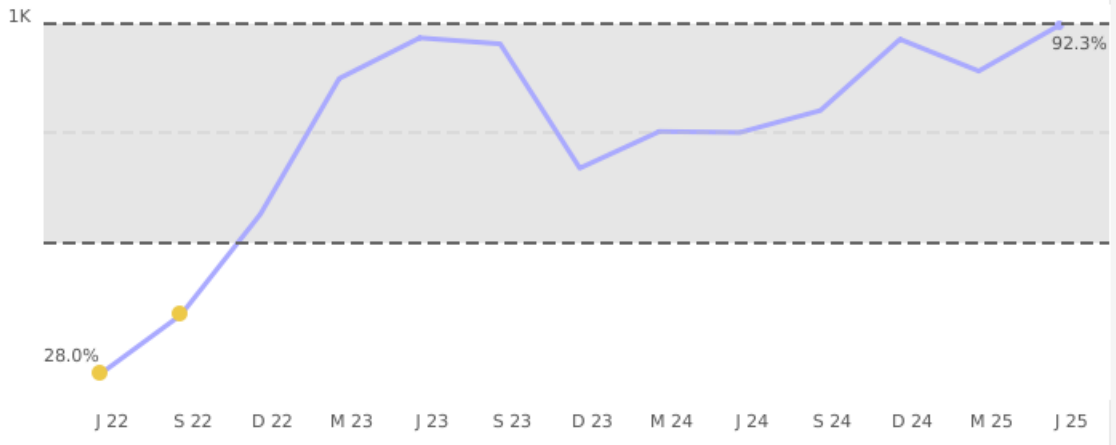
Source: Continuing Healthcare and NHS-funded Nursing Care quarterly published figures (Quarterly)

92.3%
June 2025

83.9%
March 2025

18/106
National Rank
Upper Quartile

Outliers more than 1 standard deviation from the mean

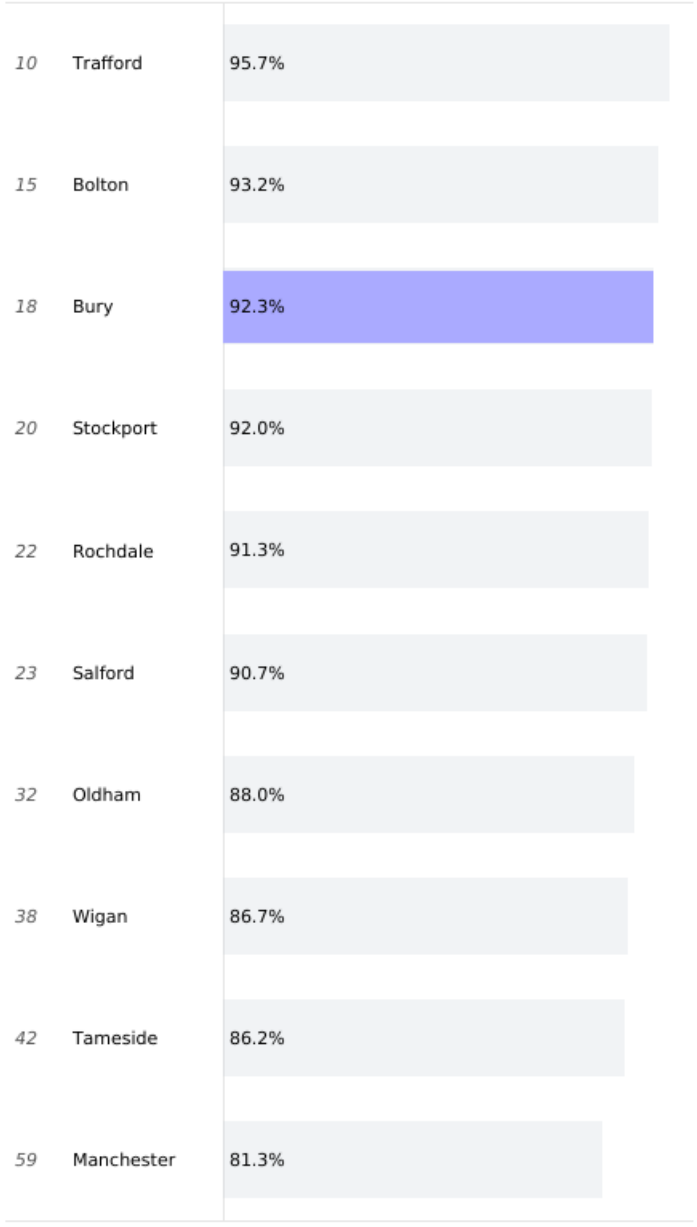


	Jun	Sep	Dec	Mar
2022-23	28.0%	38.9%	57.5%	82.5%
2023-24	90.0%	88.9%	66.0%	72.7%
2024-25	72.5%	76.6%	89.7%	83.9%
2025-26	92.3%			

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The % CHC referrals completed within 28 days for June 2025 is 92.3%, this is an increase from March 2025 when the figure shows 83.9%.
- Bury is currently ranked 3rd among the GM localities.

Bury

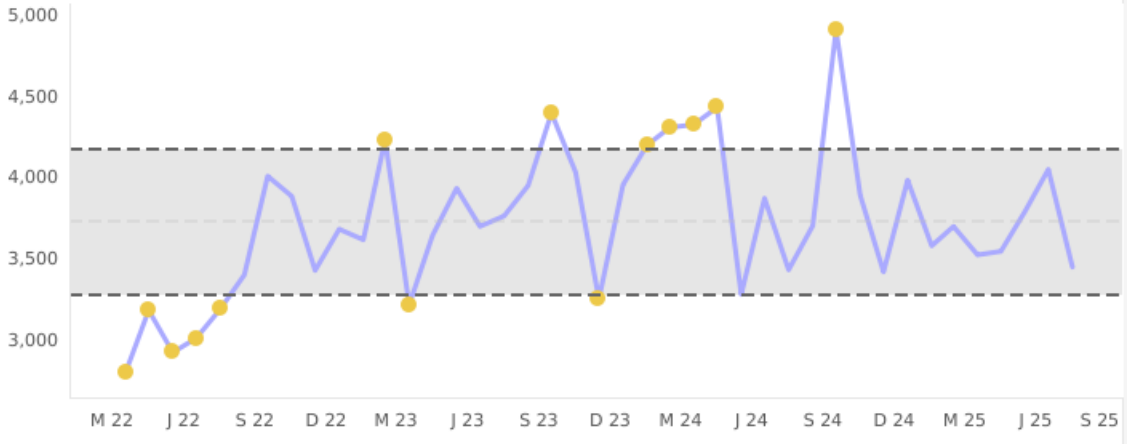
Number of GP appointments per 10,000 weighted patients

Number of general practice appointments per 10,000 weighted patients

Source: Appointments in General Practice (Monthly)

345.0	405.2	102/106	423.2
August 2025	July 2025	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	279.7	318.3	292.4	301.1	319.1	340.2	401.1	388.7	342.9	368.4	361.8	423.3
2023-24	321.7	364.5	393.6	370.1	376.5	395.2	439.9	403.5	325.1	395.8	420.2	431.0
2024-25	432.9	443.5	328.1	387.4	343.3	370.5	491.5	389.4	342.0	398.6	358.1	370.0
2025-26	352.5	354.7	379.3	405.2	345.0							

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

Latest Value GM Benchmarking

National Rank against other localities

Narrative

- In August 2025, the number of GP appointments per 10,000 weighted patients was 345.0, equating to a total of 73,434 appointments.
- This represents a decrease from July 2025, when the rate was 405.2 per 10,000 weighted patients, with 86,224 appointments recorded.

