Agenda

Locality Board – Meeting in Public (face to face)

Date: 1 December 2025

Time: 4.00 pm – 6.00 pm

Venue: Committee Rooms A and B, Bury Town Hall, Knowsley Street, Bury

Chair: Cllr O'Brien

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.10	10 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 3rd November 2025 and action log	Paper	Approval	Chair
4.0			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.0	4.10 – 4.20	10 mins	Key Issues in Bury	Paper to follow	Discussion	Lynne Ridsdale
6.0	4.20-4.35	15 mins	VCFE focus - Citizens Advice Bury & Bolton	Paper	Discussion	Gary Malcomson
Locality Board Priorities						
7.0	4.35-4.50	15 mins	Population Health and Wellbeing update • HLE and LE update • Tobacco control update • Winter vaccinations	Paper	Discussion	Jon Hobday
Integrated Delivery Collaborative Update						
8.1	4.50-4.55	5 mins	Integrated Delivery Board Update	Paper	Discussion	Kath Wynne-Jones

8.2	4.55-5.10	15 mins	Operation of the Place Based Partnership Model	Paper	Discussion	Will Blandamer/Kath Wynne-Jones
9.0	5.10-5.15	5 mins	Performance Report	Paper	Discussion	Kath Wynne-Jones
10.0	5.15-5.25	10 mins	Hospital at home/VW Paper	Paper to follow	Discussion	Katy Alcock
11.0	5.25-5.35	10 mins	Adults and Children Neurodiverse pathways	Paper	Discussion	Will Blandamer
Updates						
12.0	5.35-5.40	5 mins	Performance and Quality Committee update	Verbal	Information	Catherine Jackson
13.0	5.35-5.45	10 mins	Strategic Finance Group	Verbal	Discussion	Simon O'Hare
Committee/Meeting updates						
14.0	5.45-5.50	5 mins	Clinical and Professional Senate update	Paper to follow	Information	Kiran Patel
15.0	5.50-5.55	5 mins	Primary Care Commissioning Committee (PCCC) Update	Paper	Information	Adrian Crook
16.0	For information	5 mins	SEND Improvement and Assurance Board Minutes	Paper to follow I	Information	Will Blandamer
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, 5 January 2026, 4.00 - 6.00pm on Microsoft Teams**		_____	

Post Meeting reflection

	_____	5 mins	Post Meeting Reflection	Chair/All

Meeting: Locality Board			
Meeting Date	01 December 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 1st December 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			
				Catenian 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	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	01 December 2025	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 3rd November 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 3rd November 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 3rd November 2025

Time: 4.00pm – 6.00pm

Venue: Via Microsoft Teams

Title	**Draft Minutes of the Locality Board**
Author	Faith O'Brien
Version	0.1
Target Audience	Locality Board
Date Created	3rd November 2025
Date of Issue	
To be Agreed	
Document Status (Draft/Final)	Draft
Description	Locality Board Minutes

Document History:

Date	Version	Author	Notes
6 November 2025	0.1	Faith O'Brien	Draft Minutes produced
Approved:			
Signature:			..... **Add name of Committee/Chair**

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public Meeting in Public via Microsoft Teams 3rd November 2025 4.00 pm until 6.00 pm **Chair – Cllr Dr Cathy Fines**

ATTENDANCE

Voting Members
Dr Cathy Fines, Senior Clinical Leader in the Borough (Chair) Cllr Eamonn O'Brien, Leader of Bury Council Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health Ms Lynne Ridsdale, Place Based Lead (for the beginning) 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 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 Ms Sarah Preedy, Chief Operating Officer, Pennine Care Foundation Trust Ms Catherine Jackson, Associate Director for Nursing, NHS Greater Manchester (Bury)
Non-Voting Members
Ms Kath Wynne-Jones, Chief Officer, Bury IDC Mr Stuart Richardson, Chief Executive, Bury Hospice Mr Mark Beesley, Chief Officer, Bury GP Federation Ms Catherine Wilkinson, Director of Finance, NCA
Invited Members and Observers
Ms Jill Logan, Chief Operating Officer, Bury Society for Blind and Partially Sighted People Mrs Chloe Ashworth, Democratic Services, Bury Council Mrs Faith O'Brien, Governance Support Officer, NHS Greater Manchester (Bury) Ms Ceri Kay, Legal Services, Bury Council Mr Kez Hayat, Mental Health Commissioning Programme Lead, NHS Greater Manchester (Bury) Mr Ian Trafford, Head of Programmes, NCA Ms Samantha Young, Key Account & Access Manager, Biocon Biologics

MEETING NARRATIVE & OUTCOMES

1.	Welcome, Apologies and Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Mr Warren Heppolette, Chief Officer for Strategy & Innovation (GMIC). Mrs Emma Kennett, Head of Locality Admin & Governance, NHS Greater Manchester (Bury). Cllr Lucy Smith, Executive Member of the Council for Children and Young People. Mr Neil Kissock, Section 151 Officer, Bury Council. Mr Richard Bulman, Director of Nursing, Bury Care Organisation and Ms Joanna Fawcus, Director of Operations, NCA.
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	**There were no new declarations of interest from today's meeting 3rd November 2025 and the previous meeting 6th October 2025.**

ID	Type	The Locality Board	Owner
D/11/01	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 6th October 2025 were considered as a true and accurate reflection of the meeting.
3.2	The status in relation to existing actions was documented as part of the Action Log.

ID	Type	The Locality Board	Owner
D/11/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting and noted the updates in respect of the actions from the last meeting.	

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

ID	Type	The Locality Board	Owner
D/11/03	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: - • The revised NHS operating model which aims to align staff within the system, but there remains a lack of national clarity on structures, funding, and redundancy packages, leading to ongoing uncertainty for staff. • The recent CQC inspections for adult social care and extra care services, have highpighted positive engagement and outcomes Ms Ridsdale wished to place on the record thanks to Mr Adrian Crook and the service.. Ms Ridsdale also highlighted the ongoing improvements in Special Educational Needs and Disabilities (SEND) services, including positive feedback from the Department for Education and recognition of NHS-led interventions such as 'waiting well' and 'my happy mind'. • Preparations are underway for winter, including Urgent and Emergency Care board coordination, assurance processes with Greater Manchester and implementation of vaccine campaigns. Ms Ridsdale also highlighted an improved picture on MMR vaccination uptake in response to previous measles outbreaks.
5.2	The following comments/observations were made from Locality Board members: -
5.3	• Cllr Tariq wished to place on the record his disappointment in the way in which the NHS GM workforce has been treated during the reforms. Cllr Tariq also added that several cabinet members would be publicly express their concerns at the upcoming GM ICP meeting on Friday 7th November, advocating for staff support and recognition. • Mr Blandamer updated on the development of the draft operating model for the ICB, and advised members that there is a copy of this in the meeting paper pack. Mr Blandamer added that the operating model for the ICB does help to clarify the role and

5.4	function and operation of the ICB, but noted there is still a lot of uncertainty for ICB staff. • The Chair thanked Mr Blandamer, on behalf of all ICB Colleagues in Bury, whilst it has been a very difficult and lengthy time for colleagues Mr Blandamer has provided good support to colleagues in Bury.

	Type	The Locality Board	Owner
D/11/04	Decision	Received the update.	

6.	VCFE spotlight item –
6.1	Dr Fines introduced this item and advised this was the third month VCFE Colleagues have been invited to the meeting to showcase the work undertaken in Bury.
6.2	Ms Jill Logan from the From Bury Society for Blind and Partially Sighted People attended to present the work of the society. Ms Logan explained that the society, in partnership with Bury Council, provides support, training, and inclusive activities for adults with sight loss, including mobility training, daily living skills, emotional support, and visual awareness training for families and professionals.
6.3	The organisation has supported over 5,000 clients and 6,000 visitors in the past year, conducted over 500 home or clinic assessments, and collaborated with more than 30 organisations, including the NHS and Transport for Greater Manchester, to develop strategies and improve accessibility.
6.4	Ms Logan described a holistic, fast-track support pathway with no waiting list, accessible via multiple referral routes, and illustrated the impact through a client story, emphasising the importance of early intervention and multi-agency collaboration.
6.5	The Chair asked a question regarding support to children, Ms Logan confirmed that the society currently does not work with children but identified the transition from children's to adult services as a significant gap, suggesting future discussions to address this issue.
6.6	Ms Logan advised members that they hold visual awareness training sessions once a month on the first Wednesday of every month which people are welcome to book onto, for further information please contact Ms Logan directly.
6.7	Dr Fines also invited Ms Logan to a future GP webinar.
6.8	Ms Lorna Allen also thanked Ms Logan for sharing the inspirational story about how this service directly helps individuals in the community.
6.9	Mr Will Blandamer also highlighted the exceptional work that is being done by Ms Logan and the service. Mr Adrian Crook also commended Ms Logan and the whole service and said that he is very pleased that Bury Council commission this organisation.

ID	Type	The Locality Board	Owner
D/11/05	Decision	Noted the update.	

7.	North Manchester Redevelopment

7.1	Ms Sophie Hargreaves and Mr Mike Bacon provided a detailed update on the North Manchester redevelopment.
7.2	Ms Hargreaves shared a presentation which outlined the progress of redevelopment made since 2019, future plans for a new hospital, health neighbourhood, and commercial zones. Ms Hargreaves explained that North Manchester General has been selected as one of the new hospital programme Wave 1 schemes.
7.3	Ms Hargreaves explained there has been demolition of old buildings, the construction of a new car park and cycle hub, and the opening of a new Greater Manchester Mental Health (GMMMH) mental health facility, Northview.
7.4	Mr Bacon explained the adoption of the national Hospital 2.0 design, which uses modular components for efficiency and cost-effectiveness, and he described the timeline for outlining the business case development, aiming for construction to start in 2027/2028.
7.5	The following comments/observations were made from Locality Board members: -
7.6	Cllr Tariq raised a question regarding meaningful community engagement, equality impact assessments, and opportunities for Bury's involvement, with Mr Bacon confirming plans to develop engagement strategies collaboratively and to involve local stakeholders, including GPs and cabinet members.
7.7	Ms Wynne-Jones discussed the need to align workforce planning, virtual wards, outpatient services, and neighbourhood models with the redevelopment, emphasising the importance of Bury's input given its significant patient flow to North Manchester.
7.8	Mr Blandamer highlighted that MFT delivers between 40% and 50% of secondary care activity for the borough. However, Bury represents only a small proportion of MFT's overall activity. Therefore, Bury is keen to strengthen its connection with MFT, not only through consultation and ongoing engagement, but also in collaborative service development.

ID	Type	The Locality Board	Owner
D/11/06	Decision	Noted the update	

8.	Integrated Delivery Board Update
8.1	Ms Kath Wynne-Jones presented the update on the Integrated Delivery Board's development, this included feedback on a recent development session which focused on improving board effectiveness, managing demand, prevention, workforce strategy, and planning, with a forward plan to support the locality board's objectives.
8.2	The board is preparing for the national planning round, with Bury's existing locality plan providing a strong foundation; efforts are underway to ensure alignment with national requirements and to restate local ambitions.
8.3	The Clinical Leadership programme began in October, which is a significant step forward. 16 GPs have enrolled in this six-month development initiative, hosted by the GP Federation. The programme aims to strengthen connections across neighbourhood teams, while fostering additional clinical leadership to support ambitions and ongoing work.

8.4	Additionally, this month, Advice and Guidance has been introduced as part of the Greater Manchester programme. Consultant Connect is now live, this is a Greater Manchester procured solution designed to help GPs reduce referral demand. Alongside the existing electronic referral systems with NHS providers, Consultant Connect offers an additional option for pre-referral advice, supporting education and demand management.
8.5	Work continues on the 'Live Well' initiative in Whitefield.
8.6	Ms Wynne-Jones also reported encouraging improvements in mental health performance, particularly around inpatient facilities, this is highlighted in the performance report. While outpatient activity remains a challenge, progress in bed utilisation is positive.
8.7	The Northern Care Alliance (NCA) Clinical Leadership Model, organisational change continues. The NCA is currently implementing its clinical leadership model, which is in the consultation phase.
8.8	No comments/observations were made from Locality Board members.

ID	Type	The Locality Board	Owner
D/11/07	Decision	Noted the update	

9.	Performance Report
9.1	Members received copies of the latest Performance report.
9.2	Ms Wynne-Jones highlighted that in terms of A&E performance, Bury continues to perform strongly compared to other areas in Greater Manchester. However, added it was important to note that over the past couple of weeks Bury has experienced a significant increase, which has created pressures in terms of both acuity and volume. There has also been a rise in flu presentations, so reiterated the need to ensure our winter plans remain robust through this period.
9.3	In addition, the two-hour crisis response target continues to perform well, helping to manage patients out of hospital and reduce unnecessary admissions. The number of days spent away from home is improving compared to last year, a focus remains on ensuring that only those who truly need hospital care are admitted.
9.4	Ms Wynne-Jones acknowledged that there are still improvements to make around meeting national standards for diagnostics for cancer, there are plans to address these through advice and guidance and continued monitoring.
9.5	Ms Wynne-Jones also reported positive trends in mental health performance, crisis response, and elective wait standards.
9.6	Dr Fines requested that winter vaccinations and the wider Winter Plan is added to the agenda for the next meeting in December.
9.7	There were no comments/observations made in relation to the report.

ID	Type	The Locality Board	Owner

D/11/08	Decision	Noted the Performance report.	
A/11/01	Action	Winter Vaccinations & Winter Plan to be discussed at the next Locality Board Meeting.	FO

10.	Neighbourhood Delivery Strategy
10.1	Ms Wynne-Jones outlined the development of the neighbourhood delivery strategy. The strategy is focused on health and care integration within neighbourhoods, building on active case management and aiming to embed neighbourhood working across all relevant sectors, including primary care, social care, and the voluntary sector.
10.2	Key priorities include improving diagnostics, outpatient services, estates utilisation, digital capability, and workforce transformation, with a suite of neighbourhood-level metrics under development to track impact and communicate progress.
10.3	It is increasingly recognised across Greater Manchester and beyond that Bury's strong foundation of neighbourhood working is central to health and care delivery, with neighbourhoods at the heart of this approach. However, there is still more to do in several areas, including Diagnostics and Outpatients, improving access and efficiency. Estates, optimising how we use community facilities. Digital Capability, enabling technology to support care delivery. Workforce Transformation, equipping teams to meet evolving needs and better support all users.
10.4	Included in the slides are a list of priorities and proposed outcomes, further work is underway to define the specific metrics. The aim is to develop a suite of neighbourhood-level metrics that can be used to demonstrate impact both to the workforce and to service users, to show how integration is being delivered in practice.
10.5	Currently, several programmes such as End of Life and Major Conditions have operated under separate governance arrangements, which has been appropriate to date. However, these now need to be aligned with the neighbourhood approach and ensure they are embedded within the core platform.
10.6	The slide deck includes a list of service interventions and illustrates how neighbourhoods are currently contributing to the pyramid of need. A key insight emerging from the active case management review and discussions with neighbourhood and GP leads is the clear distinction between the cohorts each neighbourhood is focusing on: • North, Whitefield and Prestwich: The emphasis is on high-intensity users of health and care services, particularly the frail population, with work centred on reducing demand on health and care provision. • East and West: The focus is on individuals who engage with wider public sector services, exploring how housing, police and other agencies can provide support.
10.7	These represent two distinct cohorts, and there are opportunities to further develop the approach in East and West to maintain attention on frailty and promote healthy life expectancy over the longer term.
10.8	The plan sets out governance arrangements and confirms that all neighbourhood workstreams and programmes are already in place, there is nothing new to create. The

	priority now is to integrate these components so that everyone understands each other's work and to operate in a more coordinated way.
10.9	To support this, quarterly workshops have been introduced bringing together the six key pillars: • Population Health • Community Services • Modern General Practice • Integrated Neighbourhood Teams • Reducing Urgent Care • Crisis Management
10.10	The first workshop took place on 29 September, providing an opportunity to review progress across each pillar and establish a foundation for future collaboration. These sessions will continue quarterly. The next workshop will focus on Population Health, Hospital at Home, and improving connectivity with children's services, which was identified as a priority in the development plan.
10.11	The slide deck outlines several risks, including capacity constraints, digital capability, and the need for strong communications and engagement support. There is also the wider organisational change ongoing. However, there is a strong foundation to be built on, thanks to the work already in place and the core pillars of the integrated neighbourhood teams.
10.12	Mr Blandamer thanked Ms Wynne-Jones and to all colleagues for contributing to excellent partnership engagement. Although Pennine Care colleagues are not currently part of the integrated neighbourhood teams, there is alignment with care colleagues, particularly through the Living Well service. Mr Blandamer suggested there is an opportunity to connect this work with children's services, specifically the integrated, multidisciplinary team model within the NHS and link it to the family hubs approach.

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

11.	Hospital at Home
	Item deferred to the December meeting.

12.	All Age Health Mental Health
12.1	Mr Kez Hayat presented an update on the local mental health strategy, including elimination of out-of-area placements, establishment of 24/7 home treatment teams, supported housing schemes, and the development of neighbourhood mental health teams with step up/step down pathways and daily Multi-Disciplinary Team (MDT) huddles.
12.2	Explaining that the new community mental health team model was established in June 2025, focusing on early intervention, prevention, and collaboration with the voluntary sector, with ongoing efforts to embed the model and reduce hospital admissions.

12.3	Draft Greater Manchester commissioning intentions for 2026/27 focus on developing existing services and implementing new priorities, with Bury performing well on key mental health KPIs but continuing to address challenges in talking therapies access and crisis services.
12.4	Ms Sarah Preedy thanked Mr Hayat and noted that it was valuable to hear this update and to see the progress achieved. Ms Preedy highlighted that within the CMHT, a significant number of patients have been identified who would be better supported by the Neighbourhood Mental Health Team. However, current capacity constraints prevent this, which in turn limits access to CMHT for others who require support. She emphasised that addressing this issue should be a priority, as it would strengthen the focus on the Coping and Thriving quadrant. Dr Fines echoed this point.
12.5	Ms Preedy added that it would also ensure that secondary and crisis services have the capacity required for those who need them, ultimately reducing pressure on A&E departments.
12.6	Mr Hayat confirmed that the commissioning proposals are currently in draft form and remain subject to change. Once finalised, they will be brought back to the Locality Board for review and endorsement.
	Adult ADHD and Autism Service Commissioning Intentions
12.7	Mr Ian Trafford explained that the paper provides background and a timeline of the commissioning position for ADHD and autism services in Bury, which mirrors similar challenges in Rochdale and Oldham. Currently, Bury holds a contract with Optimise Healthcare that offers limited capacity for new assessments, while maintaining care for existing patients prescribed ADHD medication under shared care arrangements with their GP.
12.8	Mr Ian Trafford explained that ask of the Locality Board is to approve the recommissioning of Optimise Healthcare as a direct contract award and also agree to undertake cost benefit analysis inform future decisions.
12.9	Section 3 of the paper sets out the recommendation which is to recommission Optimise Healthcare via a direct award. This approach reflects the complexities of the provider selection regime regulations and the need for clarity on what is permissible under these rules.
12.10	The recommendation is to maintain this arrangement, as it provides stability with a provider whose performance and engagement are trusted. This is particularly important as the coming year will bring significant changes to the adult neurodevelopmental assessment pathway in Greater Manchester, including the likely introduction of a triage gateway (subject to GMICB Board approval).
12.11	The proposal is to continue on a business-as-usual basis for next year, with an additional review over the next two months to explore whether commissioning extra assessment capacity would deliver better value for money. This could involve a modest increase of up to 25% in contract value. Importantly, this proposal does not restrict patient choice, individuals will continue to have the right to choose any provider holding an NHS contract and meeting the required standards.

12.12	Mr Blandamer thanked Mr Trafford on this work, Dr Fines advised that the pause on Right to Choose, the triage model, and the associated specification changes should be brought to a future Locality Board meeting for discussion.
12.13	All members were happy to endorse the recommendation in the paper.

ID	Type	The Locality Board	Owner
D/11/10	Decision	Noted the update.	
D/11/11	Decision	Approved the recommissioning of Optimise Healthcare as a direct contract award.	
A/11/02	Action	The pause on Right to Choose, the triage model, and the associated specification changes to be brought to a future Locality Board meeting.	FO

13.	Strategic Finance Group
13.1	Mr Simon O'Hare presented the Strategic Group update to the Locality Board, reporting that the locality remains £2.3 million overspent, with no significant change from previous months, and that planning is underway for the next financial year pending national guidance and budget announcements.
13.2	Mr O'Hare anticipates that he will be able to provide a fuller update at the December Locality Board meeting.

ID	Type	The Locality Board	Owner
D/11/12	Decision	Noted the update.	

14.	Population Health and Wellbeing update
14.1	Mr Jon Hobday provided an update from the most recent Health and Wellbeing Board this included the Greater Manchester Winter Well campaign, anti-poverty initiatives, tobacco control and the pharmacy needs assessment consultation.
14.2	Mr Hobday noted that the next Health and Wellbeing Board is on 11th November, on the forward plan for this upcoming meeting is obesity, a healthy weight update, the safeguarding annual report and a Public Service leadership team update.
14.3	Mr Blandamer suggested that tobacco control strategy be added to the Locality Board forward plan for further discussion at the next meeting.