Bury

Number of prescriptions dispensed per 1000 patients

Number of prescriptions dispensed per 1000 patients

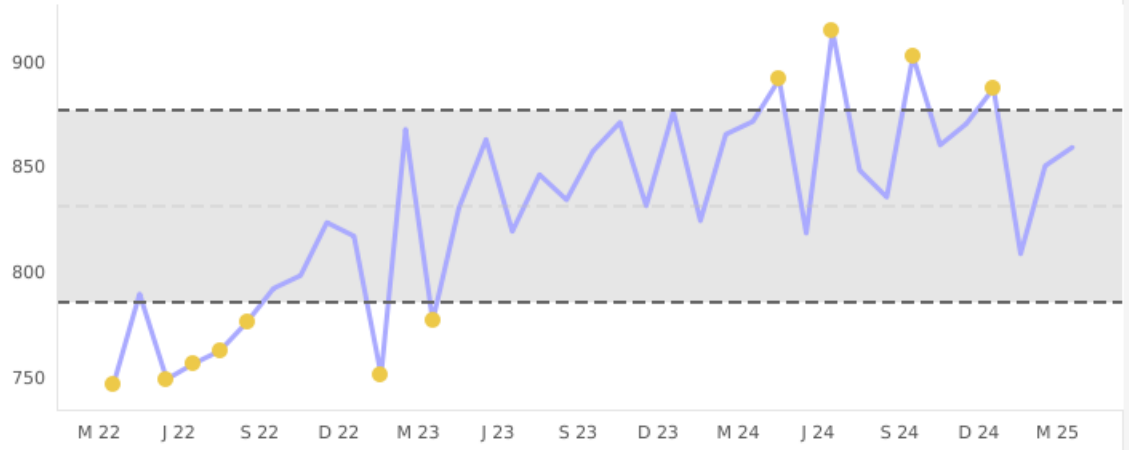
Source: Patient Level Prescribing Data (Monthly)

859.6
April 2025

850.8
March 2025

110/117
National Rank
Lower Quartile

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

Narrative

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

Bury

Percentage of Care Homes rated Good or Outstanding

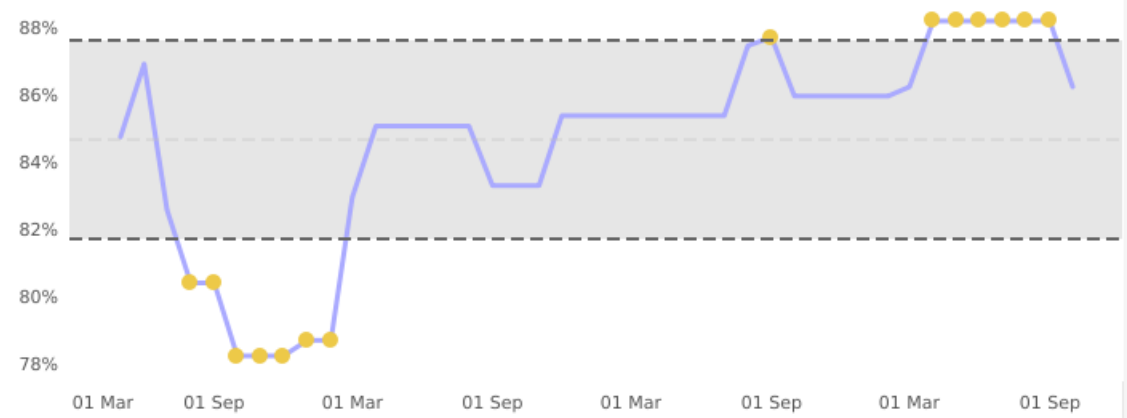
The % of Care Homes rated Good or Outstanding at the end of the period

Source: CQC (Monthly)

86.3%
Sep 25

88.2%
Aug 25

Outliers more than 1 standard deviation from the mean



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

Latest Value GM Benchmarking

Rank against other localities

1	Wigan	94.2%
2	Trafford	88.5%
3	Bury	86.3%
4	Oldham	85.0%
5	Bolton	83.6%
6	Manchester	82.4%
7	Salford	80.0%
8	Stockport	73.3%
9	Tameside	70.6%
10	Rochdale	69.8%

Narrative

- In Sept 2025, 86.3% of care homes received ratings of 'Good' or 'Outstanding', a decrease from the previous month, when figures show 88.2%
- Bury holds the position of third highest among the Greater Manchester areas for this indicator.

Bury

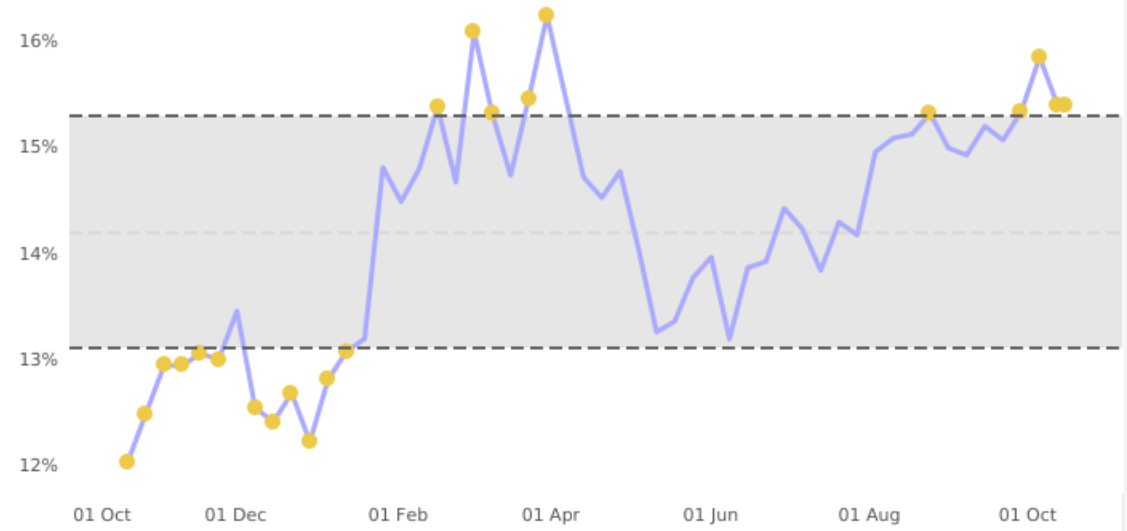
Care home beds vacancy rate
% of care home beds that are vacant

Source: NECS Capacity Tracker (Weekly)

15.4%
15 Oct

15.4%
11 Oct

Outliers more than 1 standard deviation from the mean



27 Jul	03 Aug	10 Aug	17 Aug	24 Aug	31 Aug	07 Sep	14 Sep	21 Sep	28 Sep	05 Oct	12 Oct	15 Oct
14.2%	15.0%	15.1%	15.1%	15.3%	15.0%	14.9%	15.2%	15.1%	15.3%	15.8%	15.4%	15.4%

Latest Value GM Benchmarking
Rank against other localities

1	Bury	15.4%
2	Trafford	12.3%
3	Rochdale	11.2%
4	Bolton	11.0%
5	Stockport	10.7%
6	Manchester	10.4%
7	Oldham	9.9%
8	Tameside	9.5%
9	Salford	8.5%
10	Wigan	8.2%
1	NHS Greater Manchester Integrated Care Board	10.6%

Narrative

- In the week commencing 15th October 25, 15.4% of care home beds were reported as unoccupied, consistent with the figure from the prior week.
- Bury presently records the highest care home vacancy rate within the Greater Manchester area, surpassing the Greater Manchester average of 10.6%.

Bury Integrated Care Partnership

Setting the strategy for Health and Care neighbourhood working for the next 18 months in the context of ‘Lets Do It’ : outputs from July workshops

Part of Greater Manchester Integrated Care Partnership

Introduction

This presentation aims to outline:

1. National, regional and local context relating neighbourhood working
2. Overview of where our neighbourhood working arrangements are currently at and how the system currently works
3. Next stage implementation plan that has been developed through workshops in July /August

4 Clear Locality Plan Priorities

BURY INTEGRATED CARE PARTNERSHIP

We work together across the Bury Integrated Care Partnership to :-	
1	Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas : **HWBB**
2	Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention: **Major Conditions Board**
3	Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care : **Neighbourhood Development and Delivery Group**
4	Optimise Care in institutional settings and prioritising the key characteristics of reform: **Programme Boards**

We deliver community health and care services in 5 neighbourhood teams

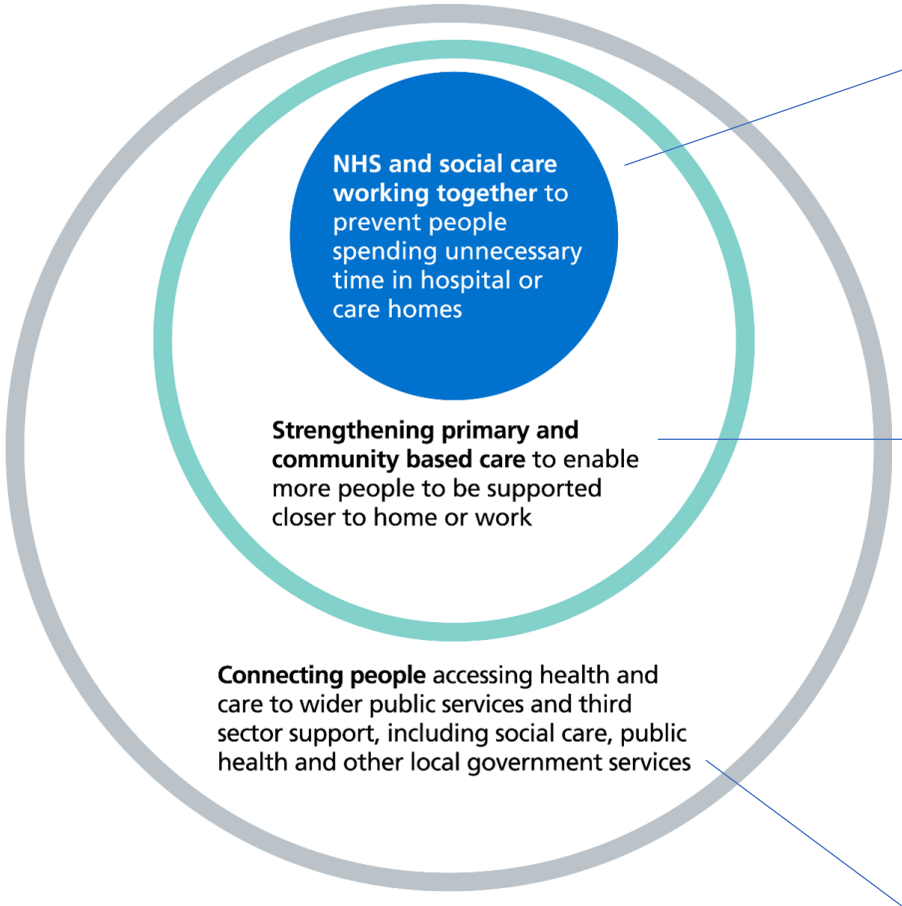
BURY INTEGRATED CARE PARTNERSHIP

AIM:
Achieve improved health and wellbeing and reducing inequality in access and outcome for people and communities through the development of an integrated model of health and care planning and delivery at a Neighbourhood level.

FEATURES:

- Application of a consistent operating model across the neighbourhoods but with flexibility to plan and deliver services in response to local need.
- Co-located teams working together addressing needs of the population (including active case management)
- Embedding the principles of personalisation, and assets / strengths-based working with people and communities.
- Focus on prevention and avoiding, reducing and delaying the need for higher and costlier types of intervention.
- Focus on providing care at home / in the community wherever possible.
- Further integration of health and care services at a Neighbourhood level
- Clear service pathways and ‘offers’ for people according to need [Thrive model].
- Improved use of data and information technology to understand need, deliver services and connect people and the workforce specific to neighbourhood needs
- Connection to wider Public Service Leadership Teams in neighbourhoods.

Our model of implementation



Active Case Management

Effective relationships between all partners in the neighbourhood

- Primary Care (Core and LCS delivery)
- Community Services
- Social Care
- Living Well
- VCSE partners
- Care Homes
- Community Pharmacy
- Urgent Crisis response
- Intermediate Care

Public Service Leadership Teams

Key considerations

- Lets Do It
- 10 year plan
- Live Well: Whitefield Exemplar
- Children's MDT implementation and connectivity to wider agenda
- ICB operating model (role of Place Partnerships) and GM neighbourhood model developments
- Clinical Leadership Model implementation at the NCA

10 year plan

BURY INTEGRATED CARE PARTNERSHIP

3 radical shifts

1. From hospital to community: the neighbourhood health service, designed around you.
2. From analogue to digital: power in your hands
3. From sickness to prevention: power to make the healthy choices

System changes to support implementation

1. A devolved and diverse NHS: a new operating model
2. A new transparency and quality of care
3. An NHS workforce, fit for the future
4. Powering transformation: innovation to drive healthcare reform
5. Productivity and a new financial foundation

10 year plan: Reflective of our ambition

BURY INTEGRATED CARE PARTNERSHIP

- Progress made on integrated neighbourhood working, connected to the reform of wider public services.
- Shift of services from hospital to community
- Strengthening primary care capacity
- Focus on addressing population health and health inequalities
- Utilisation of technology – as evidenced in our adoption as a GM pilot of dementia care planning records using the GM Care Record.

10 year plan : More to do

BURY INTEGRATED CARE PARTNERSHIP

- Shift of diagnostic capacity and outpatient provision out of hospital
- Extent to which neighbourhood health teams can be ‘turbo charged’ and in a way that addresses primary care estate capacity as a rate limiting factor
- Deployment of digital capability

Neighbourhood Integrated Health and Care Model: Our priorities

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

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

Priorities:

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

Proposed outcomes

BURY INTEGRATED CARE PARTNERSHIP

Outcomes

- Admission rates for over 65's
- Admission rates for falls for over 65's
- End of life admission rates within the last 90 days of life
- A&E attend rates per 1000 population
- Admission rates per 1000 population
- Care home admissions per 1000 population
- Remain in home after discharge from IMC
- Days Kept Away from home days
- Population Health, Mental Health, Community and Primary Care metrics – TBC

Process

- 2 hour response for UCR
- VW activity
- ACM cases discussed
- A&E 4 hours
- Community service waiting times – Mental Health and Physical health
- Population health and P/C metrics TBC

Important neighbourhood interconnectivity

- Neighbourhood JSNA's
- Prevention agenda : working with the VCSE and resident support hubs
- Live Well: Whitefield
- Pharmacy and primary care connectivity
- Major conditions programmes of work: cancer early diagnosis plan and CVD/diabetes interventions
- End of Life Care Planning and use of digital care record
- Closer working with secondary care: Integration of Frailty Consultants into the community
- High Intensity Service Users, ACM review and care home improvement project
- Contribution to community services review and District Nursing QI project
- Co-occurring conditions project
- Closer working with services for children

What's working well?

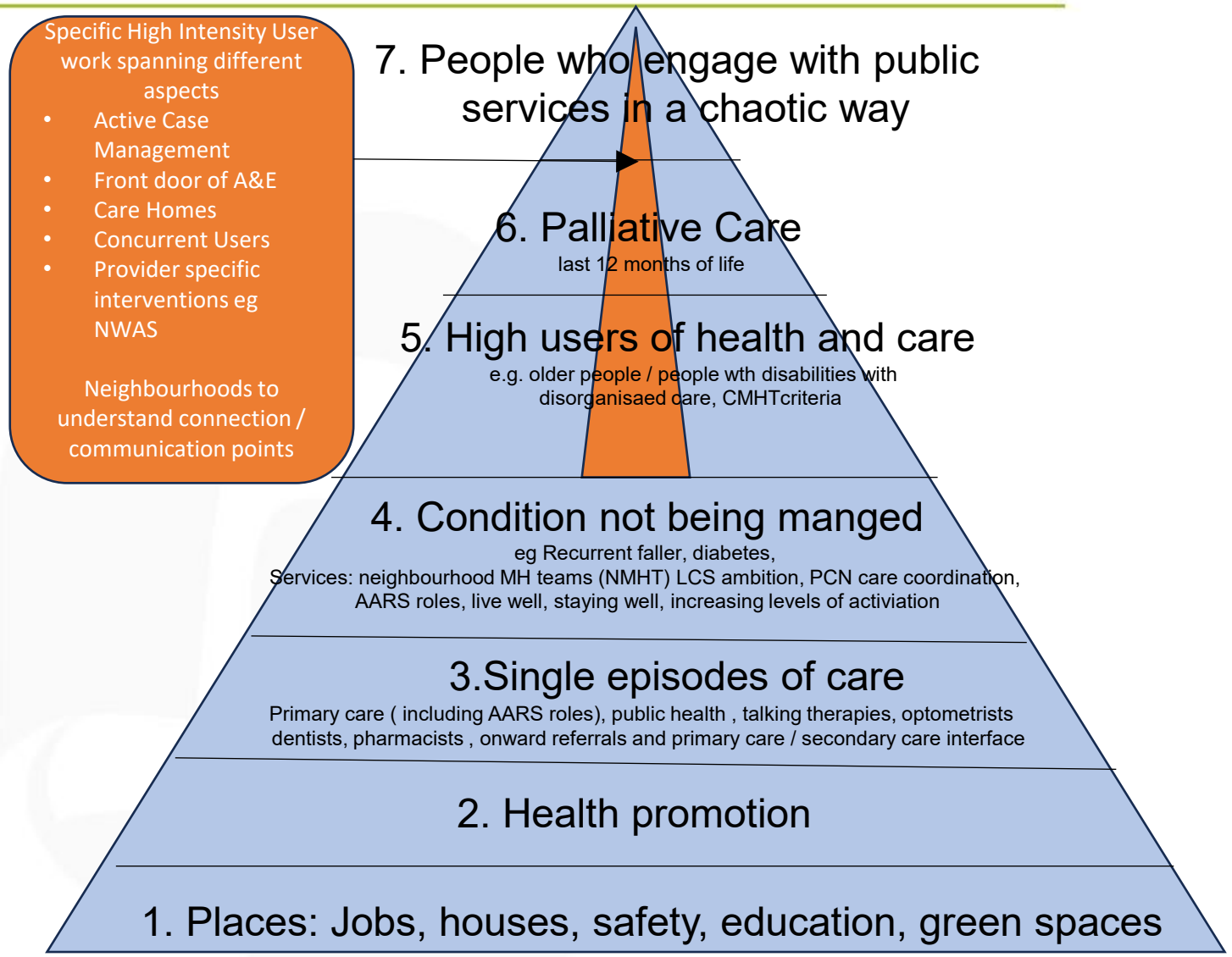
- Journey of neighbourhood development: LGA peer review,,perspective of other localities and other parts of our system – we have strong neighbourhood leadership and strong LA and NHS relationships
- Ownership and delivery of Locally Commissioned Service targets
- Volume of referrals into Active Case Management and the stability of the model to support high intensity users
- Good GP engagement and shared learning across neighbourhoods
- Operational delivery: numbers awaiting allocation reduced
- Closer relationships evolving : Specifically from Hospital into Community, with the wider Public Service Leadership Teams and with other localities
- Borough wide impact of interventions: some adhoc neighbourhood level impact measurement
- Prevention principles agreed and being implemented
- Focus on specific cohorts – ACM in North, Whitefield and Prestwich having a focus on older people, and East and West focusing on those in contact with multiple public services
- Recognition at GM level of work that Bury have participated in (Digital Dementia Wellbeing Plans, SafeSteps Falls Prevention

What could we do even better?