ID	Type	The Locality Board	Owner
D/11/13	Decision	Noted the updates on financial positions for 2025/26	
A/11/03	Action	Tobacco control strategy be added to the December Agenda.	FO

15.	Clinical and Professional Senate update
15.1	Please review the Highlight report contained in the meeting pack.

ID	Type	The Locality Board	Owner
D/11/14	Decision	Noted the update	

16.	SEND Improvement and Assurance Board Minutes
16.1	The minutes were circulated in the meeting paper pack and the OFSTED Item were deferred to the next meeting.

ID	Type	The Locality Board	Owner
A/11/04	Action	OFSTED agenda item to be added to the December Agenda	FO

17.	Any Other Business
17.1	There were no items raised.

ID	Type	The Locality Board	Owner
D/11/15	Decision	Noted the information	

18.	Date and time of next meeting
18.1	**Date and time of next meeting in public - Monday, 1 December 2025, 4.00 - 6.00pm in Committee Rooms A and B, Bury Town Hall.**

Locality Board Action Log – September 2025

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

Date	Reference		Action	Lead	Status	Due Date	Update
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	Greater Manchester work on user engagement around winter offers is currently underway across localities. Videography of neighbourhoods has been commissioned, and these videos will be shared with the Locality Board once available. Mr Blandamer advised work is ongoing to review the Bury Directory, which will be brought to a Locality Board meeting within the next six months and is to be added to the Forward Plan. Added to Forward Plan
1st September 2025	A/09/01	Action	To include updates regarding Healthy Life Expectancy and School Readiness to a future meeting.	Mr Jon Hobday		December 2025	Update included
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	On the January meeting agenda.
3rd November 2025	A/11/01	Action	Winter Vaccinations & Winter Plan to be discussed at the next Locality Board Meeting.	Mrs O'Brien		December 2025	On the December meeting agenda.
3rd November 2025	A/11/02	Action	The pause on Right to Choose, the triage model, and the associated specification changes to be brought to a future Locality Board meeting.	Mrs O'Brien		December 2025	On the January meeting agenda.
3rd November 2025	A/11/03	Action	Tobacco control strategy be added to the December Locality Board Agenda.	Mrs O'Brien		December 2025	On the December meeting agenda.

citizens advice Bury & Bolton

Headline Overview, Impact & Neighbourhood Engagement

Bury Locality Board – 1st December 2025

Who?

- **Independent charity** providing local, regional & national services.
- Providing free, **quality assured** advice & information.
- Specialisms include:
  - Welfare Benefits
  - Money Advice
  - Energy
  - Housing
  - Community Care

Advice Accessibility

Visit us at Castle Buildings, Bury

Reception Mon-Fri (9.30am - 4pm)
(pre-booked appointments daily)

Social welfare drop-in
Tuesdays 10am - 3pm

Visit us at Victoria Plaza, Bolton

Reception Mon-Fri (9.30am - 4pm)
(pre-booked appointments daily)

Social welfare drop-in
Thursdays 10am - 3pm

Freephone
0808 278 7804
Mon-Fri 10am - 4pm

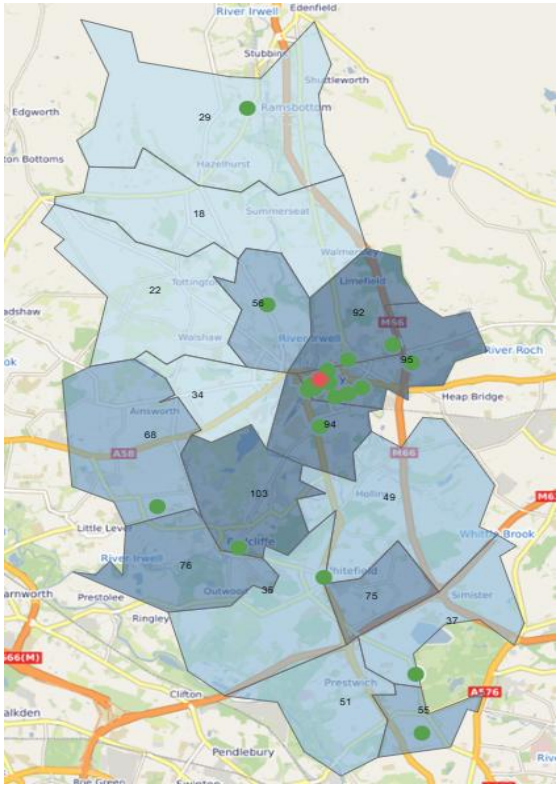
Out of hours advice service

Call text or WhatsApp
0161 850 5053
Daily 6pm - 9pm

You can self refer to our service

cabb.org.uk

Bury: Mapping



Local Authority..	Clie..	Issues ..
Bury East	311	1,762
Moorside	296	1,892
Redvales	290	1,771
Radcliffe East	282	1,748
Radcliffe West	275	1,888
Radcliffe North & Ainsworth	230	1,433
Elton	221	1,244
Besses	218	1,629
Unsworth	194	1,192
St. Mary's	194	1,339
Sedgley	186	1,176
Ramsbottom	154	873
Holyrood	149	871
Bury West	145	739
Pilkington Park	136	728
Tottington	119	707
North Manor	106	483

Bury: Issues

3,541
people helped

£6m
income gain

Issues supported

Benefits Universal Credit	5,542
Benefits & tax credits	5.027
Debt	4,723
Charitable support & food banks	1,863
Utilities & communications	838
Housing	835
Consumer goods & services	607
Relationships & family	412
Employment	314
Health & Community care	286
Immigration & asylum	279
Travel & transport	258
Legal	141
Financial services & capability	113
Other	77
Tax	71
Education	43
GVA & hate crime	18

21,447
Issues supported

Breakdown of benefit issues

Initial claim	2,072
Personal Independence Payment	1,774
General benefit entitlement	934
Limited capability for work element	814
Housing element	590
Managed migration	491
Standard element	417
Council tax reduction	403
Attendance allowance	400
Calculation of income, earnings & expenditure	399

Breakdown of debt issues

Council tax arrears	739
Fuel debts	602
Other debt	395
Credit, store & charge card debts	355
Water supply & sewerage debts	238
Rent arrears – LAs or ALMOs	184
Unpaid parking penalty & congestion charges	170
Unsecured personal loan debts	152
Rent arrears – private landlords	137
Mobile phone debt	135

Neighbourhood Engagement

Across Bury, we have established relationships with local, community and statutory services.

Key goal: bring our services directly into communities, expand our reach, visibility of services and increase accessibility of tailored services.

During 24-25:

278
Community sessions

28
Different venues across Bury

Citizens Advice Greater Manchester

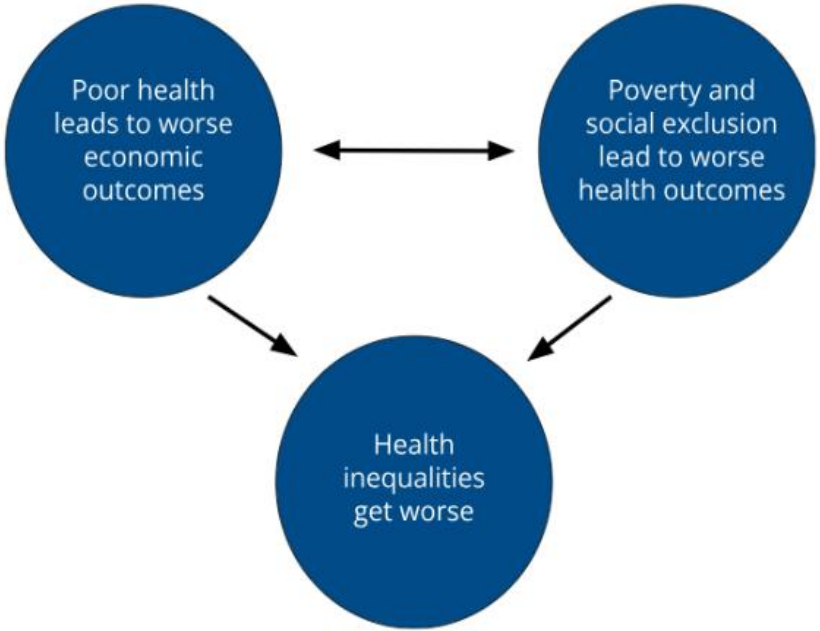
- **Local, embedded services** across all 10 local authorities.

- 6 local Citizens Advice services – all **independent charities**.

- **Collective** research & campaigning **voice**.

Health Inequalities

- People are not claiming the benefits they are entitled to
- There is a well-established link between health and poverty
- People living in the most deprived parts of the UK have a healthy life expectancy of **18 years fewer** than those in the least deprived areas
- **Three times more** non-disabled people report being in good health compared with disabled people



Attendance Allowance Project - Bolton

- Six-month pilot
- Targeting potential Attendance Allowance claimants
  - *Attendance Allowance is fo people over pension age who has a health condition which means they need help with 'bodily functions', such as personal care.*

The Project

- Builds on success of Stockport pilot
- Delivered by CABB and Age UK Bolton and funded by Bolton Council
- Co-designed by Ageing Well Champions and local GP surgery
- The Ageing Well Strategy and Tackling Poverty Strategy feeds into this

Local Innovation, National Projects

- **Caddy** – generative AI powered bot, quicker responses & build team confidence in AI. Only uses trusted sources. Human ‘in-the-loop’
- **CaseNote** – average 81 secs Vs average 20 mins to manually write up; live quality checking.
- **AI PIP Form filling tool** – supported by GMCA, developing a tool to support clients and adviser with an AI guided PIP form filling tool.
- **MAIA (Money Advice & Insight Assistant)** – will build a modern Client Debt Communications Platform to replace paper-based processes, reduce demand on phone lines, and free up advisers to focus on complex casework.

Contact Details

Gary Malcomson, CEO
gmalcomson@cabb.org.uk

Meeting: Locality Board			
Meeting Date	01 December 2025	**Action**	Consider
Item No.	7	**Confidential**	No
Title	Population Health and Wellbeing update		
Presented By	Jon Hobday, Director of Public Health		
Author	Jon Hobday, Director of Public Health		
Clinical Lead	N/A		

Executive Summary

Presentations are included to cover the following areas: -

- HLE and LE update
- Tobacco control update
- Winter vaccinations

Recommendations

It is recommended that the Locality Board discuss and note the information provided.

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.	☒

Links to Locality Plan priorities	

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		

Life Expectancy in Bury

Jon Hobday – Director of Public Health

December 2025

What is Life Expectancy

- **Life expectancy** is a statistical measure of the average number of years a person can expect to live, based on current mortality rates and other demographic factors. It reflects the overall health and living conditions of a population and is often calculated from birth.

Bury Council

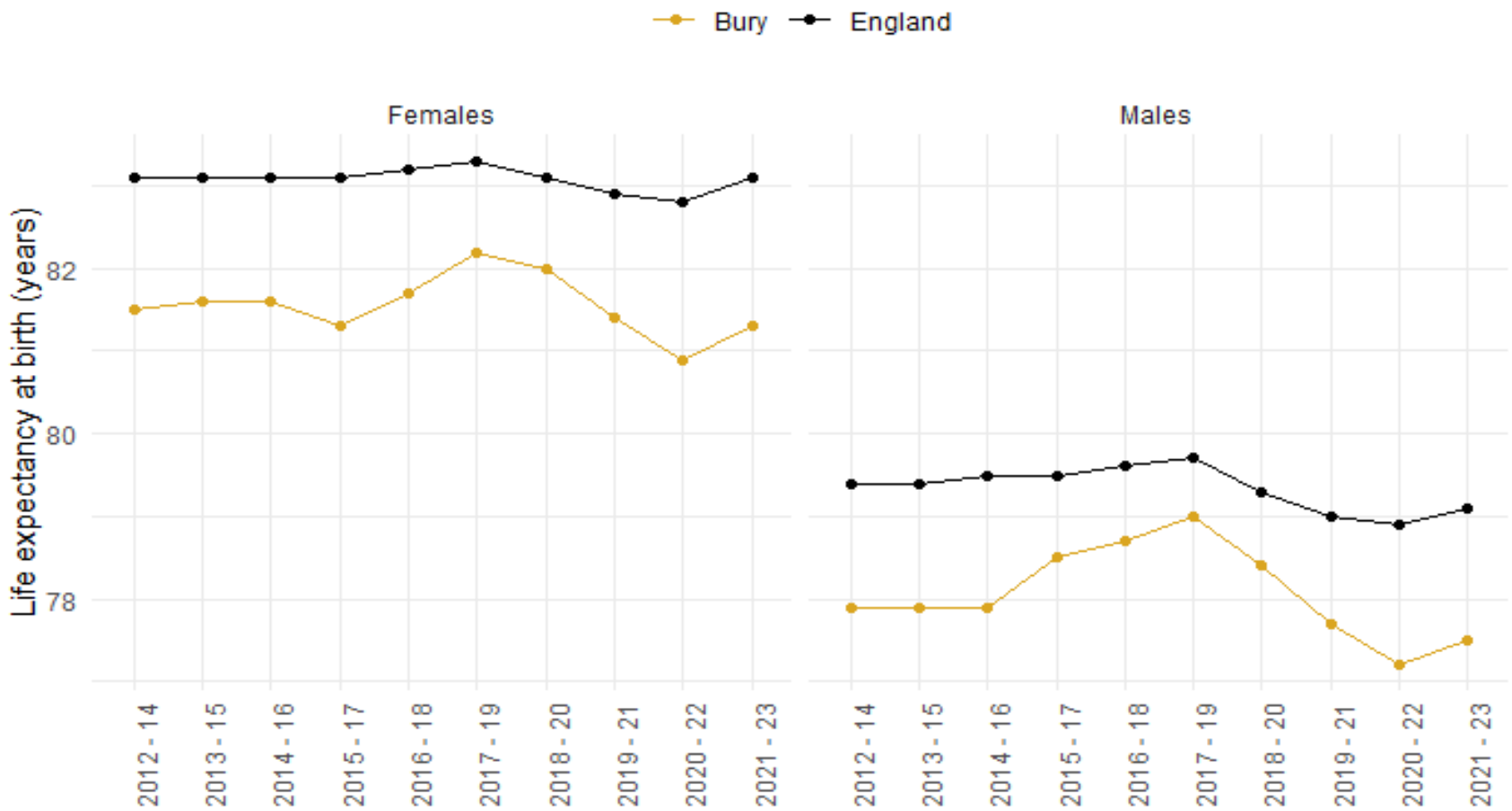
What are health inequalities

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

Bury Council

Figure 1: Life expectancy at birth (years)

Bury and England, 2012-14 to 2021-23

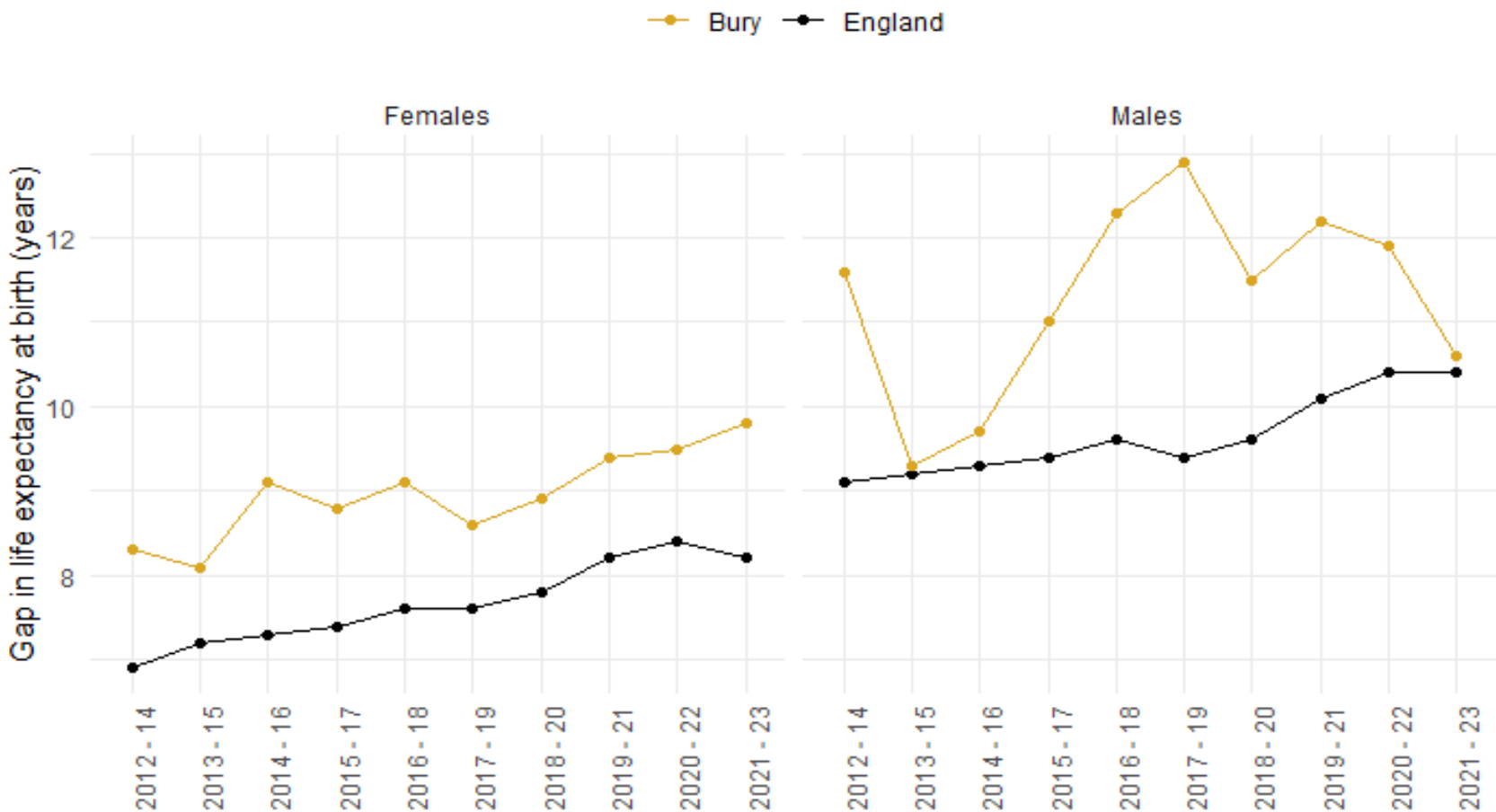


Source: Office for Health Improvement and Disparities Health Inequalities Dashboard
https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/

Bury Council

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

Bury and England, 2012-14 to 2021-23



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

Bury Council

Inequalities in Life Expectancy

Men

- Lowest **- Moorside**: 73.9 years
- Highest **- Pilkington Park**: 81.7 years

Women

- Lowest **- Moorside**: 77.7 years
- Highest **- North Manor**: 85.0 years

Gap in Life expectancy

- Men – 7.8 years
- Women – 7.3 years

Bury Council

Important causes of the gap in life expectancy within Bury

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

Bury Council

Examples of prevention work to improve Life Expectancy

	Start well	Live well	Age well
Primary	**Population-level:** • Child tax credits to reduce childhood poverty preventing a range of illnesses. • Reduction in exposure to lead to prevent cognitive impairment • Adding fluoride to drinking water to prevent tooth decay **Individual-level:** • Supervised tooth brushing to prevent tooth decay • Vaccinations to prevent infectious diseases like measles, pertussis, or meningitis.	**Population-level:** • Smoking Bans to reduce exposure to second-hand smoke and prevent lung disease. • Workplace Wellness Programs that promote physical activity, healthy eating, and stress management in workplaces. • Planning measures to limit availability of unhealthy food and alcohol preventing heart disease, liver disease, and cancers. **Individual-level:** • Live Well services to help people stop smoking, eat better, drink less alcohol, and be more physically active.	**Population-level:** • Age-friendly environments reduce trip-hazards and provide places to rest to help older adults stay active. • Workplace Wellness Programs that promote physical activity, healthy eating, and stress management in workplaces. • Planning measures to limit availability of unhealthy food and alcohol preventing heart disease, liver disease, and cancers. **Individual-level:** • Vaccinations to prevent infectious disease like shingles, pneumonia, flu, COVID-19, or RSV. • Exercise classes for older adults to help them stay active and prevent falls.
Secondary	**Individual-level:** • Neonatal blood spot test to detect treatable conditions early • Newborn hearing check to identify hearing loss early to prevent developmental delay	**Individual-level:** • NHS Health Checks to identify and treat risks for cardiovascular disease and diabetes (high blood pressure, high blood glucose, high cholesterol, obesity, risky alcohol consumption). • Cervical cancer screening to detect cervical cancer early preventing deaths from cervical cancer.	**Individual-level** • Abdominal aortic aneurysm (AAA) screening is offered to men aged 65 to detect aneurysms (dangerous swellings) in the aorta - the artery that takes blood from the heart to most of the body. It prevents deaths from ruptured aortic aneurysms.
Tertiary	**Individual-level:** • Medicines for childhood asthma to prevent asthma attacks and deaths.	**Individual-level:** • Regular monitoring of blood sugar levels, medication, and lifestyle changes can help manage diabetes and prevent complications like amputations or blindness. • Physical therapy, medication, and counselling to help people manage chronic pain and improve their quality of life and help stay in work.	**Individual-level:** • Cardiac Rehabilitation for older adults who have had a heart attack, cardiac rehab helps them recover and prevent further heart problem. • Falls and fracture liaison services for people who have already had a fall or fragility fracture to prevent future falls.