BURY INTEGRATED CARE PARTNERSHIP

- Care coordination: Ongoing care
- Knowing the people each team are interacting with on a daily basis outside of ACM : using opportunities to make every contact count?
- Stratification of people for ACM and review of current cohorts. As we are focused on reducing spend in high cost areas due to capacity, we are missing opportunities for managing other groups of patients in a preventative way which would contribute to improving Health Life Expectancy
- Outcome data at neighbourhood level on a regular basis
- Connectivity between neighbourhoods and PCN's, and associated variability of service provision
- Connectivity of neighbourhood prevention offers
- Supporting communication and engagement within neighbourhoods to increase engagement with neighbourhood working and strengthing the neighbourhood team ethos
- More time with INT leads and GP Neighbourhood Leads and PCN's to support closer working
- Development of and connectivity to the children's agenda
- Promoting and sharing our successes

Our services and interventions



	INT leadership role in segments
7	Engagement in Public Service Leadership Team / ACM / high intensity user / concurrent user offers
6.	LCS indicator for 3 neighbourhoods for Palliative Care
5.	• Reducing duplication of contacts across professional caseloads • Care co-ordination with key workers identified – preventing risk rising in the top tier / disorganised care in top tier • Ensuring appropriate patients are referred are referred into HIU processes • Broadening participation into HIU processes e.g. Consultant Geriatricians, Care Homes, Community Pharmacy
4.	• How are the teams working together within the neighbourhoods? • How can we increase levels of activation in the population?
3.	Awareness of offers
2.	• Knowing the population data and population health challenges • Contributions to events/ communications
1.	Connection into PSLT to address broader socioeconomic / environmental issues

Next steps: Development

- Ensuring our Locality Plan encompasses the ask of the neighbourhood development plan at GM level (likely Jan 26)

- How we need to lead and work together to ensure that everybody feels part of the neighbourhood team?(Levels of Practice, Health and Care Neighbourhood Teams and PSLT)

- How we describe our ambition for neighbourhood working across all of our partners?

- Confirming the outcomes we would like to achieve

- Developing the individual neighbourhood Plans on a Page

Risks

- Clinical and professional capacity to support neighbourhood transformation, the ambition of our plans, and the development of neighbourhood workforce plans
- Digital capability to support risk stratification and sharing of data
- ICB & NCA Changes: Capacity and leadership changes
- Neighbourhood Working: Impact from LCS changes
- Capacity to support communications and engagement

Governance

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

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

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

Neighbourhood and FGH plan

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

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

***Quarterly neighbourhood delivery collaborative workshops to be held to bring together teams working on delivery of Different components - first meeting held on the 29th September**

Method of delivery

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

***Quarterly neighbourhood delivery collaborative workshops to be held to bring together teams working on delivery of Different components - first meeting held on the 29th September**

Neighbourhood Implementation Plan

THEME	REF	WORKSTREAM / PRIORITY
STRATEGIC PLANNING	1.1	Refresh of target operating model incorporating links with PSLTs
	1.2	Development of PCN / Neighbourhood partnership agreement
PROACTIVE CARE	2.1	Deliver LCS Neighbourhood priorities
	2.2	EPaCCS implementation
	2.3	Design & implementation of children's MDTs
LIVE WELL	3.1	Prevention mapping' workshops - define prevention / coping & thriving offer in each Neighbourhood
	3.2	Design & implementation of Whitefield Live Well Hub

THEME	REF	WORKSTREAM / PRIORITY
OPTIMISING CARE	4.1	ACM review
	4.2	ACM SOP refresh inc definition of key work / co-ordinator arrangements
	4.3	Neighbourhood quality self assessment
	4.4	Implement patient experience reporting in System One
	4.5	Alignment of ACM with Neighbourhood MH Teams
	4.6	Meds optimisation - implementation of patient led ordering
	4.7	HISU pathway development with FGH
	4.8	Prestwich - HISU pathway development with NMGH
	4.9	Improving awareness and responses to hoarding - QI Pilot
	4.10	Define approach to risk stratification
	4.11	Develop approach to ACM impact evaluation
	4.12	Reducing duplication within INTs
WORKFORCE DEVELOPMENT	5.1	Leadership development programme for GP Leaders [PCN, INT, Clinical Leads]
	5.2	OD sessions with INT and GP Leads

THEME	REF	WORKSTREAM / PRIORITY
NCA	5.1	Assessment of service quality - Service Accreditation System [SAS]. [People, Leadership and Culture.
	5.2	Assessment of quality of nursing services - Community Assessment and Accreditation System [CAAS]
	5.3	Review strategic role of INT Lead within District Nursing.
BURY COUNCIL	6.1	Develop & implement business continuity plans
	6.2	Standardise practice - Legal and High Risk Tracker / Complex Risk
	6.3	Embedding Strength Based Approaches - standardistion and embedding practice.
	6.4	Support plan authorisation process - standardistion and embedding practice.
	6.5	Clearly define and embed leadership roles.
	6.6	Finance - CHURN - improve grip and control on community care packages.
	6.7	Duty Function review - standardisation of the duty function across the 5 sectors.

Role of Neighbourhood Development and Delivery Group: Neighbourhood MDT focus

BURY INTEGRATED CARE PARTNERSHIP

Core purpose

The Neighbourhood Development & Delivery Group provides a forum for strategic and operational oversight of health and care planning and delivery across the Neighbourhoods in Bury. The group will support the vision to improve the health and wellbeing of our population and reducing health inequalities through the delivery of integrated services providing more co-ordinated care in response to local needs.

Scope

Strategic and operational oversight of health and care provision across the Neighbourhoods in Bury with specific reference to the:

1. Development and operation of Integrated Neighbourhood Teams [INTs].
2. Development and delivery of Active Case Management [ACM].
3. Development and delivery of the Neighbourhood plans.
4. Design and implementation of the wider Neighbourhood health and care model.

Core Membership

- Neighbourhood GP Leads
- Neighbourhood Team Leads
- Locality Primary Care Team representative
- PCN managers / representatives
- Senior Manager [Northern Care Alliance] with responsibility for INTs
- Senior Manager [Bury Council] with responsibility for Adult Social Care
- Programme / project lead from the Integrated Delivery Collaborative [IDC] Team

Meeting:			
Meeting Date	03 November 2025	**Action**	Receive
Item No.	12.1	**Confidential**	No
Title	Mental Health Update		
Presented By	Will Blandamer, Kez Highet		
Author	Kez Highet, Ian Trafford, Jannine Robinson		
Clinical Lead			

Executive Summary

This paper provides an overview of progress within the **Bury Mental Health Programme**, supported by the attached presentation which outlines key strategic developments, achievements, and future priorities across the local and Greater Manchester (GM) ICB context.

The update reflects ongoing alignment between the **GM ICB Mental Health Strategy** and the **Bury All-Age Mental Health and Wellbeing Strategy**, ensuring local transformation remains consistent with GM and National priorities around prevention, early intervention, access, and integrated community-based support.

Key areas covered in the presentation include:

1. **Strategic Context:**
   A summary of the existing GM ICB and Bury Mental Health strategies, highlighting shared priorities and the integration of Bury's local delivery within the broader GM Mental Health and Wellbeing Framework.
2. **Developments and Achievements:**
   Progress made against current programme priorities, including service improvements, and key partnership initiatives aimed at improving outcomes and experience for Bury residents.
3. **Neighbourhood Mental Health Offer:**
   An update on the Bury Mental health Neighbourhood model, including achievements in multi-disciplinary working, community engagement, and co-production, as well as key challenges identified through local evaluation and feedback.
4. **Community Mental Health Transformation:**
   Details of the redesign work underway within the **Bury PCFT Community Mental Health Team (CMHT)** model, focusing on improving access, integration across services, and alignment with the GM Mental Health Community Transformation Programme.
5. **Performance Overview:**
   A summary of key performance indicators (KPIs) demonstrating achievements, trends, and areas requiring focused improvement.
6. **GM Commissioning Intentions 2026/27:**

A high-level draft of emerging **GM Mental Health Commissioning Intentions** for 2026/27, outlining proposed areas of investment, service redesign, and system priorities. These intentions will inform Bury's locality planning and investment proposals for the next financial year.

7. **Strategy Refresh:**
   An update on the planned **refresh of the Bury All-Age Mental Health and Wellbeing Strategy**, ensuring continued alignment with national, GM, and local priorities, and building on learning from the current transformation programme.

Next Steps:
The Bury Mental Health Programme continues to build on strong local partnerships and co-production with people with lived experience, ensuring that future developments are informed by community need and sustainable within available resources. The refreshed strategy and transformation work will underpin delivery of high-quality, accessible, and person-centred mental health care for the people of Bury.

Recommendations

- Note the progress to date across the Bury Mental Health Programme.
- Endorse the ongoing work to refresh the **Bury All-Age Mental Health and Wellbeing Strategy**.
- Support continued alignment with the **GM Mental Health Transformation and Commissioning Intentions for 2026/27**.

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

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

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

Implications						
Are the risks already included on the Locality Risk Register?	Yes	☐	No	☐	N/A	☒
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	☐	No	☐	N/A	☒
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If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐

Kez Highet – Mental Health Commissioning Programme Lead
Ian Trafford - Head of Programmes
Ian.Trafford2@nca.co.uk
kez.hayat@nhs.net
November 2025

Mental Health Programme Update

Bury Locality Board – November 2025

GM Mental Health Strategy

Vision: **A mentally healthy city region where every child, adult and place matter**

The current Bury Mental Health Strategy (2021-2025) is modelled on the Thriving in Bury framework

Key developments

Commissioning of 3 new supported housing schemes for people with mental health problems totalling 33 places.

The first phase of the Living Well Service [Neighbourhood MH Teams] has been successfully mobilised as a partnership between, PCFT, BIG and the Creative Living Centre.

Considerable progress in eliminating out of area placements.

Considerable progress in reducing delayed discharge from acute wards.

BIG Peer Led Crisis Service fully operational in new premises offering both open access drop-ins and 1:1 appointments.

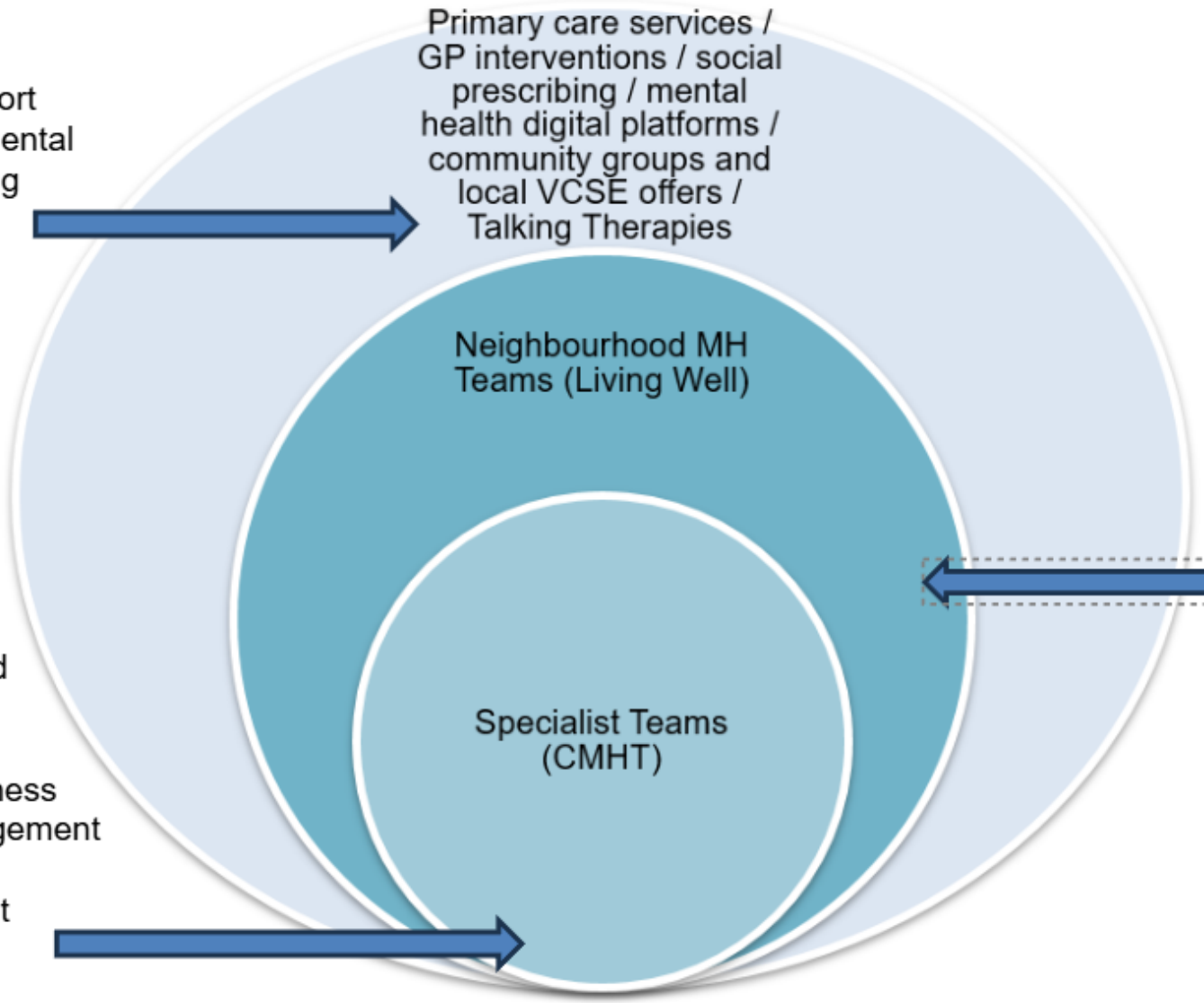
Mobilisation of 24/7 adult Home Treatment Team and Older People's Home Treatment team by PCFT.

Commissioning of an adult ADHD / ASD provider.

PCFT successful in the bid for transformation funding for the crisis resolution team establishment in Bury

Neighbourhood MH Offer

- Universal MH support
- Low to moderate mental health and wellbeing support



- Complex MH needs requiring an MDT approach
- Historical trauma
- Severe mental illness
- Brief (12w) interventions
- Social prescribing and community navigation
- Psychosocial support

- High levels of risk and complexity
- Substantial disability because of mental illness
- Intensive case management
- Crisis planning
- Community Treatment Orders
- Assertive outreach

Neighbourhood MH Teams achievements: Our journey so far...

- SPoA for referrers – simplifying pathways.
- Integrated working across PCFT and VCSE teams.
- Daily huddles across all neighbourhoods, ensuring timely response to referrals and MDT working.
- Older age adults offer in NMHT's preventing the need for assessment in specialist OA services.
- We have initial conversations rather than clinical assessments, involving people in their care.
- We have transferred our CMHT Assessment Team into Living Well to improve the patient journey and experience.
- We have a step up / step down pathway to ensure seamless transition between services.
- working towards all services utilising internal referrals on PARIS (already in place for NMHT's and specialist end).
- We have structured, consultant-led case discussions with PCN practitioners, focusing on improving the quality of assessment, formulation, and management plans. Emphasis on shared decision-making and learning to enhance practitioner confidence and capability.
- We hold dedicated consultant-led clinics for new patients, providing early access to psychiatric assessment and intervention.
- Daily consultant access for advice and guidance to GPs has strengthened our integration with primary care.
- Work is underway to ensure alignment with INTs and Active Case Management.

BUT…

Demand is very high placing considerable pressure on the Neighbourhood Mental Health Teams including the VCSE link and peer support workers.

PCFT have completed a gap analysis and are developing a business case in the event that additional investment is available in future – this needs to be broadened to incorporate the additional investment requirements across the VCSE and ASC teams.

Community Mental Health Transformation

- Greater Manchester Mental Health Transformation Programme.
- June 2025 new model in Bury Community Mental Health Team (CMHT).
- Joint step up and down approach to referrals through the Neighbourhood Mental Health collaboration with the VCFE.
- Social Workers primary role to deliver Care Act (2014) duties.
- Investment in the AMHP Service. The aim being to strengthen early intervention and prevention for those in mental health crisis.
- Engagement with people we support, supported by Gaddum.

Next Steps:

- Continue to review and embed the new model of practice in CMHT.
- Days Away From Home Pilot.
- Embed progression model and Strength Based Practice.
- Review intermediate care pathways.

BURY VOLUNTARY, COMMUNITY & FAITH ALLIANCE

NHS Pennine Care NHS Foundation Trust

Greater Manchester Integrated Care Partnership

Gaddum

Bury Council

Mental Health Acute & Crisis Transformation

NHS111

There is a national implementation plan for NHS 111 Mental Health Option to improve patient and carer experience and reduce the number of people requiring MH crisis services. NHS 111 MH Option will provide triage of all crisis and urgent mental health requests and will ensure that patients, service users, carers and referrers receive and efficient and timely response when accessing mental health services or if they need advice, support and/or signposting.