Bury Council

- **Healthy Life expectancy** - a statistical measure of the number of years an individual is expected to live in good health, without significant illness and disability.

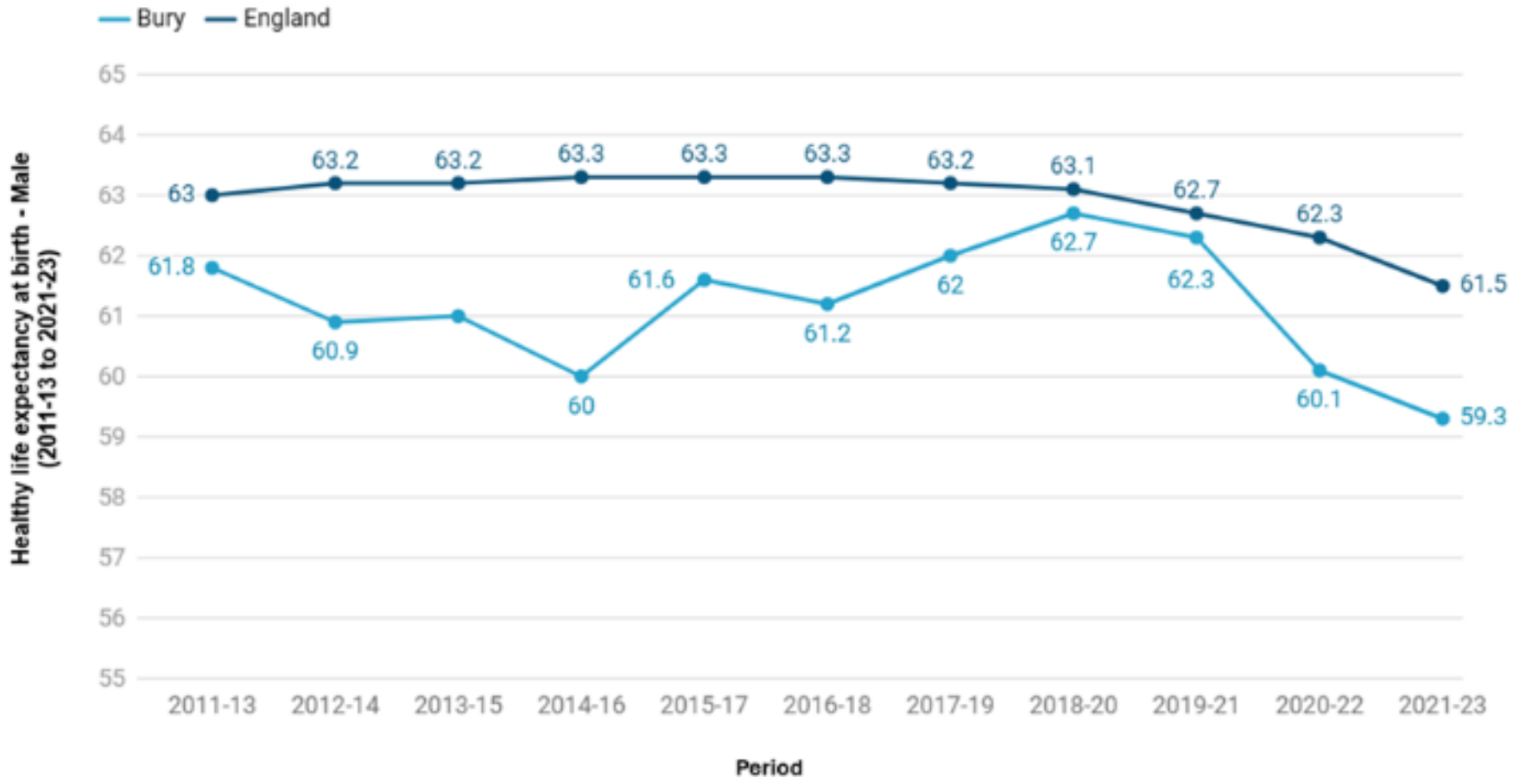
  This measure considers contemporary mortality rates and prevalence of self-reported good health

  Good health' is a self-reported, subjective measure of health.

  It relies on self-reported health measured through surveys, no recent data on healthy life expectancy are available for smaller geographic areas or other small populations.

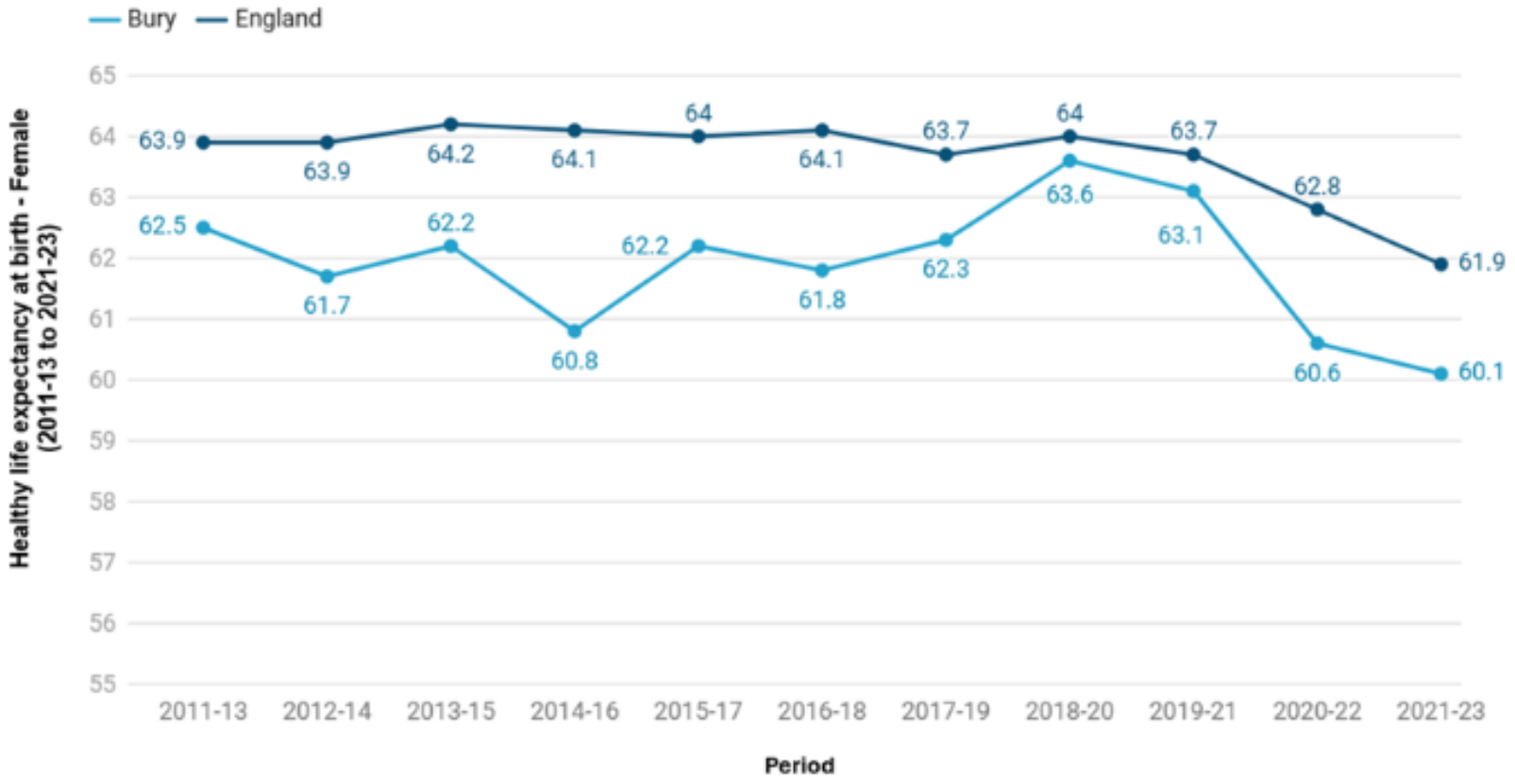
Bury Council

Healthy Life expectancy at birth – Male (years) in Bury compared with England, 2011 – 13 to 2021 – 23.



Bury Council

Healthy Life expectancy at birth – Female (years) in Bury compared with England, 2011 – 13 to 2021 – 23..



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- **Healthy Life expectancy** – Peaked in 2018 – 2020 for both Males and Females - Been declining since

  It is now the lowest it has been since 2011 – 2013

  Males can expect to live 18.2 years in poor health and Females can expect to live 21.2 years in poor health

Bury Council

Key actions Bury has taken over the last 2 years

- ***Reducing poverty and responding to the cost-of-living crisis***
- ***Improving access to pension credit***
- ***Creating a new Live Well model***
- ***Reducing inequalities in smoking-related illness***
- ***Improving diet by creating the Bury Food Strategy***
- ***Developing an alcohol licensing matrix***
- ***Improving care for people with coronary heart disease***
- ***Improving uptake of screening***

Bury Council

Next steps

- Continue to drive forward work in all 4 quadrants to be shared through the health and wellbeing board.
- What more can we all be doing?
- What can you/your organisation contribute?

- The wider determinants of health
- Health behaviours
- The places and communities we live in
- An integrated health and care system.

Bury Council

NHS
Greater Manchester
Integrated care

Bury Council

Tobacco Control

Jon Hobday: Director of Public Health
Lizzie Howard: Tobacco Control Officer

December 2025

Smoke-Free 2030 Government Aims

- Create the first smokefree generation by prohibiting tobacco sales to those born on or after 2009
- Funding for local stop smoking services, £138 million annually
- Launch national campaigns and enforce underage sales laws
- Support 1 million smokers to 'Swap to Stop' using vapes
- Strengthen enforcement and accountability with new licencing scheme
- Tackle youth vaping and protect children from nicotine addiction- Disposable van ban: from 1st June

Greater Manchester's ‘Making Smoking History'

- Smokefree city-region by 2030 (<5% smoking prevalence)
- Hard-hitting campaigns and community engagement creating smoke free spaces
- Support from NHS Greater Manchester Integrated Care
- Focus on inequalities and co-production with local communities
- Significant reduction in smoking during pregnancy and youth smoking

NHS
Greater Manchester
Integrated care

Bury Council

Background in Bury

- **Adult prevalence:** 10.8% (2024), above national average (10.4%).
- ONS revised Annual Population Survey estimates for 2020–2023, increasing our reported rate above the national average.
- Smoking is the leading cause of preventable illness, premature death, and life expectancy gaps.

Target Populations & Smoking Prevalence

- Renters from Bury Housing / housing associations: **29.6%** ↑
- Never worked / long-term unemployed: **25.7%** ↑
- Routine & manual occupations: **21.1%** ↑
- Adults with long-term mental health conditions: **22.3%** ↑
- Residents in areas of deprivation: **21.7%** ↑
- Children & Young People
- Mothers smoking at time of delivery: **5.5%** ↓

NHS Greater Manchester Integrated care

Bury Council

Tobacco Control Alliance

- Rates have risen, and inequalities in prevalence are widening. The Alliance will address these through 4 workstreams:

NHS Greater Manchester Integrated care

Bury Council

Overview of Local Stop Smoking Services and Support Grant (LSSSG) Implementation 2024/25

Funding:

- Fixed, ring-fenced grant for 5 years to support local stop smoking services.
- Bury allocation for 24/25 = £207,932.

Key Outcomes:

- Recruited 2 FTE Health & Wellness Coaches (smoking cessation focus) & 1 FTE Tobacco Control Officer to drive local tobacco control agenda
- **Youth education:** Commissioned Early Break to vaping harm sessions in schools and colleges; co-produced awareness posters
- **Workplace wellbeing:** Introduced sessions targeting routine & manual workers, linked to Bury Regeneration construction workers
- **Community Support:** Commissioned PaSH partnership to deliver VBA+ for LGBTQ+ & ethnic minority communities

NHS Greater Manchester Integrated care

Bury Council

Overview of LSSSG Implementation in Bury 2025/26

Funding:

Bury allocation 25/26: £209,301

Key Deliverables:

- **Expand youth campaign:** Extend to school nurses, Bury Care Leavers; include awareness of nicotine pouches “snus” and lunch & learn sessions for parents/ guardians
- **Smoke-free spaces:** Establish in schools, public areas, workplaces etc.
- **Stoptober campaign:** Use GP data to offer place-based support to all registered smokers, with weekly community drop-ins
- **Allen Carr Easyway Seminars (pilot):** Target routine & manual workers & residents IMD 1 & 2 postcodes
- **Bury FC collaboration**: Promote stop smoking support to fans and raise awareness in the community
- **Innovation through the Alliance:** Pilot new projects aimed at reducing smoking prevalence & health inequalities

NHS Greater Manchester Integrated care

Allen Carr's Easyway TO STOP SMOKING

Bury Council

Swap to Stop Bury Overview

2024/25 Implementation

- Delivered via Bury Live Well Service and Adullam Housing
- **Community based approach:** 8 drop-in clinics across all 5 neighbourhoods
- Distributed 133 Vape starter kits to local smokers, supporting harm reduction and quit attempts

2025/26 Expression of Interest

- Submitted to extend participation in the national Swap to Stop scheme
- **Aim:** Broaden reach and strengthen delivery through partnership working (Alliance)

Pathway Expansion

- **Train the Trainer programme:** Primary care staff, Bury Council staff & VCSE partners trained in VBA+
- **Voucher scheme:** Enables wider distribution of free vape starter kits and light-touch quit support

NHS Greater Manchester Integrated care

Bury Council

Effective Enforcement across Bury

2024/25

- **Trading standards** seized over 7,000 illegal vapes, 2,000 packets of illicit cigarettes, with a street value of over £120,000

2025/26 (from April)

- Already seized 1,583 illegal vapes and 2,087 packets of illicit cigarettes, with a street value of £53,500

OPERATION AVRO
Fighting crime together

NHS Greater Manchester Integrated care

Bury Council

Recommendations

- **Endorse the creation of a Bury Tobacco Alliance** to coordinate local action and co-production.
- **Support targeted investment** (Swap to Stop) in high-prevalence groups and community-led interventions.
- **Advocate for smoke-free policies** in housing, schools, workplaces, and public spaces.
- **Champion innovation**, including Allen Carr seminars and youth vaping education.

MAKE SMOKING HISTORY

Thank you
Any questions?

STOPTOBER

NHS Greater Manchester Integrated care

Bury Council

Immunisations Update

Jon Hobday – Director of Public Health
(Charlie Steer – Public Health Registrar)

December 2025

Winter Vaccinations: Current Status

- 2025 winter vaccine rollout began in September – programme now live for all eligible residents
- Flu Vaccine
  - Care Home Uptake currently 68.7% *(Greater Manchester average 55.8%)*
  - 65+ Uptake is 63.8% *(GM avg. 62.2%)*
  - 18-64s Uptake is 32.4% *(GM avg. 32.3%)*
  - *Primary School: 20.0% (vs 32.5%)* and Secondary School: 19.8% (vs 14.3%)**
- RSV
  - Routine cohort uptake 37.4% *(GM avg. 36.2%)*
  - Catch-up cohort 63.8% *(GM avg. 63.2%)*
- Covid vaccine overall uptake 53.8% *(GM avg. 47.0%)*

*Data as of November 10th 2025. *Note: Provider currently "verifying" Bury schools flu data*

Bury Council

Assuring Vaccine Uptake in the borough

- Bury Council PH holds an assurance role for the ICB-commissioned vaccination programmes
- Bury Vaccine Assurance Group held monthly: convenes ICB, Primary Care, PCN, Local Authority PH and vaccination providers each month to highlight rollout issues and address promptly
  - Bury Council PH team chairs this meeting and sets/monitors actions
- Bury Council PH team also uses ICB vaccine uptake dashboards to identify areas of low uptake to investigate further alongside commissioners

Bury Council

How are we increasing uptake and addressing inequalities?

- Bury Council PH team reviewed uptake data on 11th November to identify cohorts with low uptake for further investigation
- At-risk 18-64s (Flu vaccine)
  - Knowledge of eligibility can be low in some of these groups
  - We are reaching out to local health conditions groups to raise awareness and encourage vaccination
- Care Staff (Flu vaccine)
  - We are aware not all care home staff are registered as carers for vaccines
  - We are setting up information webinars for care staff on awareness, address any hesitancy
- 15th to 21st November “Super Week of Activity” for vaccines
  - Bury Council PH team will receive list of GP practices with lowest uptake and work with ICB screening team to address these

Bury Council

How can the system help us improve uptake?

- For Care staff: raising awareness of flu vaccine eligibility, improving access to vaccines (e.g. on-site vaccine sessions) to combat declining seasonal vaccine uptake post-pandemic
- Residents and patients: take a “make every contact count” approach to vaccines by asking about vaccine status, signposting to GP for trusted conversation and catch-up vaccine offer
- Bury Council is to offer flu jabs for all staff - could this be offered at other organisations?

Bury Council

Meeting: Integrated Delivery Board			
Meeting Date	01 December 2025	**Action**	Receive
Item No.	8.1	**Confidential**	No
Title	Chief Officer's Report		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

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

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

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

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

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

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

Bury Integrated 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. This will be further accelerated by the recent GM ICB changes which have been announced, and is considered within a separate agenda item on this Board.

- There is a requirement for each Locality to develop neighbourhood plans in line with national guidance by the 14th February. The next stage delivery plans for neighbourhood working were agreed in December. 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 number of people from GM participated in the PPL live simulation of neighbourhood delivery in October. The scenario testing for me highlighted the risk of disconnection of strategy, services and residents and the dedicated capacity that is needed to support the effective development of neighbourhood teams. The outputs from this simulation will be shared with the Board and built into the development of our approach.

- Following recent discussions about how the system assures performance, we have commenced discussions to form a Bury Performance and Quality Committee which will undertake assurance on behalf of the IDC and Locality Board. . Key responsibilities include that:

  - quality metrics and key performance indicators as set out in, but not limited to, the NHS Standard Contract, NHS Operating Framework, NHS Oversight Framework, NHS 10-year plan are being monitored effectively.
  - risks are assured following Risk Scrutiny Group
  - programme delivery is assured through detailed review of programme highlight reports
  - the quality of all patient care is monitored and opportunities for improvements are continuously identified,
  - good practice and learning across providers and partners are shared.
  - effective quality surveillance systems and processes are in place for all services,
  - timely insight into quality concerns/issues, are responded to and escalated,
  - appropriate arrangements are in place to fulfil the localities statutory (as set down in law) safeguarding duties for children, young people and adults.

  A highlight report from this meeting will replace the full performance report which will be received quarterly by IDC Board and Locality Board

- Work on strengthening communication channels has commenced, which includes
  - Creation of the Bury Case Study
  - Videos to describe the work of the virtual hospital and the neighbourhoods

- Development of a monthly newsletter to start in the New Year which includes key outcome metrics which will be approved by Board in January
- A Christmas newsletter

Board members have been asked for their contribution to the case study and the newsletter.

- 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, though a transitional approach has been proposed to manage the transition from Care Organisations to Care Groups in the line with the development of the left shift strategy. 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.

- At the recent Team Bury away day, members were asked to consider their personal contributions, organisational commitment, and leadership of partnership focus on the following areas in relation to the priorities of Good Level of Development and Economic Inactivity from the following lenses:
  - Is your partnership/ organisation clear on how it currently contributes to this area of activity?
  - Do these priorities feature in your partnership forward plan, setting out how you will contribute to delivery against these?
  - Is your partnership/ organisation aligned to respective governance driving these priorities? (Representation at/ linkages to priority governance / respective items on your Board agendas?)
  - What practical measures can you put into place to strengthen delivery against the priority to improve outcomes (including reducing inequality)

  It is proposed that a future IDC development session is utilised to consider these topics.

A future IDC Board development session will be dedicated to these topics.

Delivery updates

- Development work on the Live Well proposal for Whitefield continues at pace, connected to the implementation of the health and care neighbourhood delivery plans.

- We have commenced discussions with partners to ensure closer connection between the adults and children's agenda, though there are already examples of good practice. A number of areas of focus have been agreed. This will be a focus for the quarterly neighbourhood development workshop in December alongside population health and urgent care offers from FGH and NMGH. The children's development plan will be brought to a future IDC 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 through October. The GM Consultant Connect offer is now live which will support achievement of our ambition. This has been promoted through the GP webinar and at present is achieving 62% deflection rates

- We have continued to work with Safe Steps to develop a proposal for testing different approaches within out locality as part of a national pilot. The IDC Board approved progressing with this application .This does not carry any financial risk and would being resources into the Locality.

3. IDC Programme Highlights:

Complex Care

Performance >80% for past 18 months for 28d standard**.**
Q1 2025-26 – 90%
Q2 2025 – >80%
Q3 – on track
No long waits.

Recovery plan in plan for financial recovery in place, challenged due to prior year pressures, increasing costs of packages and patient numbers. CHC 29 more patients this year compared to last year.

Robust scrutiny from GM ICB.

Children's list – work underway to ensure the LA invoice as per funding agreements set out in Complex Case Panel applications. A few cases only remain unresolved. Benchmarking against national guidance for health contribution completed.