MHUT

A GM wide, centralised and multi-agency Mental Health Urgent Triage (MHUT) Service. Mental health practitioners from GMMH and PCFT will be based in the NWAS Emergency Operations Centre. To support people calling the ambulance service in a self-defined MH crisis (no crime or threat to life) through a MH specialist 'hear and treat' model, effectively triaging and diverting people into appropriate support and avoiding inappropriate use of urgent and emergency response services, improving patient safety, outcomes and experience delivered through a timely and appropriate response.

CRHT

PCFT currently deliver a 24/7 alternative to hospital and crisis intervention pathway , In the NHS Long Term plan, it was outlined that MH providers should have 24/7 crisis resolution home treatment teams, that can provide a crisis assessment within 4 hours in the community. Crisis resolution will be an extension of the current Home treatment teams – PCFT are currently working in partnership with GM ICB to expand the crisis offer to meet the ambitions as set out in the NHS long term plan.

Performance Update

Most of the performance & quality KPI's continue to perform well and achieve against the set targets, and particularly those relating to Talking Therapies recovery and improvement rates, Early Intervention in Psychosis access, A&E waiting times, CRFD & LoS on impatient wards and readmission rates. However, the following KPI's require some improvement focus:

- **Talking Therapies Access Rate**: the latest published data [July 2025] indicates an access rate of 1.6 per 1,000 population, which ranks as the 8th lowest among the Greater Manchester (GM) localities.

- **Talking Therapies 6 Weeks Waits**: Bury's performance (Sept 2025, 59.65%) falls below both the Greater Manchester (GM) average of (76.3%) and the national target of 75%. This performance is subject to a deep dive following the ICB locality assurance meeting with Bury in September 2025.

- **72hr Follow-Up following discharge**: Bury has failed to achieve the national target of >80% for the last 3 consecutive months (Qtr 2 July-Sept) with the latest performance (Sept 2025) at 78.31%.

- **Health checks for people with a Serious Mental Illness –** while some GP practices perform demonstrate very high uptake there is considerable unwarranted variation and overall the last available data suggests the overall uptake for the Borough is the lowest in GM.

GM Mental Health Draft Commissioning Intentions 2026/27

1. To Develop Existing MH Services and Care Pathways so that everyone with a mental health need gets access to rapid, high-quality support	2. To implement New and Enhanced Priority Models of Mental Health Care and Support so that everyone with a mental health need gets access to rapid, high-quality support
Enhance and expand Specialist Perinatal Mental Health and Parent-Infant support services	Crisis Assessment Centres as A&E alternative for people in mental health crisis
Mental Health Adults Community Service Transformation	24/7 Neighbourhood Services
Mental Health Inpatient Transformation (all age)	CYP Mental Health Services
Mental Health Children's Community Service Transformation	Psychological Therapies expansion
Mental Health School Support Teams Expansion and Enhancement	Mobilise GM-wide Integrated S117 & Individual Packages of Care (IPC) Panels to review, support and implement GM wide policies & processes.

Note: The GM Commissioning intentions are currently in draft with some areas will be subject to identifying additional investment.

Bury All-Age Mental Health and Wellbeing Strategy Refresh 2026–2030

The current Bury All-Age Mental Health and Wellbeing Strategy (2021–2025) is approaching the end of its cycle.

Since its development, there have been significant changes in local needs, service delivery models, and national priorities for mental health.

Through strong alignment with local, regional, and national priorities, and by embedding the voices of those with lived experience, the strategy will provide a clear, actionable framework to deliver meaningful, measurable improvements in mental health and wellbeing across Bury and presents an opportunity to reaffirm Bury's commitment to improving mental health outcomes for all residents.

The refreshed strategy (2026–2030) will:

Reflect the evolving needs of Bury's population across the life course.

Integrate new intelligence from the Mental Health Market Position Statement (MPS) and other data sources.

Strengthen the role of prevention, early intervention, and community-based support.

Ensure service user and carer voice drives the priorities and outcomes.

Embed system collaboration and integration with wider wellbeing strategies.

Meeting: Bury Locality Board			
Meeting Date	03 November 2025	**Action**	Receive
Item No.	AI 12.2	**Confidential**	No
Title	Adult autism assessment and ADHD assessment and treatment re-commissioning		
Presented By	Will Blandammer		
Author	Ian Trafford		
Clinical Lead	Dr Cathy Fines		

Executive Summary

The paper sets out the proposed commissioning intentions for adult ASD assessment and ADHD assessment and treatment recommissioning for 2026.27.

Recommendations

The Bury Locality Board is asked to:

1. Approve the recommissioning of Optimise Healthcare via a direct contract award (under under the Provider Selection Regieme regulations) to provide adult ASD assessment and ADHD assessment and treatment for 2026.27.
2. Permit commissioners to undertake a cost benefit analysis to assess whether an increasing the assessment capacity commissioned would provide value for money.

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

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

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Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
If yes, please give details below:						
Recommssioning Optimise would will have a cost of c £364,949 to the Bury NHS budget based on the current year contract value and indicative split across Bury, Oldham and HMR.						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
The proposal is to recommssion Optimise Healthcare based on the existing service specification with no substantive changes to the services commissioned.						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☐
There are risks associated with not re-commissioning the service which include: 1. Disruption to treatment for those patients prescribed ADHD medication under shared care arrangements with Optimse and their GP. 2. Disruption to the managed transfer of care of young people prescribed ADHD medication under CAMHS to an adult specialist provider. 3. Lack of ability to provide a clear pathway of care for those patients assessed as needing to be prioritised for an ADHD or autism assessment.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
Locality Board	08/04/2024	Approval of the following recommendations: a. That there is formal escalation of the risks associated with the lack of having a commissioned provider of adult ADHD and autism assessment to the NHS GM Integrated Care Executive Committee. b. That the Bury Locality Board support the development of commissioning options alongside the other NES localities with the priority being to commission a solution for those patients who were originally referred to LANCuk but never seen. c. That there is formal representation from the

		Bury Locality Board to the NHS GM Integrated Care Partnership with the aim of commissioning suitable provision for adult ADHD assessment and treatment and autism assessment at the earliest opportunity.
Locality Board	03/06/2024	Approval of the following recommendations: a. The commissioning of a provider of adult ADHD and autism assessments and follow up treatment (for ADHD) and support. b. That Bury commissions this jointly with Oldham and HMR.
Locality Board	21/07/2025	Ratification of commissioning and contract intentions for 2025.26 including the recommissioning of Optimise Healthcare

Adult autism assessment and ADHD assessment and treatment re-commissioning

1. Introduction

1.1. The paper sets out the background in relation to the provision of services in Bury and the rationale for recommissioning the existing provider.

2. Background

2.1. LANCuk ceased to be the commissioned provider for the North East Sector (NES) - Bury, Oldham and Heywood Middleton & Rochdale localities - in Feb 2023 after they had their CQC registration withdrawn.

2.2. Optimise Healthcare were commissioned (up to March 2024) as part of a rapid procurement process to pick up the following cohorts of patients transferred from LANCuk:

- Patients currently in titration
- Patients recently diagnosed and awaiting prescription
- Patients under shared care

This was because these patients were deemed to be in the greatest need of continuity of care Optimise were not commissioned to provide new adult ADHD or autism assessments.

2.3. Subsequently, for 2024.25 Optimise were recommissioned to maintain shared care arrangements for those on ADHD medication including young people transferred from CAMHS.

2.4. For the current financial year approval was given to make a further contract award to Optimise under the urgent award arrangements within the Provider Selection Regime regulations. This again enabled continuity of care for those prescribed medication for ADHD as well as the transfer of care pathway from CAMHS for young people on ADHD medication. In addition a limited number of ADHD and ASD assessments have been commissioned to support a clear pathway of care for those patients deemed to require an urgent assessment and / or those in priority need. Bury, Oldham and HMR commissioners have agreed arrragements for identifying patients for referral to Optimise based on need (e.g. need identified following an assessment by secondary care mental health services or patients on the adult Dynamic Support Register identified as needing an assessment). In addition commissioners have been working with Optimise to work through to the list of patients who were part way through an assessment process with LANC UK when that provider was decommissioned.

3. Commissioning proposals for 2026.27

3.1 The proposal to recommission Optimise is largely driven by the ongoing need to ensure continuity of care for people with an existing ADHD diagnosis who are prescribed medication either directly by Optimise or under shared care arrangements with the patient's own GP or for those young people diagnosed and treated under CAMHS who require transfer of care to an adult provider. The proposal is again to commission a limited number of ADHD and autism assessments to enable a clear pathway of care for those patients deemed to require an urgent assessment and / or those in priority need.

3.2 It is intended that that by recommissioning Optimise we can maintain these arrangements albeit that the service model may need to adapt to take account of potential changes to the ADHD assessment pathway in Greater Manchester (section 3.6) and the implementation of a standardised service specifications for adult ADHD and ASD services (Section 4.2).

3.3 Optimise Healthcare provides monthly activity and KPI monitoring reports and quarterly contract reports including quality reports. The Provider has demonstrated consistent compliance with the required performance and quality standards and has demonstrated a high level of flexibility and co-operation in working with commissioners to mobilise the service, engage positively with referrers and other stakeholders, and respond promptly to queries from commissioners.

3.4 In proposing to recommssion with Optimise commissioners are not seeking to limit patient choice. The patient choice regulations currently permit patients to request a referral for an assessment to any eligible provider of their choice and recommissioning Optimise will not in and of itself change or restrict that option for patients. It is envisaged that as per the current contract the assessments commissioned from Optimise would enable a clear pathway for those patients assessed as requiring an urgent assessment and / or who require prioritisation based on clinical or psycho-social reasons.

3.5 Following the GMICB public consultation on the future provision of adult ADHD services the favoured proposal would involve triaging all assessment requests and prioritising an NHS funded assessment based on level of need. These proposals are subject to further consideration and final approval by the GMICB. If this triage pathway is implemented it is likely to have implications for the referral pathway into commissioned providers. If required this will be address through engagement with the provider and if required a contract variation.

3.6 The maximum value of the current year contract with Optimise is £1,145,949 and the indicative split for the three localities is.

- Bury = £364,949
- Oldham = £417,000
- HMR = £364,000

It is envisaged that the maximum value of the contract in 2026.27 would not exceed the current year value. However, there maybe a value in undertaking a cost benefit analysis to determine whether commissioning additional assessments may provide value for money.

4 Associated Risks

4.1 There are a number of risks associated with not recommissioning Optimise Healthcare as this would lead to a gap in commissioned provision. These are:

4.1.1 Disruption to treatment for those patients prescribed ADHD medication under shared care arrangements with Optimse and their GP.

4.1.2 Disruption to the managed transfer of care of young people prescribed ADHD medication under CAMHS to an adult specialist provider with resulting increased pressure on CAMHS.

4.1.3 Lack of ability to provide a clear pathway of care for those patients assessed as needing to be prioritised for an ADHD or autism assessment.

4.2 GMICB are in the process of developing and implementing standard service specifications for all providers of adult ASD and ADHD services. These specifications include the requirement for services to provide face to face appointments within reasonable travel time of the patient's home. At present Optimise predominantly offer virtual appointments so a change in operating model would be required to enable Optimise to comply with the new service specifications. Commissioners would work with Optimise to ensure that the provider can meet the requirements of these service specifications prior to entering into a contract. Compliance will then be monitored through standard contract management arrangements.

5 Recommendations

The Bury Locality Board is asked to:

a. Approve the recommissioning of Optimise Healthcare via a direct contract awared (under under the Provider Selection Regieme regulations) to provide adult ASD assessment and ADHD assessment and treatment for 2026.27.

b. Permit commissioners to undertake a cost benefit analysis to assess whether an increasing the assessment capacity commissioned would provide value for money.

6 Actions Required

6.1 If approved commissioners will:

6.1.1 Work with finance leads to undertake a cost benefit analysis of increasing the number of assessments commissioned from Optimise.

6.1.2 Any proposed change in the contract value resulting from the cost benefit analysis will require appropriate approval under the terms of the Scheme of Delegation. This may require the proposal to be brought back to the Bury Locality Board. The maximum permissible increase in contract value under the Provider Selection Regieme regulations would be 25%.

6.1.3 Completion of the required STAR form to seek financial approval through GMICB financial governance processes to commission the service.

6.1.4 Application to proceed to commission Optimise Healthcare via the Direct Award B route under Provider Selection Regime regulations via GMICB procurement governance processes.

Ian Trafford
Head of Programmes
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October 2025

Meeting: Locality Board			
Meeting Date	03 November 2025	**Action**	Receive
Item No.	15	**Confidential**	No
Title	Clinical & Professional Senate Update		
Presented By	Dr Kiran Patel		
Author	Dr Kiran Patel		
Clinical Lead	Dr Kiran Patel		

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

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

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

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

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

Clinical and Professional Senate Highlight Report – October 2025

1. Introduction

This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place on 22 October 2025.

2. Headlines from the Clinical and Professional Senate

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

- Dr Fines was not in attendance at the meeting and so there was no update.

2b. Medicines Optimisation Update – Salina Callighan

- Salina Callighan provided a comprehensive update on medicines optimisation, focusing on new GMMG consultations, the introduction of a commissioning statement for SGLT2 inhibitors, and the implications for local practice

2c. Commissioning Oversight Group Feedback

- The minutes from the Commissioning Oversight Group were circulated to members within the Clinical & Professional Senate meeting paper pack. All members were asked to review these documents for information.

2d. Partner Update

- NCA – Dr Vicki Howarth

  - Vicki updated the group on the NCA's transition to a new clinical leadership model, the ongoing consultation, operational pressures, and the impact of a recent CQC Section 29A warning for surgery in Salford.

- Pennine Care

  - No PCFT representatives were in attendance at this meeting.

- GP Update – Dr Cathy Fines

  - In the absence of Dr Cathy Fines, Zoe Alderson and Kath Wynne-Jones provided updates on primary care, including the implementation the 1 October contract changes, which requires practices to keep online consultation platforms open throughout the working day and assurance processes around this. Along with the work of the primary care-secondary care interface group, which has a focus on communication, advice and guidance, and shared care protocols. Also discussed was the ongoing BeCCoR (Beyond Core Contract Review), highlighting the financial risks associated with neighbourhood working, potential changes to local commissioned services, and the need to prioritise services if funding is reduced.

- Principal Social Worker Update

  - Emma Massey – Adults

    Emma provided an update on adult social care, covering the recent CQC inspection, implementation of a strengths-based plan, safeguarding transformation, and ongoing work with mental health and neighbourhood teams.

- Rae Capon – Children's

  Rae presented an update on children's social care, detailing the post-Ofsted improvement plan, upcoming reforms, celebration of practice week, and the rollout of the Magic Notes AI recording tool.

2e. Feedback from Screening Group Meeting

- Shenna Paynter was unable to attend the meeting at short notice and so this item was be deferred to the November meeting.

2f. Diabetes Consultation Outcome

- Nigget Saleem and Hannah Dixon presented the findings of the GM review of structured diabetes education, this identified barriers to attendance, and outlined local initiatives in Bury to improve referral and completion rates.

2g. Clinical Leadership Presentation – Simon Minkoff

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

2h. Clinical Leadership Presentation – Fin McCaul

- Fin McCaul did not attend to provide a clinical leadership presentation.

2i. AOB

- None.

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

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

Meeting: Locality Board			
Meeting Date	03 November 2025	**Action**	Receive
Item No.	16	**Confidential**	No
Title	SEND Improvement and Assurance Board Minutes – 22nd July 2025		
Presented By	Will Blandamer, Deputy Place Based Lead		
Author			
Clinical Lead	N/A		

Executive Summary
The minutes from the SEND Improvement and Assurance Board held on the 22nd July 2025 are attached for information.
Recommendations
It is recommended that the Locality Board note the minutes.

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

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

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

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

Bury Council
Department of Children & Young People

Minutes

SEND Improvement & Assurance Board Meeting
22nd July 2025

1	**WELCOME & INTRODUCTIONS**
	The Chair welcomed everyone to the SEND Improvement and Assurance Board meeting and shared apologies given. The Chair stated that this SIAB meeting was to recognise the work that had been done to date and take stock before the August break and outlined the intended plan over the Summer.
2	**MINUTES FROM THE PREVIOUS MEETING**
	June's minutes were reviewed page-by-page, with no corrections given. The minutes were approved along with the accompanying 12 actions.
3	**ACTIONS AND RISKS LOG**
	The actions due by this meeting or before were gone through. The Action Log was updated accordingly with the following updates: • **Action 79** (Vlog): Action 88 outlined a potential option for future Vlogs; it was discussed that any future Vlogs would need to be taken forward as part of a wider communications plan and this would be considered at the communications working group. • **Action 99** (Accessibility of online information including the Changemaker work): The updates had been made, and the website was now more accessible and inclusive. The Changemakers work is now regularly included. The actions were therefore closed. • **Action 143/147** (Waiting times): It was decided that this action would be brought to future boards, as the information about waiting times is available. The information will be sent to Board members ahead of September SIAB meeting – by 15th August. • **Action 81** (SEND Children to be involved in training): this forms part of the Workforce strategy; further planning work required to identify practical opportunities in the workforce plan and so the action remains open with those opportunities to be identified before the September Board.

- **Action 115** (SENCO Training review): this process is ongoing and requires further work. Update due by 15th August.
- **Action 141** (Engaging in school meetings/ BASH): A wider conversation has been had about how to better engage with schools. Work is being done to map out where the opportunities are to engage with different school groups, and those will be built into an engagement plan. Update due 15th August.
- **Action 156** (CAMHS participation group): The Changemakers had made for the Summer holidays, and the first meeting back will be in September. CAMHS staff are being selected to help run the group, and some members along with the Youth Service will be doing promotion to recruit young people over the summer holidays.