Primary Care

Prog.1 - Alternative at Scale Solutions

- Winter surge and Acute Respiratory Hubs live as of 3rd November 25.
- Respiratory Diagnostics Service – Specification to be submitted to GP Board/PCCC in November

Prog.2 – Communications and Engagement

- GPPS – Deeper dive of locality data going to GP Board this month and PCCC in November (deferred from September and GP board meeting cancelled in October)
- Friends and Family Test – IPLATO Pro effect caps practices at 50 responses now effecting several practices

Prog.3 – Data and Digital Ambition

- CQRS local – Implementation discussions and set up of system (to support streamlined claims/approvals and reimbursement)
- Diabetes Myway now in place in 76% of practices (was 48% in 24/25)
- Cloud Based Telephony - Ongoing support being given to last outstanding practice
- Reducing unwarranted variation – Update to GP Board/PCCC in November
- QOF - Maximising GP Income Paper to be submitted to GP Board / PCCC in November

Prog.4 – Effective Pathway Navigation

- A&G consultant connect data sharing agreements with practices (20 out of 25 practices now in place)
- Community Services – Self-referrals to be discussed as part of a wider workshop (date to be arranged). This and Pharmacy First options are supportive enablers detailed within the recovering access to primary care requirements first published in 2023. Without these deflection routes it will be difficult for practices to manage new contractual requirements which came into force from 1st October 2025 (Patient Charter published on websites, GP Connect changes, Online consultations requirements).
- Online Consultation Compliance – regular assurance is being provided and areas of concern flagged and addresses as necessary

Prog.5 – Current and Future Estate

- No further updates this month

Prog.6 – Integration (Wider PC/Neighbourhoods/PSR)

- No further update this month

Prog.7 – Quality and Assurance

- CAIP – PPV process now complete with confirmation to PCN audited they meet the faster care navigation domain
- CQC – New contact confirmed as Adam Webb (previously of Health Watch)
- PCN DES see November Q2 Board/PCCC paper for full details:
  - ARRS 24/25: Bury PCN March 24 claims outstanding finance ratification and payment
  - ARRS 25/26: All PCNs to submit March 25 and September 25 claims for ratification and payment
  - 111 utilisation and usage conversation taking place with Bury PCN
  - Enhanced Access data September Bury PCN outstanding
  - Enhanced Access data October due for all PCNs,
  - Whitefield EA Utilisation Update Report to be submitted to GP Board/PCCC in November
  - Risk – Bury PCN is unable to identify a practice to cover Highbank Care Home as part of the PCN DES. Discussions regarding a response to this are ongoing.

Prog. 8 – System Leadership

- BeCCoR 26/27 – see November GP Board/PCCC paper for full update

Prog.9 – Workforce (recruitment/development and retention)

- Active practice achievement – Good progress being made 16% 24/25 position – currently at 32% of Practices
- Good Employment Charter – Good progress being made 4% 24/25 position – currently 8% of Practices
- Workforce Strategy - Retention survey changed to Workforce Experience to gain wider insight. Promoted at PM forum
- Update given to wider system partners at Strategic Workforce Group
- CPD Funding for the equivalent of 64 nurse places for 25/26 confirmed.

Adult Social Care (Socia Work Performance Board)

- Short-Term Assessments**:** There are currently 16 people waiting for allocation for short term assessment which is attributed to the reduction in maximum waiting days to improved data quality and the removal of outdated cases. Medium days have increased to 49 from 37 and maximum waiting days waiting is 137. Managers have been asked to check cases with high waiting times and email corrections to the performance team inbox.

- Overdue Reviews: There is a reduction in overdue reviews and highlighted that two cases remained overdue by more than 18 months, with one in the reviewing team and one in the Prestwich team, both now allocated. All managers to review their overdue reviews, ensure timely completion, and monitor performance, with a focus on quality and a strength-based approach.

- Awaiting Allocations: There was a slight increase in people waiting for assessment, with 23 cases exceeding the 56-day target, and noted that while maximum waiting times were good, median and overall numbers had risen**.** Managers described issues around new staff, planned leave and sickness that had affected their ability to allocate cases. Managers have been instructed to develop and implement plans with defined targets to reduce assessment waiting times back to the 56-day

goal. They should actively review how allocation rates are monitored and set appropriate targets for their teams. In addition, managers need to analyse workflow and track the number of days staff remain assigned to cases, identifying and addressing any delays to improve efficiency.

The board had a discussion around duty and managers were instructed to review the duty function to ensure it does not create additional pressure or demand. They should confirm that duty is office-based and fairly distributed across the team. If this has not already been done, managers must invite Emma to visit their team to review the duty function. Additionally, they need to examine the duty back-up process and ensure that the duty function is clearly documented within the team's Standard Operating Procedure (SOP).

- Performance Data Review**:** The Board presented a comparison of current performance with the previous November, noting some negative trends. Team managers discussed their approaches to monitoring allocations and closures. The interventions have been compiled from the meeting and performance and shared with the managers.

- EDI Data Collection: The board set a target to reduce unknown ethnicity data to 2% and, following Conor's suggestion, agreed on a 10% reduction target for religion, sexual orientation, and accommodation status within a month.

- Staff Calendars, Home Working, and Safety: The chair instructed managers to ensure that staff calendars clearly reflect work activities, including home visits with relevant details, and that absences such as sickness or leave are properly recorded.

- Finance Update: Finance board reported a current overspend of approximately £5 million, driven by a £5.9 million overspend in the community care budget, despite £2.3 million in savings. The main cost pressures were identified as increased care package costs and a drop in care package reductions, with the chair urging managers to focus on timely reviews and careful authorisation. The chair encouraged managers to facilitate more direct allocations and reduce reliance on duty work, as this improves both financial outcomes and service quality.

- Peer Verification and Support Planning: The chair announced the next steps for peer verification, including forming a task and finish group to expand the process to review activity

LD & Autism

- Autism coproduction network: contract awarded to "Respect for All" (charity): to make sure an effective network is established so that voices of our residents are heard.
- 1st meeting of ASC neurodiverse staff network took place: enabling peer support and raising issues
- Commissioning Outcomes Framework delivered, enabling effective monitoring of performance against objectives.

Palliative and EoLC

- Rapid dis-charge checklist for PEoLC patients pilot has now been completed – currently with Admissions, Discharge group for approval.
- Work remains on track for a soft launch of completion of EPaCC records by the specialist tier of palliative care services towards the end of November

- The combined SPC referral performa has been develop, awaiting formal 'acceptance' by the Documentation Group.

Elective Care/Community

- Mobilisation of the GM A&G service (Consult Connect)
- Draft Intra Health Anti-Coagulation Service Review completed.

Urgent and Emergency Care

- GP Out of Hours Commissioning – discussed 2026-27 arrangements with senior colleagues. Prepare commissioning intentions paper for PCC Board for locality approval of proposal.
- GM ICB Locality Assurance Meeting – prepare slides for GM LAM meeting in November as there is a focus on urgent care.
- Urgent primary care streaming service and urgent care pathways review – commence discussions with providers over the impact if recommendations are implemented. Ensure conversations take place with GM ICB Leads for HR/Contracts and procurement prior to the meeting with providers.
- BCO Collaborative Group 1 – planning for second, BCO Group 1, neighbourhood workshop.
- Better Care Fund – Locality meeting to review BCF Q2 performance and Q2 submission.
- Healthwatch – "Enter and View Team" – plan FGH review at Q&E.

Mental Health:

Commissioning:

- Launch of expression of interest process to identify a provider to undertake engagement with people with lived experience to inform the new Bury Mental Health Strategy.
- Small amount of additional investment agreed to support a neurodevelopmental assessment wating list initiative in Community Paediatrics.
- Ongoing work to extend Advocacy Services contract.

Service Development:

- The Bury CYP Neurodevelopmental Hub service provided by First Point Family Support has had a soft launch with the commencement of drop-ins for families signposted by the SEND Health Visiting Team and Portage Service.
- Suicide Ideation Group being formed in collaboration with the BIG.
- CYP MH mapping of provision in schools taking place
- 3rd MH mapping workshop took place now gathering all feedback to produce a new report and action plan and also to feed into Living Well Model / framework.

Misc:

- LD services benchmarking peer review process.

Community mental health benchmarking as part of GM ICB review.

Neighbourhoods:

Programme wide:

- Stakeholder engagement to establish shortlist of metrics for development of Neighbourhood dashboard.

- Ongoing practice visits and focussed meetings ongoing to raise awareness of new Neighbourhood
- Engagement work with Jewish community organisations.
- Engagement work with NWAS to develop referral pathway into ACM for frequent 999 callers.
- Engagement work with NMGH to develop referral pathway into ACM.
  GP practice priorities and targets.
- Ongoing ACM review including process mapping and focus group evaluation.
- Ongoing work on INT / ACM quality self-assessment.
- Completion of CQC assessment of ASC.
- Work progressing on the design work for the Bury Live Well Hub.
- EPaCCS readiness survey circulated to practices.
- Meeting with Community Safety lead to understand initiatives being taken in response to the Heaton Park Synagogue attack.
- Continued work with PSLTs on priority areas including hoarding and cuckooing.

4. Performance – November 2025

Mental Health

Percentage 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 Sept 2025, 34.2% of patients aged 14 and above completed an LD health check, showing an improvement compared to 27.7% in Aug 2025 and 32.7% in Sept 2024.

The Bury locality currently reports a rate close to the Greater Manchester (GM) average of 35.5%, ranking it 5th among GM localities.

Number of MH Patients with no criteria to reside - This metric is monitored on a daily basis to ensure timely oversight and responsiveness.

In Oct 2025, the number of mental health patients with NCTR in Bury was 14, marking an increase from the previous month. Bury presently reports 0.066 NCTR patients per 1,000 people, which is higher than the Greater Manchester (GM) average of 0.048. Within GM areas, Bury has the 6th lowest reported rate.

Percentage of MH Patients with no criteria to reside – As of Oct 2025, 18.4% of mental health patients in Bury with no criteria to reside (NCTR), representing an increase from 13% in Oct 2024 and an increase from 12% in Sept 2025.

Bury's current percentage is higher than the Greater Manchester (GM) average, which stands at 14.7%. Among the GM localities, Bury ranks as having the 8th lowest NCTR percentage.

Length of stay adults: (60+ days) Mental Health Patients – In Sept 2025, 28.6% of MH Patient discharges in Bury involved a long length of stay (LOS), an increase from 26.7% recorded in Sept 2024. Bury currently has the 3rd lowest proportion of long LOS discharges among the Greater Manchester (GM) localities. The GM average for the same period is 29.3%.

Both Bury and GM exceed the national target, which is set at 0%.

Access to individual placement and support services - Mental Health Patients - The number of individuals accessing Individual Placement and Support (IPS) Services rose to 180 in Sept 2025, compared to 175 in August 2025 and 75 in Sept 2024.
Bury presently records an access rate of 0.85 per 1,000 population, placing it 7th among the localities within Greater Manchester.

Access to community MH services for Adults and other Older Adults with Severe Mental Illness - In Sept 2025, a total of 2,275 Bury-registered patients with severe mental illness had two or more interactions with adult mental health services. This marks an increase from 1,600 contacts noted in Sept 2024, and an increase from Aug 2025, which recorded 2,210 contacts.
Bury currently reports 13.6 contacts per 1,000 population, positioning it as the third lowest rate among the Greater Manchester (GM) localities.

Talking Therapies Access Rate – In Sept 2025, there were 340 recorded accesses to NHS Talking Therapies by Bury-registered patients, higher than the same period the previous year (295).

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.

Talking Therapies Second Treatment Waits - In Sept 2025, 37.9% of patients in Bury attended their second appointment within 90 days of their first, reflecting an increase since Aug 2025 (27.6%).
This performance is below the Greater Manchester (GM) average of 42.6%. Bury currently ranks the 4th lowest among all GM localities for this measure. Both Bury and GM remain above the national target of 10%.

Talking Therapies 6 Week Waits: In Sept 2025, 60% of patients waited six weeks or less from referral to starting IAPT treatment, marking an improvement from 58.1% the previous month. However, this is a decline compared to Sept 2024, when the performance was 88%. Bury's current performance falls below both the Greater Manchester (GM) average of 77.9% 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.

Talking Therapies 18 Weeks Wait - In Sept 2025, there were 100% of patients that waited 18 weeks or less from referral to entering IAPT treatment. This represents a marginal increase from 96.8% in Aug 2025. Bury's performance remains above the national target of 95% and is also higher than the Greater Manchester (GM) average of 95.2%. Bury ranks as the highest among the GM localities.

Talking Therapies Recovery Rate - Sept 25 data shows a Talking Therapies recovery rate with 49.0%, a decrease on the previous month. This is below than the performance in the same period last year, which was 51.0%. Currently, Bury ranks as the 4th 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.

% of people with SMI to receive all six physical health checks in the preceding 12 months – MH Patients - Published data indicates that, as of Oct 2025, 54.5% 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 1,117 out of 2,051 eligible patients.

In comparison, the Greater Manchester (GM) average for the same period was 58.6%, 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.

Dementia: Diagnosis Rate (aged 65+) - As of Sept 2025, 76.6% 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 75%, 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 Sept 2025, 220 women registered in Bury accessed Perinatal Mental Health Services. This represents an increase from 190 accesses recorded in the equivalent period ending Sept 2024.
Bury currently reports an access rate of 5.3 per 1,000 population, which is the 2nd highest rate among all Greater Manchester (GM) localities.

Access to Children and Young People MH Services - In Sept 2025, there were 3,515 recorded visits to Children and Young People's Mental Health Services by patients registered in Bury. This marks a slight increase from the 3,470 visits recorded in Aug 2025, and a decrease compared to the 3,565 visits reported during the same period last year.

Bury currently reports an access rate of 77.9 per 1,000 population, placing it fifth highest among the Greater Manchester localities in terms of access rate per 1,000 population.

Percentage of CYP receiving Autism Assessment within 18 weeks of referral In Sept 2025, 0% of CYP received an autism assessment within 18 weeks of referral, down from 25% 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.

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

ADHD average wait in weeks from referral to first assessment MH patients - In Sept 2025, the average waiting time for ADHD assessments, measured from referral to first assessment, was 103 weeks. This represents an increase compared to August 2025, when 53 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.

Urgent Care

A&E 4-Hour Performance – This metric is monitored on a daily basis to support timely performance oversight. In Oct 2025, Bury achieved a 4-hour emergency care performance rate of 68.7%, representing a decrease from 71.7% in Sept 2025. This also reflects an increase compared to 67.5% in Sept 2024. Bury's performance is currently above the Greater Manchester (GM) average of 67.7%, ranking as the 5th highest among GM localities.

A&E Attendances – In Oct 2025, there were 7,375 A&E attendances recorded for Bury-registered patients. This represents an increase from 7,166 in Sept 2025 and an increase from 7,178 in Oct 2024. Bury currently reports an attendance rate of 34.7 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 Oct 2025, the NCTR percentage for Bury was 17.0%, reflecting a slight decrease from 17.1% in Sept 2025, but an increase compared to 15.3% in Sept 2024. Bury's rate remains above the Greater Manchester (GM) average of 13.6% and currently ranks as the 9th lowest percentage among GM localities.

Total number if specific acute non-elective spells – In Oct 2025, there were 1,910 specific acute non-elective spells recorded for Bury-registered patients. This reflects a decrease from both 2,070 spells in Sept 2024 and 2,059 spells in Sept 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 Oct 2025, 98.8% of Urgent Community Response (UCR) referrals for Bury-registered patients received a response within the two-hour standard. This represents a slight increase from 97.6% in Sept 2025. Bury currently holds the third-highest performance among the Greater Manchester (GM) localities and exceeds the national target of 70%.

Elective, cancer and diagnostics

Diagnostics Waiting 6 weeks + - In Sept 2025, 9.9% of patients in Bury were waiting more than six weeks for a diagnostic test. This represents a decrease from 15.8% in Sept 2024. Bury's performance is better than the Greater Manchester (GM) average, which stood at 16.6% in Sept 2025. Bury and GM are both above the less than 1% target.

RTT Incomplete 65+ weeks Waits – As of Sept 2025, there were 4 patients from Bury experiencing waits of 65 weeks or more, a reduction from Aug 2025 when there were 5 patients. This also reflects a reduction when compared to Sept 2024, when 38 patients were recorded.

Bury currently holds the position of having the 5th lowest number of 65+ week waits among the Greater Manchester (GM) localities.

28-day wait from referral to faster diagnosis (all patients) – In Sept 2025, 75.8% of patients in Bury received their cancer diagnosis outcome within 28 days following a two-week wait (2WW) referral. This marks an improvement from 75.2% in August 2025, as also an improvement from 64.0% in Sept 2024. Bury is currently ranked as the 7th highest performing area within Greater Manchester (GM) for this indicator.

The GM average for Sept 2025 is 75.7%, 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.

Immunisations and screening

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 Oct 2025 was 68.1% among individuals aged 24 to 49 years, and 74.2% among those aged 50 to 64 years. Both figures fall below the efficiency target of 80%.

Infection Control

E. Coli Blood Stream Infections – In the 12-month period ending Sept 2025, 137 cases of E. Coli bloodstream infections were recorded among Bury-registered patients. This is an increase from Aug 25 when 132 cases were reported, but below the 150 cases in Sept 2024. Bury currently reports an infection rate of 0.64 per 1,000 population, ranking as the 6th lowest rate among the Greater Manchester (GM) localities.

Antimicrobial 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%.

Care provision

% of CHC referrals completed within 28 days - The % CHC referrals completed within 28 days for Sept 2025 is 82.8%, this is a decrease from June 2025 when the figure shows 92.3%. Bury is currently ranked 7th among the GM localities.

Percentage of Care Homes Rated Good or Outstanding - In Oct 2025, 86.3% of care homes received ratings of 'Good' or 'Outstanding', matching the previous month. Bury holds the position of third highest among the Greater Manchester areas for this indicator.

Percentage of Vacant care Home Beds - In the week commencing 18th Nov 25, 16% 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 11%.

5. Recommendations

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

Kath Wynne-Jones
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December 2025

BURY
INTEGRATED CARE
PARTNERSHIP

Evolution of the Bury Place Based Partnership

Part of Greater Manchester
Integrated Care Partnership

Introduction

This slide deck is intended to update the Board on the emerging proposals from the GM ICB, with regard to the development of Place Based Partnerships.

The emergence of these proposals is key to inform how we take forwards the next stage of our partnership development within the Bury Locality.

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Strategic Commissioning Narrative for NHS GM

Part of Greater Manchester
Integrated Care Partnership

The 10 Year Plan – Significance for GM

NHS Greater Manchester

- There is strong alignment between the 10 Year Plan and existing plans in GM –our ICP Strategy, Sustainability Plan and 2025/26 Annual Plan are in line with the three strategic shifts set out in the 10 Year Plan. We are finalising our analysis of all commitments in the 10 Year Plan and the current position on each in GM.

- We welcome the focus on neighbourhood working – and we have a strong foundation to build on in GM. Each of our 10 localities has applied to join the Neighbourhood Health Implementation Programme – launched nationally to follow the 10 Year Plan

- There are some new commitments in the 10 Year Plan where need to agree our approach on in GM – for instance, new neighbourhood contracts and the abolition of ICPs. We will be guided by to what extent the new policy can enhance existing arrangements in GM – for example on how the new contracts might strengthen our neighbourhood model and how we can maintain current system engagement (including with politicians) if the ICP is abolished.