The Chair asked what the update is about Early Years and Further Education representation at SIAB, and a member updated that there were three expressions of interest which were currently under a review.

No feedback had been received from the June newsletter from Board members and asked that everyone could check that they received it, and it is not getting lost in inboxes. The information would also be posted on the Local Offer Facebook page.

It was reiterated to the Board that the Summer break should be used to work on the open actions, so many can be closed down when the Board returns in September. The Chair asked if any Board members were concerned, they would not be able to complete their actions in this time, and no concerns were raised.

The Board went through the highest risks and mitigations:

- **Risk 7** (EPS availability and capacity): The risk has been kept open with a review point on a regular basis. Update provided was that there had been a successful recruitment round for 3 specialists who should be in place from September. The risk impact was lowered but kept open.
- **Risk 24** (regular review point around data systems): There has been work on the system to fix previous data issues, and the system is being utilised more effectively. There remains a challenge in ensuring data quality is maintained and an ongoing issue around reporting that requires further work. The risk impact was lowered and kept open.
- **Risk 25** (development of SEND team capacity): Any current vacancies in the SEND team are currently covered by agency, so there is no reduced capacity. Further recruitment is underway. There is ongoing progression of the Resource paper about the use of the initial investment and what may be needed to continue progression and statutory compliance. The data is now being added and is due at the end of the week. The risk was kept open.
- **New risk (Risk 48):** (Director of Education post): The role has been recruited but cannot join until October. A SIAB member would provide the cover for this post in the interim period.

Actions

1. Set out a schedule for Comms releases to ensure the Board has sight of content required and when and what communications will be issued – due by 18th August.

	2. All Board members to work on their assigned actions to complete in September – by 23rd September. 3. Contact the Comms team about the new Director for Education, to be included in the next Local Offer update – by 18th August
6	**SEN2 DATA UPDATE**
	A SIAB member gave an update on the most relevant parts of the SEN2 data that came out last month. A slide deck presentation was given. Two key points were highlighted: 1. That demand for services and support continues to rise and that this continues to create challenges for the local system. 2. There have been changes in trajectories in relation to this demand particularly compared to the rest of the country; Bury is now seeing similar levels of EHCPs and other related measures. A higher proportion of Bury Special School usage is in Independent Non-maintained Special Schools, which is one of the key cost drivers and one of the causes of the difficulties historically that led to Bury joining the Safety Valve programme. This was raised as a long-term trend and Bury has limited Maintained Special School capacity leading to the greater use of Independent Schools. In addition, Bury has a much higher rate of children in Alternative Provision and EOTAS compared to the national average. It was highlighted that the comparison to national data was useful, however it would be useful in future to include the outcome results, i.e., whether the children and young people have good life outcomes and lead happy, healthy lives. **<u>Actions</u>** 4. Lead further data analysis, with a particular focus on comparative outcome data – by 15th September.
4	**CONTRIBUTIONS FROM, AND ENGAGEMENT WITH, CHILDREN AND YOUNG PEOPLE**
	Four Changemakers joined the SIAB meeting, and everyone introduced themselves. The monthly engagement slides were presented, which covered updates on Community Safety; the "You Said, We Are Doing" log, Stocktake feedback, and ongoing projects. A SIAB member thanked the Changemakers for the work they were doing around the Community Safety project and stated that the team are working further to get their suggestions in place. It was stated that Changemakers would be attending upcoming the Community Safety Meetings. The feedback on Community Safety included practical ways in which Police could better interact with schools and provide positive support. The Chair raised that when Changemakers send questions, the date of their next meeting should also be included so the Board can send back answers in a timely manner.

	A member asked how the information was distributed further to other young people not in the Changemakers. It was confirmed that the information could be included in the Local Offer page and the Instagram page once ready. The Changemakers gave the following quotes: • *"We feel we have a lot of projects coming up in September, and are looking forward to working on them"* • *"The work we have done with SIAB and the Changemakers group has been quite good, we've made good progress and the group has been active. For the next academic year, we need to get projects done faster so we can get more work out of the Board"* • *"We need to do as much as possible in the next year"* • *"We have done quite well this year, if we get the same amount done next year we will have done quite well"* The Chair thanked the Changemakers for their involvement in the improvement journey and the time and effort they give to it.
5	**JULY STOCKTAKE FEEDBACK**
	The SIAB members and the Changemakers were thanked for the effort given in the preparation and feedback from the Stocktake. The main feedback was there was a lot to be proud of, with Bury making real progress in several key areas: • The Changemakers presentation was stated to be a real highlight, demonstrating the impact made in many meaningful ways. • The progress on EHCP timeliness and quality was very encouraging. • The new template for CPD for SEND officers, and improvements in phased transfers were all signs that the system is becoming more confident and consistent. • The Workforce strategy was progressing well. Tracking the impact with training will be key. It was raised that the next phase of work should focus on evidencing impact. It was recognised that much groundwork has been done over the last 12 months, and going forward it is now about showing the difference it has made; through strengthening data assurance and reporting systems, so issues can be spotted early and acted upon. This will make progress more visible and accessible. In addition, the Board should continue to build the trust made with families and show how their experiences are improving as a result of the Board's work. The comment was given that *"It's a very positive picture and it is clear the partnership is moving in the right direction."* A SIAB member added that it was important to think about next steps, with outcomes and quality measures in place. She invited the Changemakers to ask any questions and thanked them for the work and influence they had on the work done. Another member agreed and reiterated to the Board that it is now about demonstrating routinely and efficiently the difference that is being made.

	The Chair shared it was a very helpful process and shared that there needs to be readiness for the Monitoring Inspection, anticipating that it could happen in October/ November this year. She stressed that it was important that every SIAB member continued progress over the summer holidays, and to complete the actions in the Action Log before the next board. A member asked if the Stocktake letter could be shared with parents. The Chair said as long as the letter was ready. There was a recommendation that the members set a deadline in the next week for SIAB members to share the Stocktake letter to their teams and following that the Comms team will send the letter further to internal and external channels. Another member agreed but stated the sharing needed to happen much sooner so that the comms could go out in July. It was raised that schools would now be on their summer break, and so more comms could be repeated in the beginning of the new term with schools. **Actions:** 5. Share the Stocktake letter with the Changemakers – by 1st August. 6. PPL to transfer the Stocktake letter actions onto an action log – by 18th August. 7. SIAB members to send the Stocktake letter/ the Stocktake summary slide to their relevant teams and contact networks – by 25th July. 8. PPL to send the Stocktake summary slide to the Board – by 25th July
10	**SUMMARY OF KEY MESSAGES FROM TODAY'S MEETING**
	- Changemakers: "we've done a lot this year and we have a lot more to do next year"
11	**ANY OTHER BUSINESS**
	All Board members then had time to complete the SIAB evaluation survey. The findings would be shared in September with a comparison with the previous evaluation. The Chair shared that the Delivery plan for the Workforce strategy would be shared this week, and asked SIAB members to send feedback to PIP Lead. The Chair outlined that there would be a planning session in August with a smaller group of Board members instead of a full SIAB meeting. It was also updated that the October SIAB has been changed from 28th October to 30th October, which will be during the half term so that Changemakers are able to attend. The Chair reminded Board members to ensure that they are able to attend SIAB meetings, as outlined in the members' Terms of Reference. A SIAB member asked if there was an inspection announcement during the summer, would they have to change plans. The Chair answered that it was unlikely to happen, and that meetings were in place to prepare for the future Monitoring Inspection. It will be in addition to the work already being done, so SIAB will continue with business as usual during this time.

	Another member asked if during the Monitoring Inspection if there would be a Parent and Carer Questionnaire. The Chair responded there would not, but they were waiting for clarification. So far there was an expectation from other areas that there would be a representative group of 12-15 parents to meet on Teams for the inspection. The Chair raised the SEND Intervention Support Fund, where the Department for Education agreed and identified with the treasury funding for £120,000 up to the end of March 2026 to apply for money to support intervention improvement. Some members of the Board had been working on a submission which has now been submitted, and they are now awaiting confirmation. It will provide capacity for further resources, to be able to move things at pace. It was stated that it was now doing through a review and is expected confirmation by the end of July. The Chair thanked all attendees for their work done and closed the meeting. **Actions** 9. Board members to send any feedback on the delivery plan and workforce strategy – by 15th September 10. Send SENCO training dates to schools – by 15th August. 11. Work with colleagues to map out the flow of start point, education, end point & outcomes – by 15th September
10	**UPCOMING MEETINGS**
	• *NB no SIAB meeting in August* • September SIAB meeting: 23rd September 10-1pm • October SIAB meeting: 30th October 10-1pm • November SIAB meeting: 25th November 10-1pm • December SIAB meeting: 16th December 10-1pm