- Confirmation of Greater Manchester as the UK's first Prevention Demonstrator. A significant opportunity for us to lead the way on prevention and reducing demand on public services. Discussions are ongoing with Government to finalise the programme and confirm the areas of focus – for example, how we respond collectively to the to the challenges of economic inactivity and ill health

- The main delivery vehicle for the Prevention Demonstrator will be our Live Well approach in neighbourhoods. Live Well is included as a case study in the 10 Year Plan

Delivering the 10 Year Plan through a Transformed ICB

NHS Greater Manchester

Context

10 Year Health Plan

New Greater Manchester Strategy (GMS)

The Three Shifts

Hospital to Community

Analogue to Digital

Sickness to prevention

Delivery through our transformed ICB

- ICB as Strategic Commissioner – leading strategic partnerships, setting system strategy and priorities and allocation of resources
- 10 Integrated Place Partnerships underpinned by strong partnership agreements to drive local integration and improve population health
- Convening the system at both GM and place level to deliver on major ambitions – Live Well, Pan Public Service Neighbourhood Model, Prevention Demonstrator, Digital Transformation and Innovation

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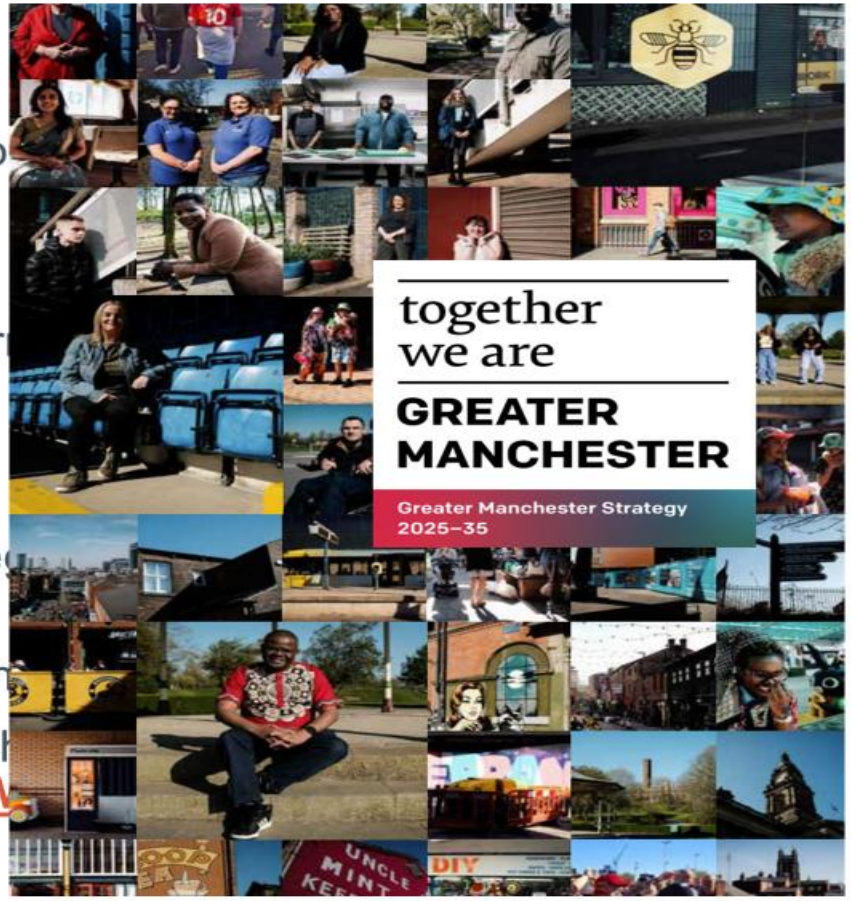
The Strategic Context: The New GMS

The new Greater Manchester Strategy sets out a bold, collective visio
everyone can live a good life. It emphasises:

- **Prevention and early help** as a foundation for public service refor
- **Community power and participation** as drivers of change.
- **Innovation and collaboration** as enablers of transformation.
- **Tackling inequality and advancing equity**, ensuring everyone re
  circumstance, can access opportunities and live a good life.
- **Kickstarting another decade of growth** by supporting existing an
- **Live Well is a core delivery mechanism** for the ambitions within t
  neighbourhood delivery and locality leadership, enabled by GM



We want Greater Manchester to be a thriving city region where everyone can live a good life

NHS Greater Manchester

Strengthening our communities

We will help people, families and communities feel more confident in managing their own health. We will act on this with a range of programmes, including working across Greater Manchester to support communities through social prescribing, closer working with the VCFSE and co-ordinated approaches for those experiencing multiple disadvantage.

Helping people get into, and stay in, good work

One of the purposes of Integrated Care Systems is to support wider social and economic benefits from NHS investment. We will act on this by expanding our Work and Health programmes, working with employers on employee wellbeing, through the Greater Manchester Good Employment Charter and developing social value through a network of anchor institutions.

Recovering core NHS and care service

We will work to improve ambulance response and A&E waiting times, reduce elective long waits and cancer backlogs, improve access to primary care services and core mental health services, improve quality and reduce unwarranted variation.

Supporting our workforce and our carers

We will promote integration, better partnership working and good employment practices, as well as supporting our workforce to be well and addressing inequalities faced in the workplace. We want more people choosing health and care as a career and feeling supported to develop and stay in the sector. We will consistently identify and support Greater Manchester's unwaged carers.

Achieving financial sustainability

Financial sustainability – 'living within our means' – requires an initial focus on financial recovery to achieve a balanced position. We will confirm, quantify and tackle the main reasons for financial challenges in Greater Manchester, implementing a system wide programme of cost improvement, productivity, demand reduction and service transformation.

Helping people stay well and detecting illness earlier

We will collaborate to reduce smoking rates, increase physical activity, tackle obesity and alcohol dependency. We also want to do more to identify and treat high blood pressure, high cholesterol, diabetes, and other conditions which are risk factors for poor health. We will embed a comprehensive approach to reducing health inequalities.

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Establishing the Place Health and Care Partnership

Part of Greater Manchester
Integrated Care Partnership

How NHS GM works together

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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**

Background

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The story so far:

- We have already agreed 9 principles for a new model of place-based working
- We are able to describe what the function of place-based partnerships is
- We know that effective place partnerships require the contribution of all partners, and probably requires a formal partnership agreement
- We have started to describe and agree what the role/contribution of NHS GM (as one of the partners) is to each of the 10 place-based partnerships in terms of skills and capacity
- And we need to describe on what place-based partnerships can rely on from the ICB strategic commissioning function
- We recognise the precise configuration in each place might be different but, in the end, the operating model needs to describe a level of funding supporting the NHS GM contribution to the place partnership

Place Principles

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Consistently described across GM as formal Place-based Partnerships and the new neighbourhood health and care provider vehicles

Consistently described across GM functions to be discharged through Place-based Partnerships

The discipline of population health improvement must be the goal of all 10 places and its strategies and plans must articulate how it will achieve this

Strengthened accountability for all 10 Place-based Partnerships between partners

Leadership and workforce - a workforce with a shared ambition for health, wellbeing and independence able to improve the delivery of shared outcomes

Use the reform agenda to reset the relationship with citizens with Place-based Partnerships leading the work to deliver on that

Each Place-based Partnership will deliver core features of a neighbourhood health model (Live Well)

Measure success in outcomes, not outputs

Finance - a clear line of sight to the total place spend on health and care, understand what aspects of that spend are influenceable and clarity of what spend the Place-based Partnership is directly charged with control of.

Place Health and Care Partnership

NHS Greater Manchester

The Place Health and Care Partnership (PHCP) convenes the full spectrum of health and care resources to…

• **Improve population health, wellbeing and tackle inequalities** 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-centred care** using population health management to tailor approaches.

• **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 commissioning and the use of pooled/aligned budgets to optimise impact.

• **Drive effective partnership working** through shared strategy, integrated delivery models, collaborative leadership, and an inclusive and supportive culture.

Consistent Outcomes across Place

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Partnerships will be grounded in a shared ambition to improve population health, reduce inequalities, and provide seamless, person-centred care. A suite of outcomes that reflect what matters most to communities, measured not only in service performance but in lived experience, will be used to drive and demonstrate effectiveness:

- **A narrowing of the healthy life expectancy gap between the most and least advantaged communities, alongside a general uplift for all residents,** measuring this through locally meaningful indicators of inequality, prevention, and early years development, anchored in what matters to people, such as “I feel supported to live a healthier life where I live.”, and also ensuring the future sustainability of the NHS and support economic growth.

- **Increased proportion of care delivered in neighbourhood settings**, reducing health inequalities, reliance on emergency services and enabling earlier support.

- **Improved staff wellbeing and retention** across sectors, as a marker of a compassionate, sustainable and inclusive local system.

- **More effective use of local partners' collective resource to achieve shared outcomes**; evaluating impact and taking an approach of continuous improvement.

Place Partnership Agreement

NHS Greater Manchester

- **Strategic Alignment**: The Place Partnership Agreement creates a formal, shared framework that aligns local priorities with Greater Manchester's wider health and care mission.
- **Collaborative Delivery**: It will establish clear expectations for joint action across NHS GM, councils, VCSE, providers, and public voice - anchored in co-ownership and mutual accountability.
- **Integrated Governance**: Through the Place Partnership Board, partners will steer strategy, set priorities, manage aligned budgets, and coordinate delivery.
- **Responsive Planning**: Each place will develop business plans that reflect both national guidance and local ambition - driving measurable outcomes through joined-up services.
- **Defined Roles**: Partners retain accountability to their own organisations, while contributing to shared goals with agreed escalation and decision-making mechanisms.
- **Cultural Transformation**: The Agreement sets out cultural principles rooted in compassion, equity, and innovation - breaking down boundaries and embedding resident voice into design and delivery.

Assumptions within a Partnership Agreement

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NHS GM will be a partner to the agreement, supporting the creation of the Place Partnership Team and also deploying/assuring "product/resource" availability through GM level functions, to support. Initial assumptions around this are:

Benefits realisation - assume that performance management will be undertaken either at GM or regional level, places will need support to identify impact of delivery actions taken at place. Unlikely that the current GM DII model will continue 'as-is' but assume place will need capacity, which could potentially be with other partners/clustered with other place partnerships.

Comms & Engagement - assume provided via a combination of GM/regional function and place-based partners. Vital to support co-production with residents.

Quality - anticipate that this will be a GM function. However, we will need clinical and professional support within place partnerships, for example, to support delivery of general practice quality schemes, the quality of VCSE contracts and ND pathways. Another significant area is the quality of the care market. Assume this will be provided at GM but need to be present in locality due to the diverse nature of this market across GM. Need to understand the outputs from design group but suggest an element is built into place structures.

Clinical Leadership - clinical, professional and practitioner leadership is essential to delivery at place. This will be a combination of contribution from GM, place partners but will also require senior medical and nursing leadership. Leadership to provider collaborative and clinical senate another key role. We need to understand the outputs from design group but assume an element will need to be built into place structures.

Digital - assume digital support will be provided centrally across GM to support GPIT with place partners working together (with central input) on place specific solutions. Further consideration linked to Resource Model needed with regards to digital support to Place Partnership teams.

Data, Insight & Intelligence - as with benefits realisation, it is essential that each place has the relevant information to support place-based delivery and be able to answer the 'so what' question. Assume this will be through a GM team with place-based deployment.

Finance - assume that place will receive budget through a formal Place Health and Care Partnership Agreement. Each place will, therefore, need a level of financial support. Also, there will be a need to coordinate funding transfers in line with the strategic shifts. Agreed that place should have a view and understanding of the total spend. Therefore, there will need to be senior financial expertise within a place structure.

Governance & Programme Management - strong governance, supported by the formal partnership arrangement, is essential to delivery at place (1 of the 9 agreed principles). Places will need capability to facilitate this and keep the system safe. Assume provided via a combination of GM function and place-based partners, with an opportunity to work smarter in the use of technology and AI (minute taking etc).

OD, HR & EDI - Assume provided via a combination of GM function and place-based partners, subject to approach taken with regards Resource Model.

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A Place Health and Care Partnership in Motion

Part of Greater Manchester
Integrated Care Partnership

Place in Motion: System Leadership in Action

NHS Greater Manchester

Place isn't a programme. It's a living, breathing network of people, capabilities, behaviours and purpose.

The Place Health and Care Partnership turns shared purpose into powerful, practical change, enabling leaders and communities to shape health and wellbeing together, through...

- 🏘️ Activating a One-Public Estate Strategy : Connecting physical assets to health creation, co-locating care, prevention, and support in familiar, trusted spaces across neighbourhoods.
- 👶 Leading across the Life Course : Designing inclusive models that respond to early years, working-age adults, and ageing well, reducing inequalities through locally connected interventions.
- 📊 Making Intelligence Work : Using place-level data, lived experience and population health tools to inform planning and action, not just reports, but decisions.
- 🧠 Creating Conditions for Improvement : Facilitating planning, policy and culture that enable iterative learning, system change and confidence across teams.
- 🤝 Joining Up Leadership : Building alignment between NHS, Council, VCSE, housing, education, policing and business, advancing shared priorities through matrix working.
- 🗣️ Empowering Resident Voice & Co-Production : Enabling people to take action on what matters to them, not just what services deliver, from co-design to community activation.
- 🔄 Shifting to Prevention & Early Support : Reshaping investment logic to move resources upstream, reducing reliance on reactive services and strengthening independence.
- 💼 Anchoring Delivery in Collaborative Governance : Integrating joint commissioning, aligned budgets and strategies, tying money to purpose and holding partners accountable.

Place is where energy gathers. It's where resource depth becomes impact. Where professionals and residents problem-solve together, and small wins accumulate into something bigger. It's collaborative leadership, local intelligence, and system confidence moving in one direction: better health, better wellbeing, delivered together.

Place in Motion: Collective Focus across Partners

NHS Greater Manchester

The strength of Place lies in its diversity, not a single team, but a shared system where all contribute to transformation…

Place Capability	Enables	Enabled By
🤝 **System Leadership & Alignment**	- Translates shared purpose into joined-up action - Steers governance and integration - Builds relational trust and prioritises shared goals	NHS GM, NHS Providers, Primary Care, Local Authority, VCSE leaders, Elected members, Neighbourhood leaders
📊 **Data, Intelligence & Improvement**	- Turns insight into action and tracks what matters - Builds population health dashboards with local context - Supports real-time learning and adaptation	Public Health, BI teams, NHS & Council analysts, Academic partners, Community Connectors
🛠️ **Frontline Service Integration & Transformation**	- Delivers proactive, multidisciplinary, high quality and inclusive care - Adapts services around lived experience - Responds swiftly through locally rooted teams	Health & Care Providers, Social Care teams, VCSE organisations, Housing & community-based services, Neighbourhood leaders
🧭 **Place Planning & Resource Logic**	- Aligns investment with life-course outcomes - Models delivery around long-term sustainability - Anchors programmes in shared value	Transformation teams, Finance leads (NHS & Council), Programme managers, Neighbourhood leads shaping priorities
🗣️ **Engagement, Co-Design & Public Voice**	- Enables people to shape change directly - Centres design around what matters to residents - Builds ownership, trust and resonance	Patient/Resident Voice, Engagement teams, VCSE navigators, Councillors, Comms leads, Neighbourhood forums, youth and lived experience leaders
🏘️ **Community Activation & Wider Collaboration**	- Tackles wider determinants through a community-first mindset - Aligns education, safety, housing and business with wellbeing - Creates neighbourhoods that promote health	Primary Care, Schools, Housing teams, Police, Local Businesses, Leisure & Sport partners, Universities, Neighbourhood leaders

Core Capabilities in Place

NHS Greater Manchester

Building a robust place partnership team hinges on blending technical, relational, and adaptive capabilities that cut across sectors and enable a team to lead with clarity, credibility, and creativity.

The skills of the Place will be drawn from the strength of the partnership, not just from those who are NHS GM directly funded, but in the opportunity to bring resource together from across all partners and by maximising the products/resources available to be deployed from the NHS GM Strategic Commissioner function.

Capability	Skill Example	Why It Matters at Place
Data and Insight Application	Ability to build and interpret population health dashboards within Tableau	Turns intelligence into planning power at the neighbourhood level
Community Engagement	Skilled in facilitation, lived experience inclusion, social marketing techniques	Moves the model from “about people” to “with people”
Co-Design and Service Pathway Mapping	Use of tools to support process and journey mapping	Clarifies responsibilities and simplifies delivery for integrated teams
Programme Delivery	Ability to scope, plan, and execute delivery of multi-agency programmes	Operationalises priorities with pace and accountability
Financial Acumen	Ability to model aligned budgets, monitor spend, and support value-based decision-making	Enables shared investment logic and anchors delivery in sustainability
Strategic Communications	Skilled in crafting key messages, infographics, or briefing packs for diverse audiences	Builds shared understanding across sectors and up/down governance tiers
Relationship Building and Brokering	Ability to build trust and align actions across VCSE, NHS and local authority	The oil in the system that enables collective problem solving
Negotiation and Influencing	Particularly across matrix structures or with providers	Supports integrated decision-making with buy-in
Population Health Literacy	Understanding inequalities drivers, protective factors, and assets	Reframes delivery to prevention, outcomes and impact, not just service metrics
Clinical Leadership/Influence	Ability to lead strategy, align clinical priorities, and drive service improvement	Ensures credibility, quality, and integration across multidisciplinary teams and delivery models
Change Management	Basic fluency in managing resistance, securing buy-in, leading iterative improvement	Enables adaptation and learning across cycles

Place Partnership Leadership Team

NHS Greater Manchester

While each Place will reflect its own unique context, challenges, and opportunities, a consistent framework will underpin the development of Place Partnership Leadership Teams. This framework is anchored in the contribution of NHS Greater Manchester and shaped through shared principles of integration, collaboration, and purpose.

These leadership teams will be designed to harness the full breadth of partnership resource, spanning NHS, local government, VCSE, and wider public services, to optimise delivery and drive meaningful outcomes for communities. Their strength lies not in structural uniformity, but in the ability to mobilise collective capability around shared priorities.

Early engagement with Place partners has demonstrated a strong appetite to align and deploy resource collaboratively, signalling a clear commitment to co-owning delivery and shaping transformation together.

This momentum provides a powerful foundation for the next phase of development, where partnership becomes the engine of change.

Resourcing the Place Based Partnership

Alongside these emergence of these proposals for Place Based Partnerships, it is important to consider the proposed ICB workforce changes, seeing a likely 39% reduction in headcount We are unsure how this will impact Place directly at this stage, however it is important as a Locality that we recognise the risk associated with this change, as it is likely that our workforce supporting place will reduce.

At present the delivery of our Transformation Portfolio is supported primarily from a managerial perspective through 2 teams :

- Former LCO team hosted by the NCA which has reduced significantly in size. The future arrangements for the hosting of this team are unclear within the context of CLM as the transition from Care Organisation to Clinical Groups happens, as the planning and delivery teams are connected through the Care Organisation arrangements at present. Through the NCA Place working group, a 12-month period of transition has been proposed to enable Localities to determine future Place arrangements in the context of known ICB restructure impact. All Localities across the 4LP footprint are in the same position.

- ICB Locality Team based in Place, which is likely to be impacted by headcount reductions. The ICB has described through a model construct the capacity and capability it expects each Place to have constructed, which will be resourced.

It should be recognised that many IDC Board members take on distributed leadership roles for specific programmes of work, however the programmes are in the main supported by managerial project and administrative resource from these 2 teams. Other teams such as Adult Social Care Commissioning and Public Health do also contribute to the running of programmes relating to their core business from a managerial perspective.

Given the uncertainty relating to all aspects of Place based Partnership support, it is important that we review all of our leadership arrangements and available capacity and determine if there is any resource from any other partner organisations who we can pull together within the virtual Bury Place Partnership Team moving forwards.

Recommendations

Board are asked to :

- Recognise the likely asks of the Place based Partnership from GM ICB
- Recognise the potential reduction in resource to support our ambitions from the ICB , and the potential risks associated with the CLM model through the transition period
- Consider any potential resource contribution from individual partners to a Place based delivery team
- Consider any leadership gaps that may appear as a result of organisational restructures currently taking place
- Consider how we should mitigate the emerging risks . It is proposed that this remains a regular topic for the Board with transitional plans developed once known impact becomes clearer from the ICB and the NCA.

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	Sep 25	2	2	→	2	N/A	N/A	N/A
	N/A	Adult inpatients with LD and LDA	Monthly	Sep 25	4	4	→	3	N/A	N/A	N/A
	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Sep 25	34.2%	27.7%	↗	75.%	405	1,184	Inter
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Sep 25	3,515	3,470	↗	5,765	N/A	N/A	Lower
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Sep 25	76.6%	76.3%	↗	66.7%	1,894	2,472	Upper
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (rolling 3 month total)	Monthly	Sep 25	3,230	2,560	↗	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	Oct 25	14	9	↗	N/A	N/A	N/A	Lower
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Oct 25	18.4%	12.0%	↗	N/A	14	76	Lower
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Sep 25	2,275	2,210	↗	4,340	N/A	N/A	Inter
	S081a	Talking Therapies: Access Rate	Monthly	Sep 25	340	245	↗	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Sep 25	220	205	↗	N/A	N/A	N/A	Lower
	S125a	Long length of stay for adults (60+ days)	Monthly	Sep 25	28.6%	28.6%	→	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
Cancer	N/A	Cancers Diagnosed at an Early Stage (12-month rolling): All Tumours Staged within RCRD	Monthly	Jul 25	57.4%	56.3%	↗	N/A	409	712	Lower
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	Jun 25	64.3%	64.2%	↗	63.7%	7,005	10,890	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Sep 25	79.0%	79.2%	↘	81.3%	67,671	85,685	Inter
Quality	S042a	E. coli blood stream infections	Monthly	Sep 25	137	132	↗	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 the overall experience of their GP practice as good	Annual	Mar 23	71.4%		→	73.9%	N/A	N/A	N/A

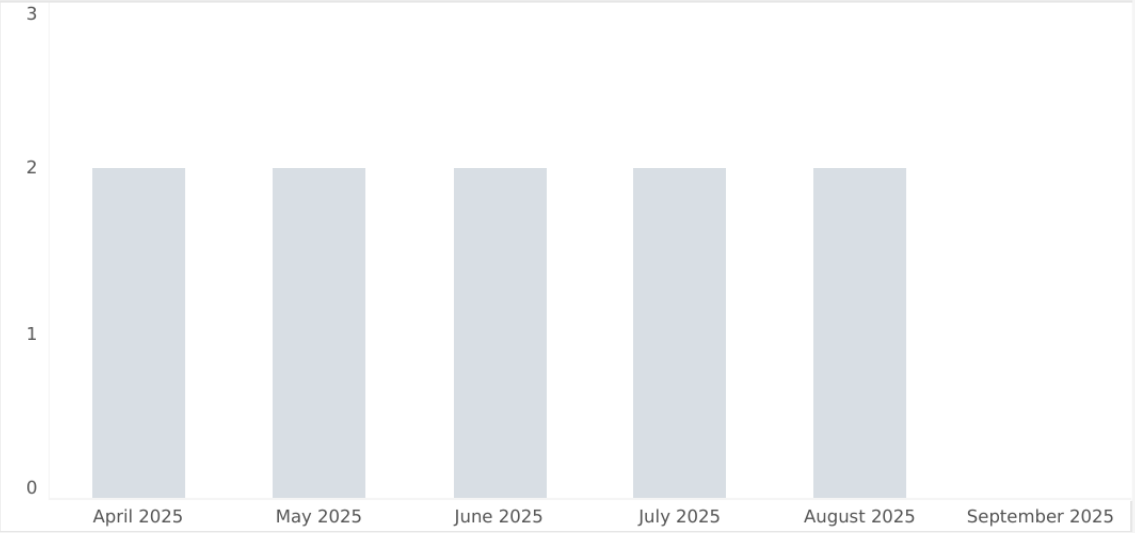
Bury

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	Sep
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

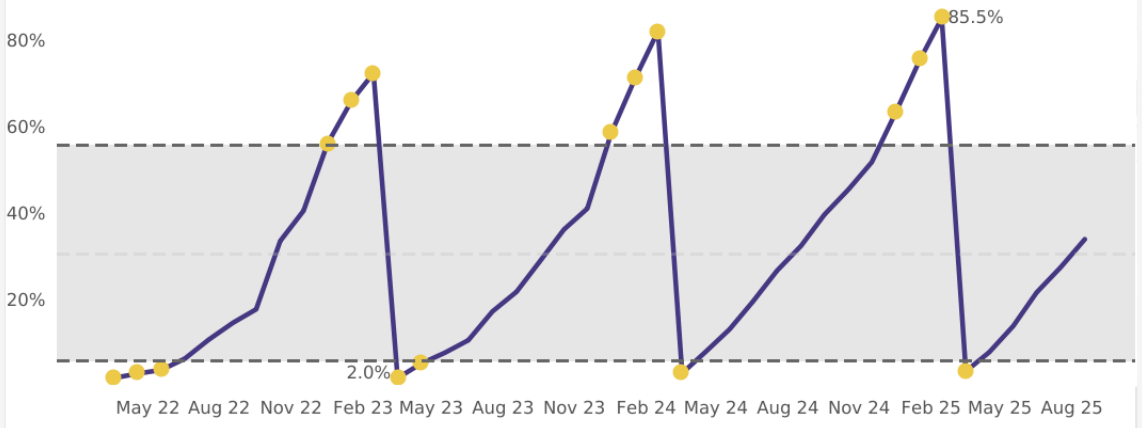
% of patients aged 14+ with a completed LD health check

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)

34.2%	27.7%	28/106	75.%
September 2025	August 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean



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

Selected measure at September 2025 has continuously increased for 5 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

2	Trafford	45.0%
3	Stockport	42.5%
11	Wigan	39.0%
18	Bolton	36.0%
21	Manchester	35.4%
28	Bury	34.2%
33	Rochdale	33.2%
45	Tameside	31.9%
71	Oldham	29.1%
72	Salford	28.9%
5	NHS Greater Manchester Integrated Care Board	35.5%

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 Sept 2025, 34.2% of patients aged 14 and above completed an LD health check, showing an improvement compared to 27.7% in Aug 2025 and 32.7% in Sept 2024.
- The Bury locality currently reports a rate close to the Greater Manchester (GM) average of 35.5%, ranking it 5th among GM localities.

Bury

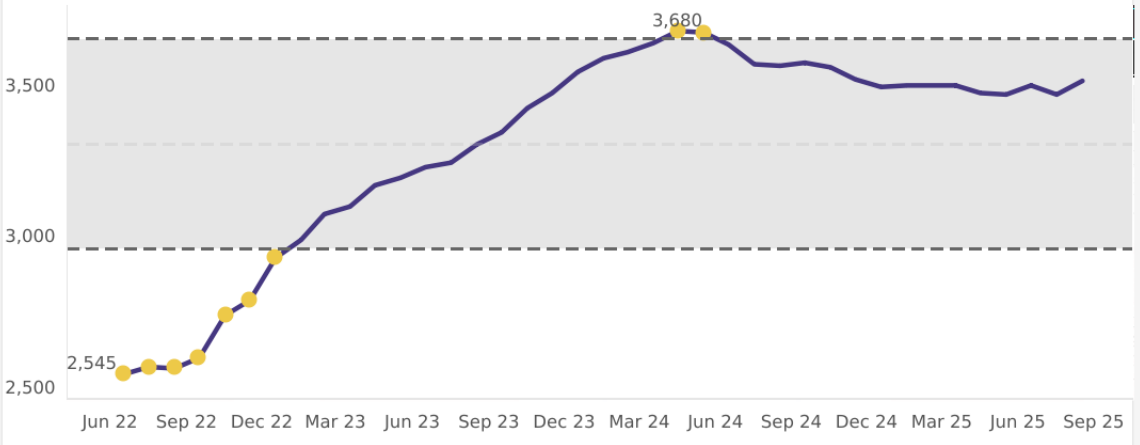
Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

3,515	3,470	93/115	5,765
September 2025	August 2025	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean

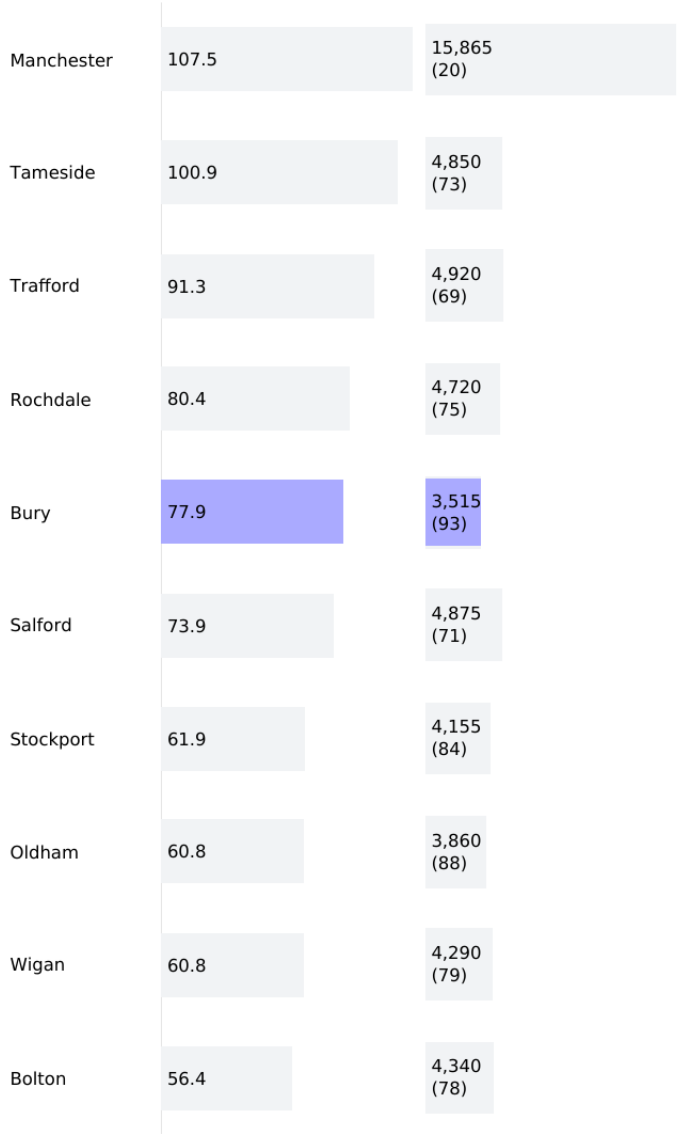


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23				2,545	2,570	2,565	2,600	2,740	2,790	2,930	2,990	3,075
2023-24	3,100	3,170	3,195	3,230	3,245	3,305	3,345	3,425	3,475	3,545	3,590	3,610
2024-25	3,640	3,680	3,675	3,635	3,570	3,565	3,575	3,560	3,520	3,495	3,500	3,500
2025-26	3,500	3,475	3,470	3,500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

Selected measure at September 2025 has continuously increased 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 Sept 2025, there were 3,515 recorded visits to Children and Young People's Mental Health Services by patients registered in Bury. This marks a slight increase from the 3,470 visits recorded in Aug 2025, and a decrease compared to the 3,565 visits reported during the same period last year.
- Bury currently reports an access rate of 77.9 per 1,000 population, placing it fifth highest among the Greater Manchester localities in terms of access rate per 1,000 population.

Bury

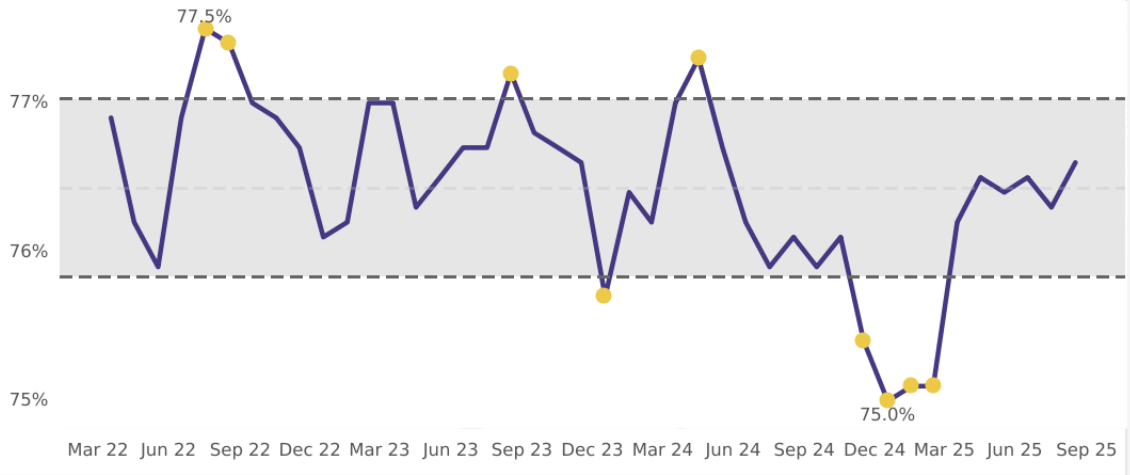
Dementia: Diagnosis Rate (Aged 65+)

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)

76.6%	76.3%	8/106	66.7%
September 2025	August 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%	76.6%						

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

Latest Value GM Benchmarking

National Rank against other localities

4	Salford	78.8%
5	Rochdale	78.5%
8	Bury	76.6%
11	Oldham	76.4%
13	Manchester	76.2%
15	Stockport	76.0%
21	Wigan	74.4%
24	Tameside	73.6%
33	Bolton	71.9%
43	Trafford	68.8%
2	NHS Greater Manchester Integrated Care Board	75.0%

Narrative

- As of Sept 2025, 76.6% 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 75%, 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

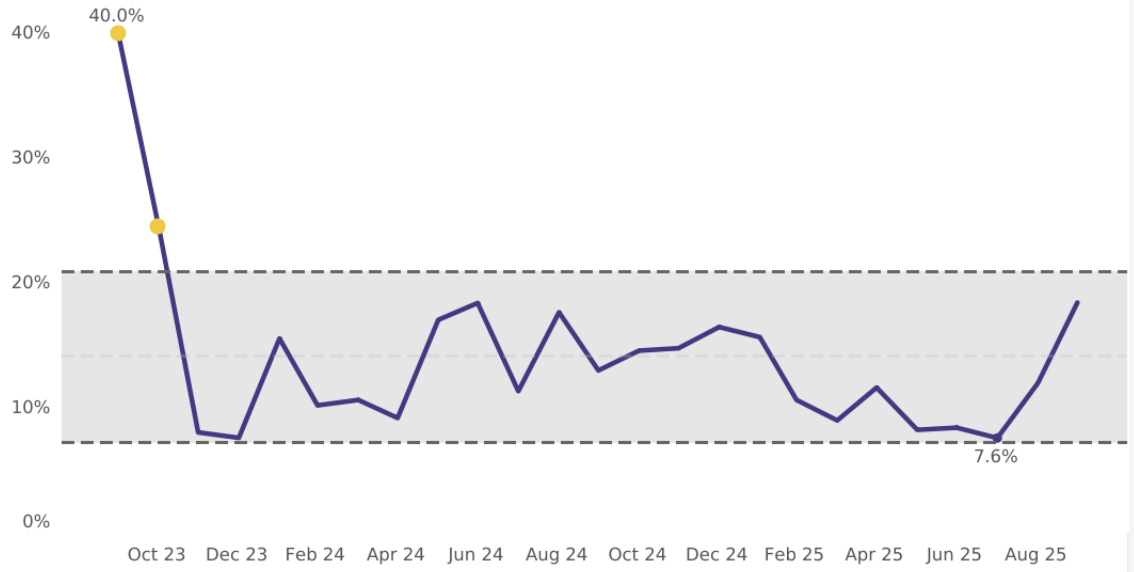
Percentage of MH patients with no criteria to reside (NCTR)
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

18.4%
October 2025

12.0%
September 2025

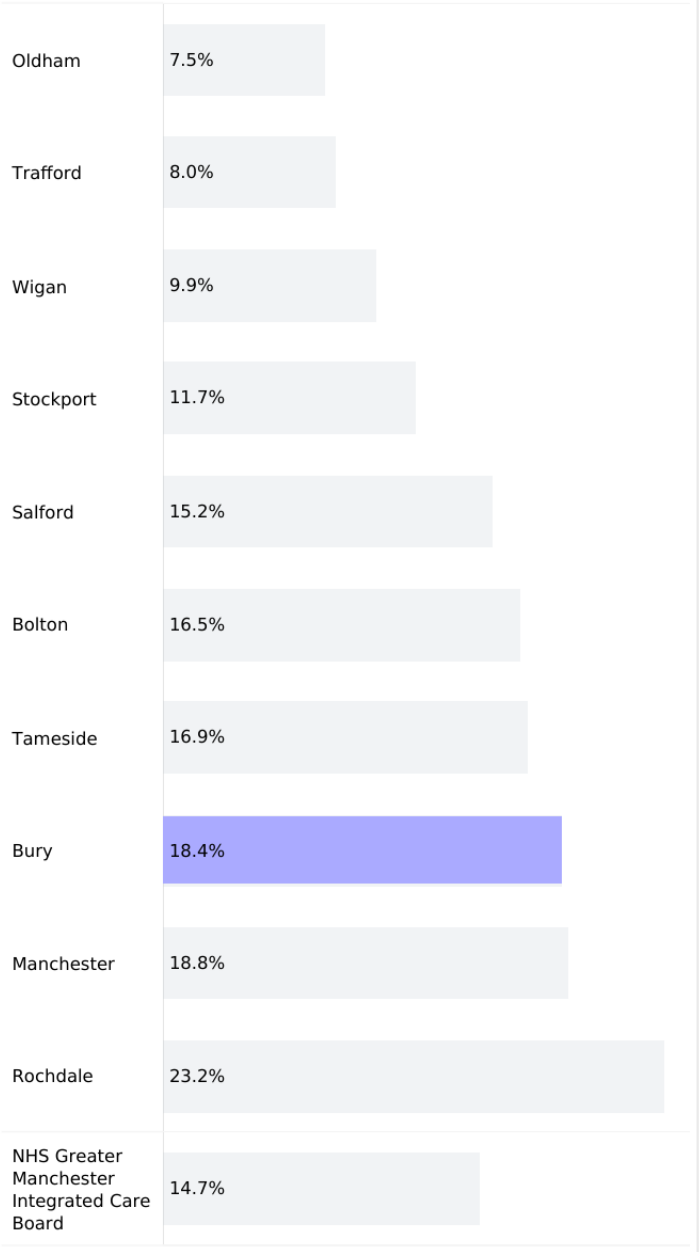
Outliers more than 1 standard deviation from the mean



	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%	8.2%	8.4%	7.6%	12.0%	18.4%					

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

Latest Value GM Benchmarking



Narrative

- As of Oct 2025, 18.4% of mental health patients in Bury with no criteria to reside (NCTR), representing an increase from 13% in Oct 2024 and an increase from 12% in Sept 2025.
- Bury's current percentage is higher than the Greater Manchester (GM) average, which stands at 14.7%.
- Among the GM localities, Bury ranks as having the 8th lowest NCTR percentage.

Bury

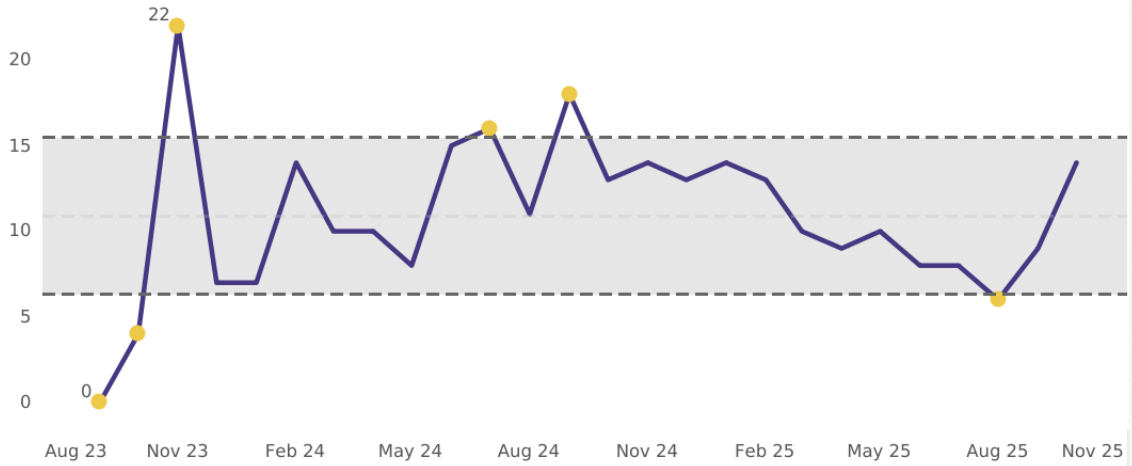
Number of MH patients with no criteria to reside (NCTR)
Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

14
October 2025

9
September 2025

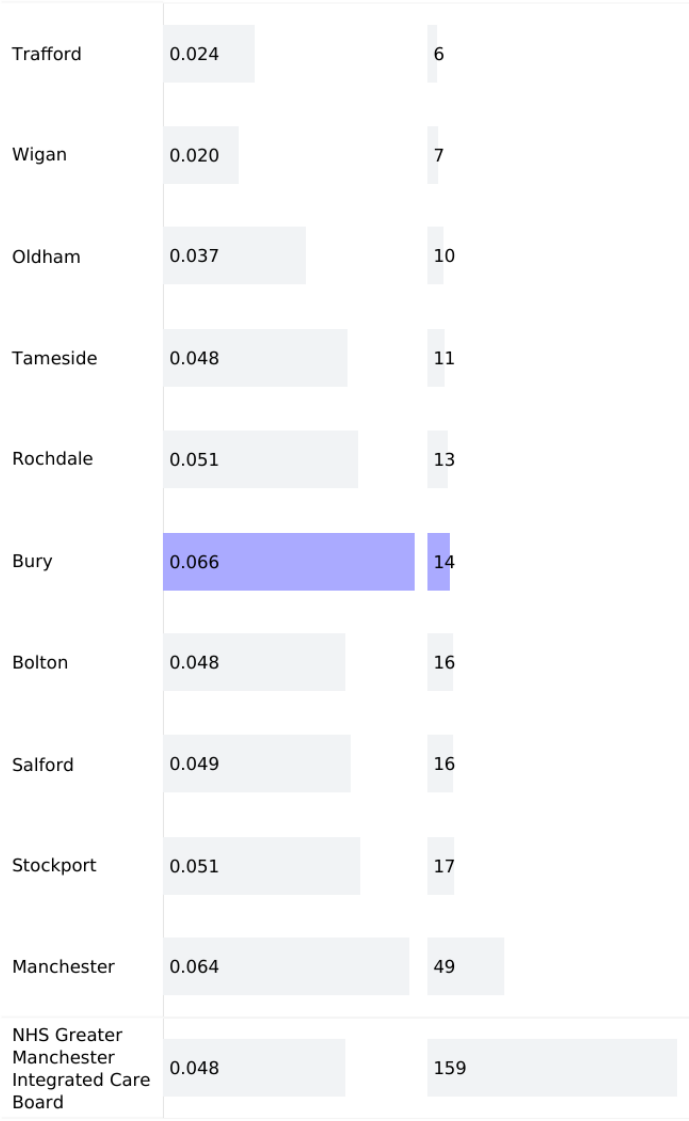
Outliers more than 1 standard deviation from the mean



	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	14					

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

Latest Value GM Benchmarking
Rate per 1000 | Count



The rate is calculated using the registered population figure for each locality | Bury: 212,584

Narrative

- This metric is monitored on a daily basis to ensure timely oversight and responsiveness.
- In Oct 2025, the number of mental health patients with NCTR in Bury was 14, marking an increase from the previous month.
- Bury presently reports 0.066 NCTR patients per 1,000 people, which is higher than the Greater Manchester (GM) average of 0.048. Within GM areas, Bury has the 6th lowest reported rate.

Bury

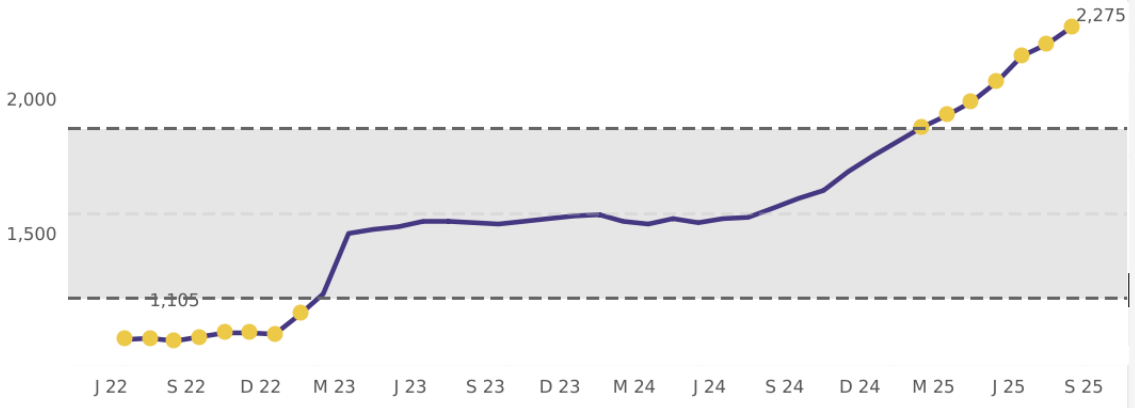
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses

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)

2,275	2,210	85/115	4,340
September 2025	August 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
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	2,275						

Selected measure at September 2025 has continuously increased for **15** period(s) of time

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Salford	18.7	4,870 (53)
2	Manchester	13.4	8,215 (36)
3	Bury	13.6	2,275 (85)
4	Wigan	12.5	3,510 (67)
5	Trafford	12.4	2,420 (84)
6	Tameside	12.3	2,225 (88)
7	Bolton	10.5	2,720 (78)
8	Rochdale	10.0	1,950 (94)
9	Oldham	8.9	1,830 (96)
10	Stockport	6.6	1,745 (98)

The rate is calculated using the 18+ registered population figure for each locality | Bury: 167,264

Narrative

- In Sept 2025, a total of 2,275 Bury-registered patients with severe mental illness had two or more interactions with adult mental health services. This marks an increase from 1,600 contacts noted in Sept 2024, and an increase from Aug 2025, which recorded 2,210 contacts.
- Bury currently reports 13.6 contacts per 1,000 population, positioning it as the third lowest rate among the Greater Manchester (GM) localities.

Bury

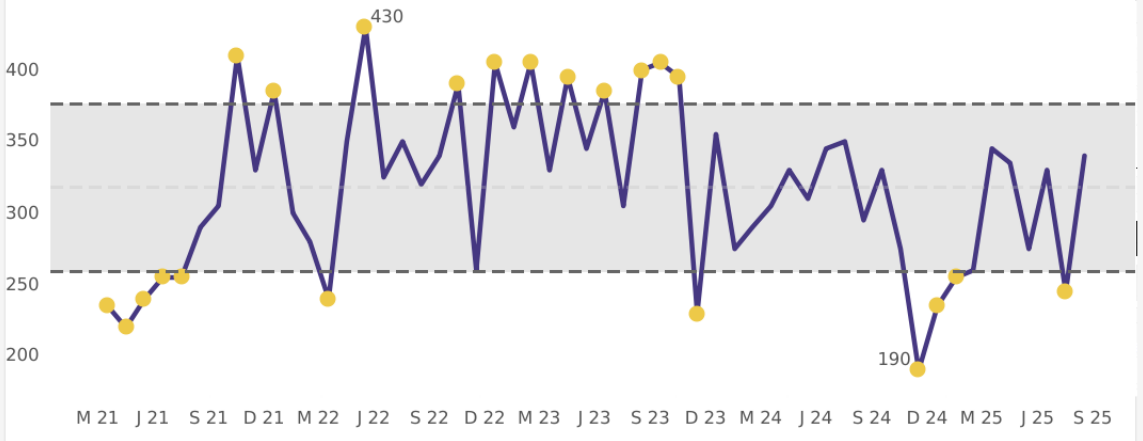
Talking Therapies: Access Rate

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)

340	245	94/112	No Target
September 2025	August 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	245	340						

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)

1	Salford	3.0	970 (42)
2	Manchester	2.6	1,995 (20)
3	Trafford	2.2	550 (65)
4	Bolton	1.9	645 (59)
5	Wigan	1.9	670 (56)
6	Oldham	1.7	450 (77)
7	Stockport	1.7	550 (65)
8	Bury	1.6	340 (94)
9	Tameside	1.5	345 (93)
10	Rochdale	1.2	315 (97)

The rate is calculated using the registered population figure for each locality | Bury: 212,584

Narrative

- In Sept 2025, there were 340 recorded accesses to NHS Talking Therapies by Bury-registered patients, higher than the same period the previous year (295).
- 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

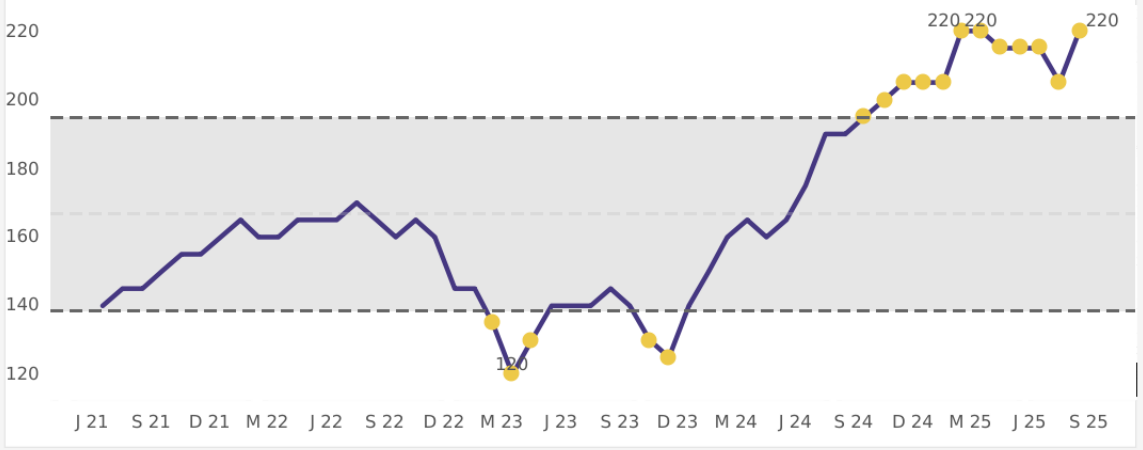
Women Accessing Specialist Community Perinatal Mental Health Services

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

Source: Published MHSDS (Quarterly)

220	205	88/107	No Target
September 2025	August 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	220						

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National Rank)

1	Stockport	5.4	340 (60)
2	Bury	5.3	220 (88)
3	Tameside	4.9	225 (85)
4	Oldham	4.5	245 (81)
5	Rochdale	4.4	225 (85)
6	Trafford	4.3	205 (89)
7	Wigan	4.0	265 (76)
8	Bolton	3.6	240 (83)
9	Salford	3.2	255 (79)
10	Manchester	2.6	525 (43)

The rate is calculated using the 15-44 female population figure for each locality | Bury 41,183

Narrative

- During the 12-month period ending in Sept 2025, 220 women registered in Bury accessed Perinatal Mental Health Services. This represents a increase from 190 accesses recorded in the equivalent period ending Sept 2024.
- Bury currently reports an access rate of 5.3 per 1,000 population, which is the 2nd highest rate among all Greater Manchester (GM) localities.

Bury

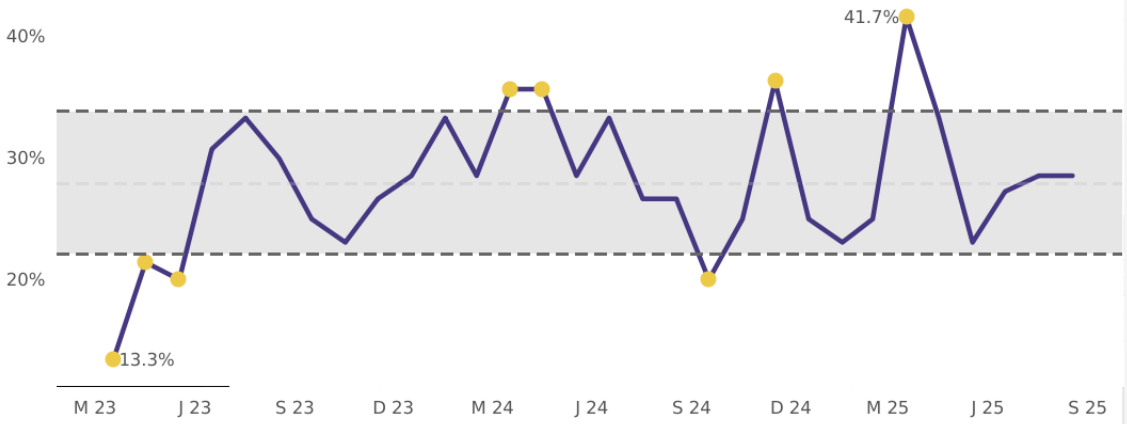
Long length of stay for adults (60+ days) - Mental Health Patients

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

Source: Published MHSDS (Monthly)

28.6%	28.6%	72/106	0.%
September 2025	August 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

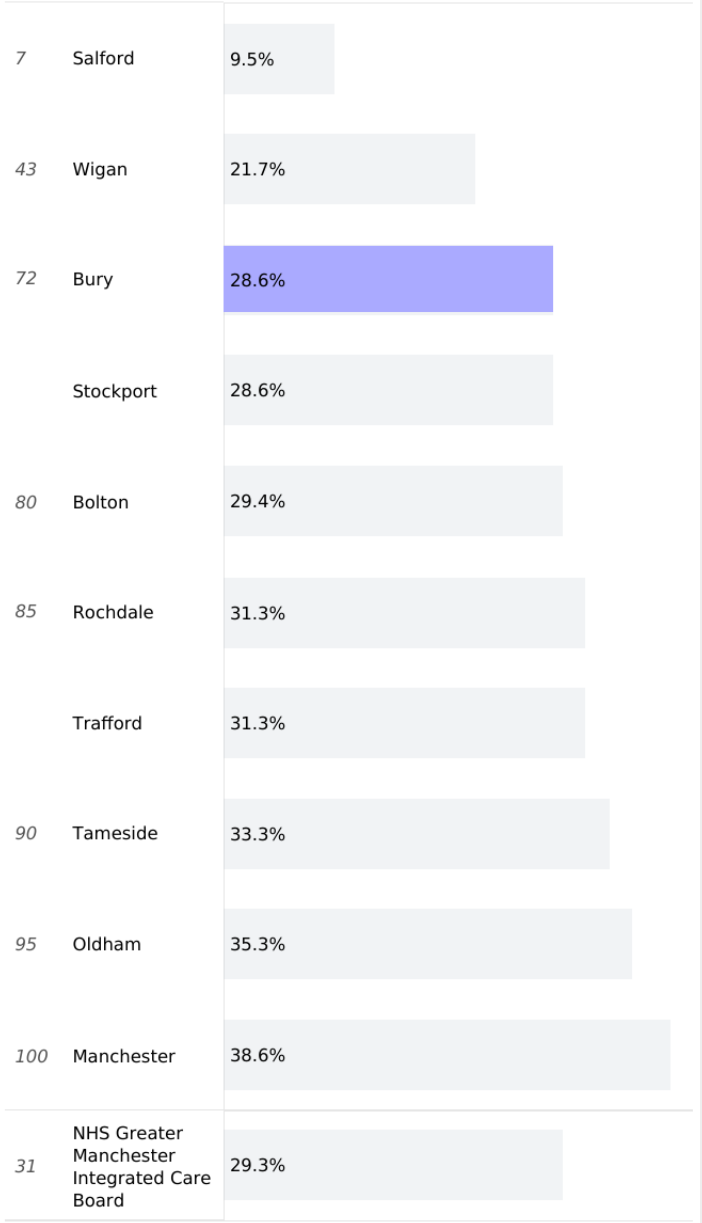


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24	13.3%	21.4%	20.0%	30.8%	33.3%	30.0%	25.0%	23.1%	26.7%	28.6%	33.3%	28.6%
2024-25	35.7%	35.7%	28.6%	33.3%	26.7%	26.7%	20.0%	25.0%	36.4%	25.0%	23.1%	25.0%
2025-26	41.7%	33.3%	23.1%	27.3%	28.6%	28.6%						

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In Sept 2025, 28.6% of MH Patient discharges in Bury involved a long length of stay (LOS), an increase from 26.7% recorded in Sept 2024.
- Bury currently has the 3rd lowest proportion of long LOS discharges among the Greater Manchester (GM) localities. The GM average for the same period is 29.3%.
- Both Bury and GM exceed the national target, which is set at 0%.

Bury

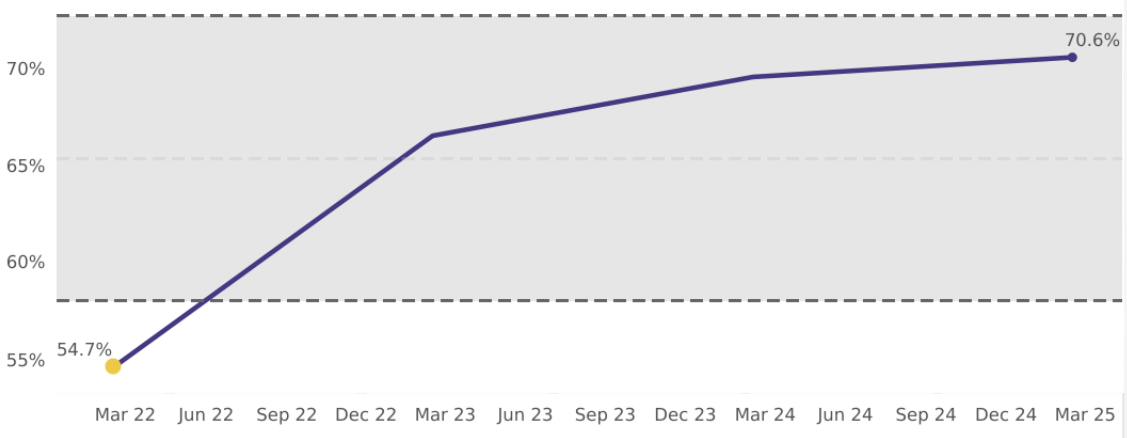
% of hypertension patients who are treated to target as per NICE guidance

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

Source: NHS Quality Outcome Framework (Annual)

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

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

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

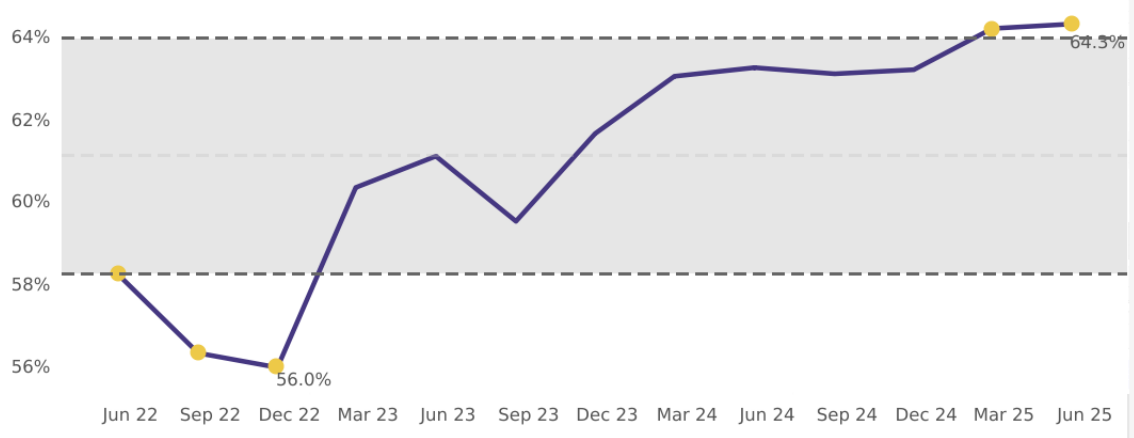
% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

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

Source: CVD Prevent (Quarterly)

64.3%	64.2%	44/106	63.7%
June 2025	March 2025	National Rank Inter Quartile	National Median

Outliers more than 1 standard deviation from the mean

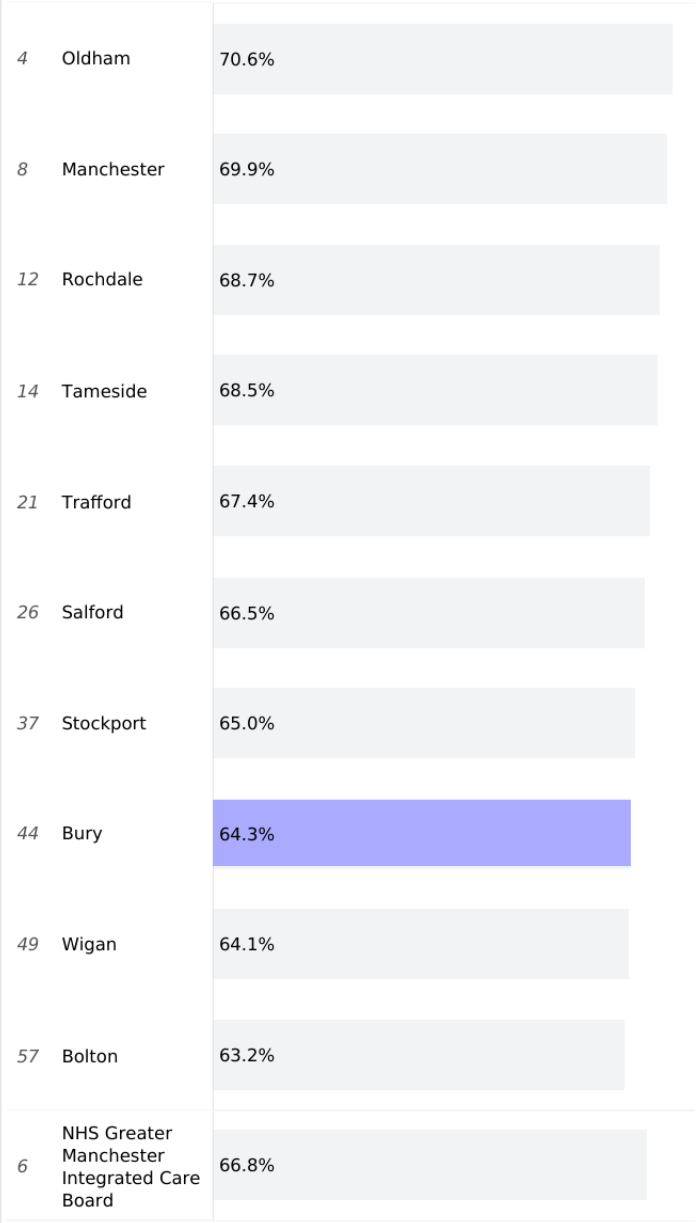


	Jun	Sep	Dec	Mar
2022-23	58.3%	56.3%	56.0%	60.4%
2023-24	61.1%	59.5%	61.7%	63.1%
2024-25	63.3%	63.1%	63.2%	64.2%
2025-26	64.3%			

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In June 2025, 64.3% of patients were identified as having a 20% or greater risk of developing CVD within 10 years, an increase from 64.2% in March 2025.
- Bury currently ranks third lowest among GM localities, with Greater Manchester having an overall proportion of 66.8%.
- Both Bury and Greater Manchester exceed the national target of 63.7%.
- Improvement in the position is noted but further work is required through the Major Conditions Board to review opportunities for further relative performance.

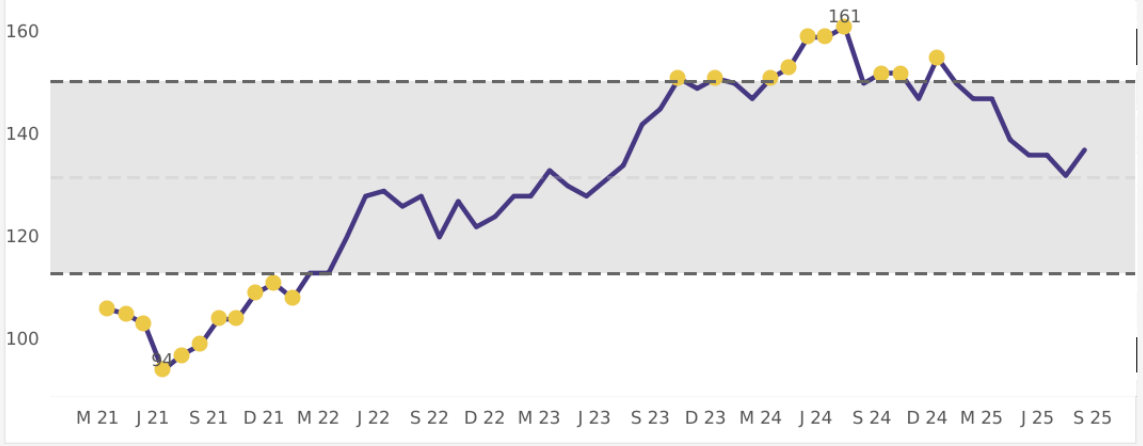
Bury

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)

137	132	13/107	No Target
September 2025	August 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	137						

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

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

Wigan	0.52	182.0 (26)
Salford	0.57	187.0 (30)
Manchester	0.60	453.0 (67)
Bolton	0.61	206.0 (33)
Rochdale	0.62	158.0 (20)
Bury	0.64	137.0 (13)
Oldham	0.71	191.0 (32)
Trafford	0.73	182.0 (26)
Stockport	0.75	247.0 (47)
Tameside	0.98	225.0 (36)

The rate is calculated using the registered population figure for each locality | Bury: 212,584

Narrative

- In the 12-month period ending Sept 2025, 137 cases of E. Coli bloodstream infections were recorded among Bury-registered patients. This is an increase from Aug 25 when 132 cases were reported, but below the 150 cases in Sept 2024.
- Bury currently reports an infection rate of 0.64 per 1,000 population, ranking as the 6th lowest rate among the Greater Manchester (GM) localities.

Bury

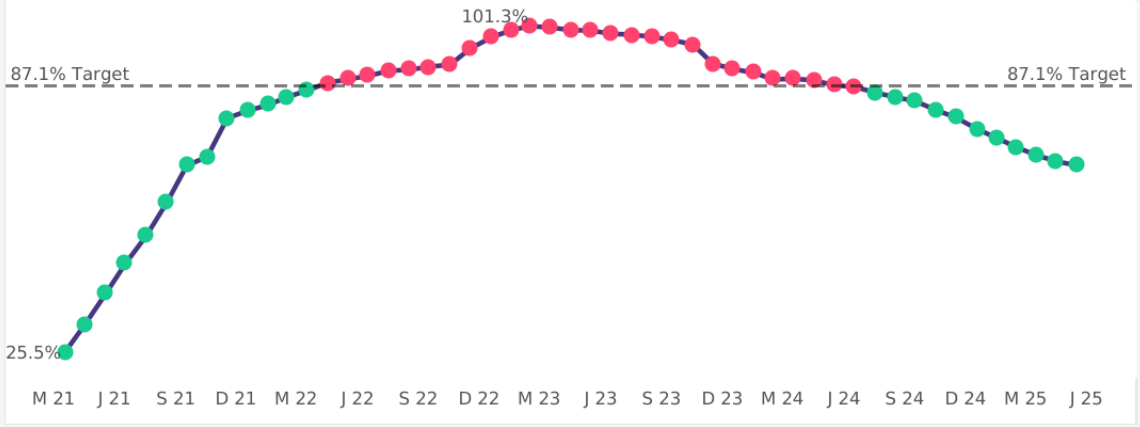
Antimicrobial resistance: total prescribing of antibiotics in primary care

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

Source: EPACT Prescribing Data (Monthly)

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

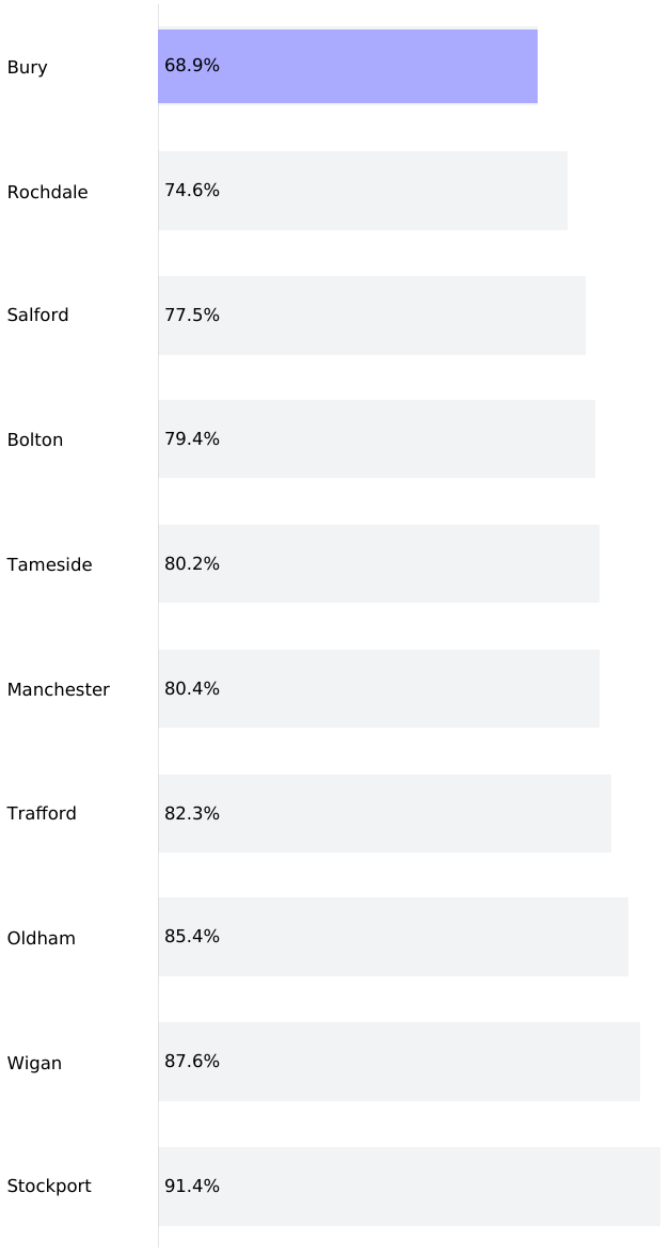
Performance Against National Target of 87.1%



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

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

Latest Value GM Benchmarking



Narrative

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

Bury

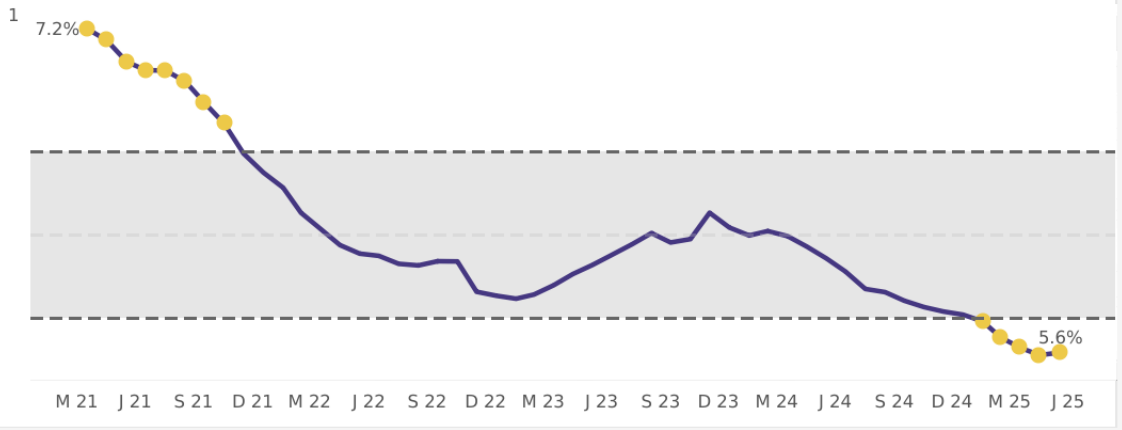
Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care

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

Source: EPACT Prescribing Data (Monthly)

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

Outliers more than 1 standard deviation from the mean

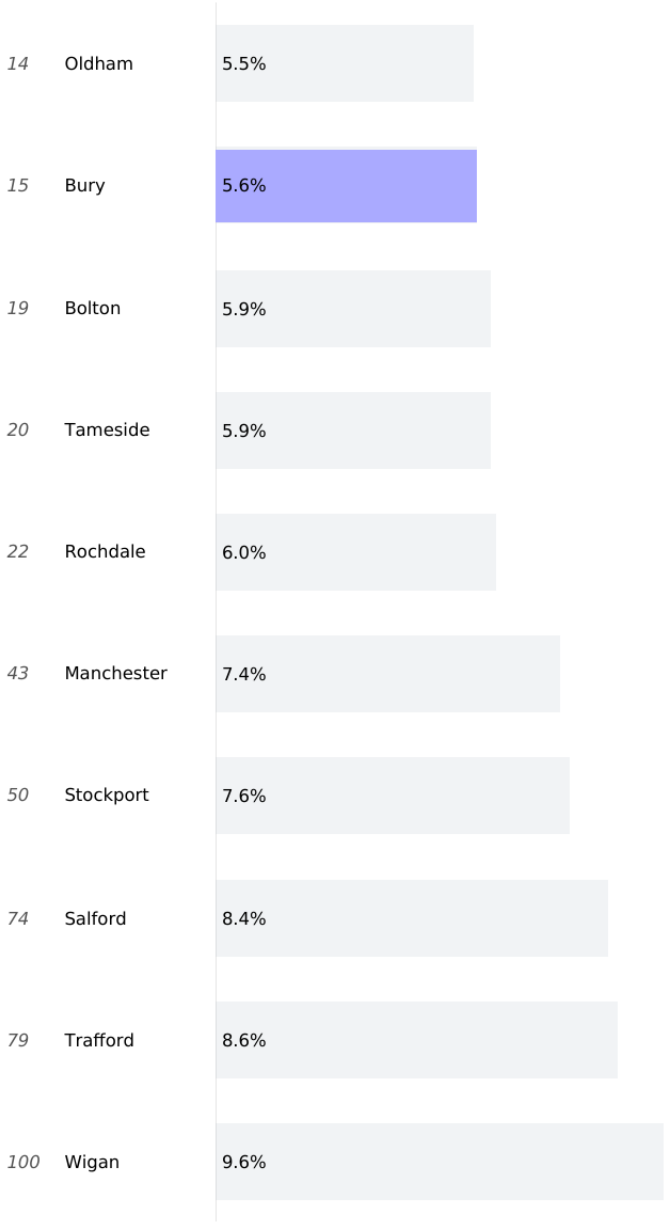


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	7.2%	7.1%	7.0%	7.0%	7.0%	6.9%	6.8%	6.7%	6.6%	6.5%	6.4%	6.3%
2022-23	6.2%	6.1%	6.1%	6.1%	6.0%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%
2023-24	5.9%	6.0%	6.0%	6.1%	6.1%	6.2%	6.1%	6.2%	6.3%	6.2%	6.2%	6.2%
2024-25	6.2%	6.1%	6.1%	6.0%	5.9%	5.9%	5.8%	5.8%	5.8%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

Bury - Sight Metrics

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Urgent Care	N/A	A&E 4 hour performance	Monthly	Oct 25	68.7%	71.7%	↘	78.0%	5,063	7,375	N/A
	N/A	A&E Attendances	Monthly	Oct 25	7,375.0	7,166.0	↗	N/A	7,375	N/A	N/A
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Oct 25	17.0%	17.1%	↘	N/A	1,877	11,056	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Oct 25	1,910.0	2,059.0	↘	N/A	1,910	N/A	Upper
Elective Care	EB28	Diagnostic 6ww: All	Monthly	Sep 25	9.9%	12.8%	↘	1.%	477	4,826	Upper
	EB20	RTT incomplete: 65+ week waits	Monthly	Sep 25	4.000	5.0	↘	0.	4	N/A	Upper
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis (Monthly): All Patients	Monthly	Sep 25	75.8%	75.2%	↗	80.%	756	998	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	Oct 25	98.8%	97.6%	↗	N/A	245	248	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

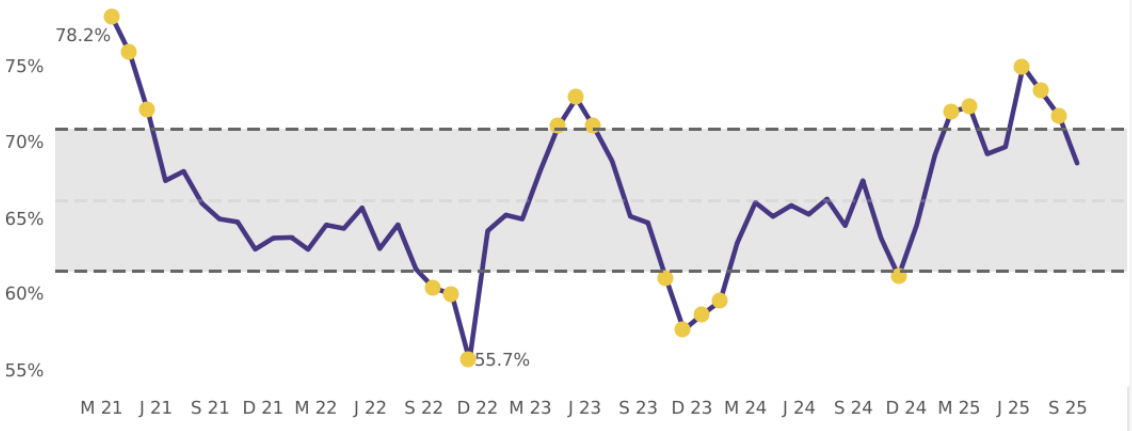
A&E 4 hour performance

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)

68.7%	71.7%	78.0%
October 2025	September 2025	National Target

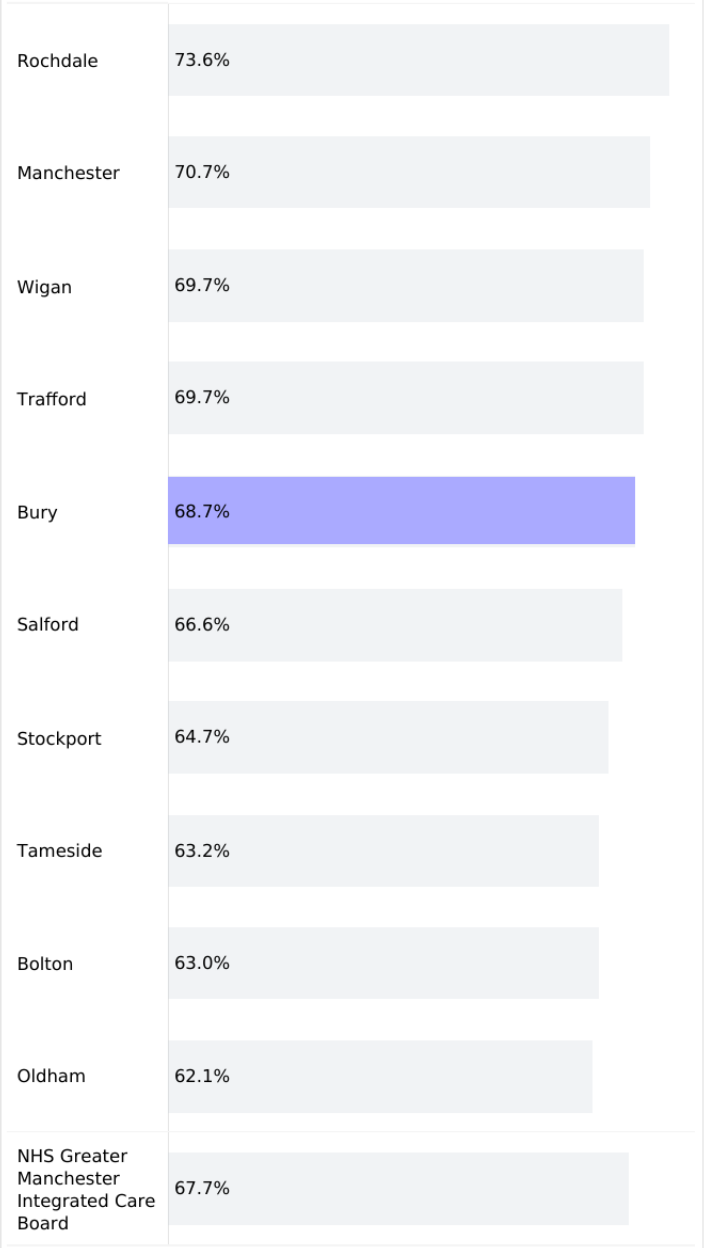
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	78.2%	75.9%	72.1%	67.5%	68.1%	66.0%	65.0%	64.8%	63.0%	63.7%	63.8%	63.0%
2022-23	64.6%	64.4%	65.7%	63.0%	64.6%	61.7%	60.5%	60.0%	55.7%	64.2%	65.2%	65.0%
2023-24	68.2%	71.0%	72.9%	71.0%	68.8%	65.2%	64.7%	61.1%	57.7%	58.7%	59.6%	63.4%
2024-25	66.1%	65.1%	65.9%	65.3%	66.3%	64.5%	67.5%	63.7%	61.2%	64.6%	69.2%	72.0%
2025-26	72.3%	69.3%	69.7%	75.0%	73.3%	71.7%	68.7%					

Selected measure at October 2025 has continuously decreased for 3 period(s) of time

Latest Value GM Benchmarking



Narrative

- This metric is monitored on a daily basis to support timely performance oversight.
- In Oct 2025, Bury achieved a 4-hour emergency care performance rate of 68.7%, representing a decrease from 71.7% in Sept 2025. This also reflects an increase compared to 67.5% in Sept 2024.
- Bury's performance is currently above the Greater Manchester (GM) average of 67.7%, ranking as the 5th highest among GM localities.

Bury

A&E Attendances

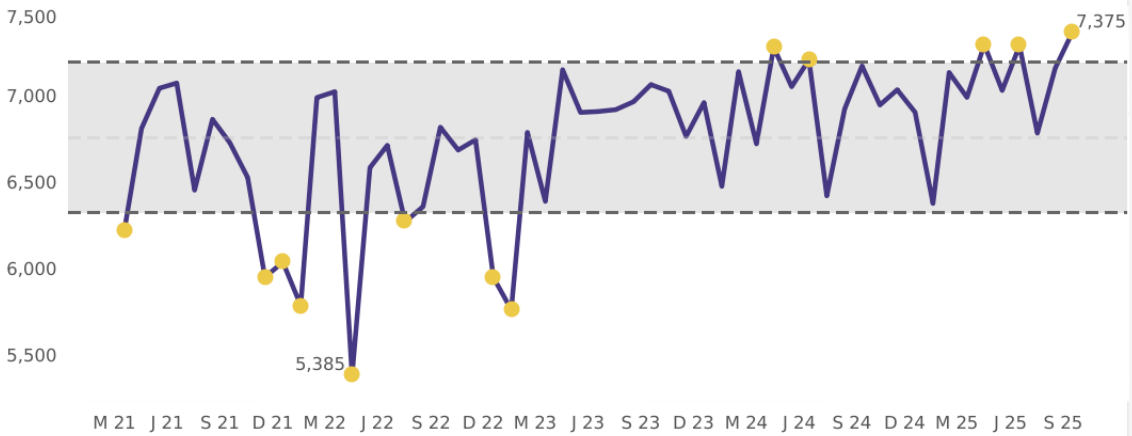
Number of attendances at A&E departments

Source: Emergency Care Dataset (ECDS) (Monthly)

7,375
October 2025

7,166
September 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	7,214	6,426	6,930	7,178	6,952	7,040	6,910	6,382	7,140
2025-26	6,996	7,301	7,036	7,296	6,789	7,166	7,375					

Selected measure at October 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: 212,584

Narrative

- In Oct 2025, there were 7,375 A&E attendances recorded for Bury-registered patients. This represents an increase from 7,166 in Sept 2025 and an increase from 7,178 in Oct 2024.
- Bury currently reports an attendance rate of 34.7 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

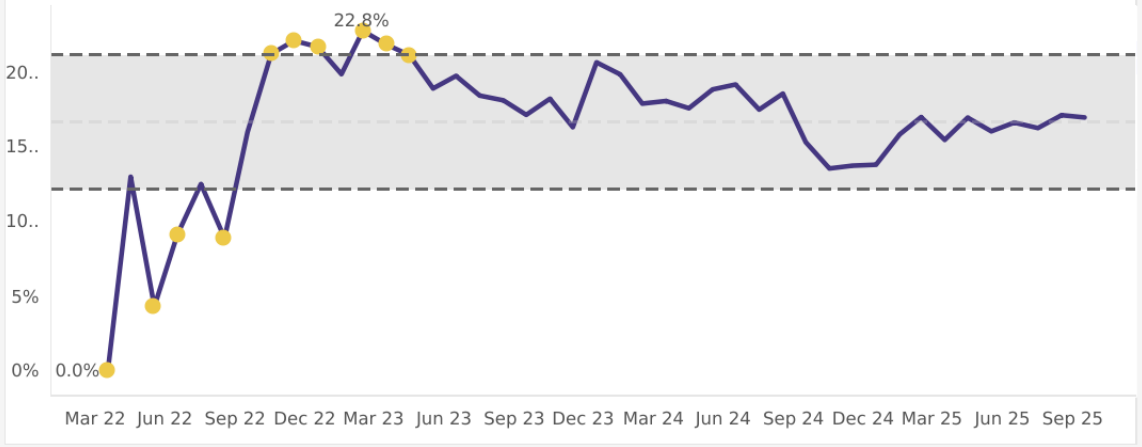
Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

Source: GM Admissions - Local (Monthly)

17.0%
October 2025

17.1%
September 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%	21.1%	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%	15.8%	17.0%
2025-26	15.5%	17.0%	16.1%	16.6%	16.3%	17.1%	17.0%					

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

Latest Value GM Benchmarking

Narrative

- This metric is monitored daily to support ongoing performance oversight.
- In Oct 2025, the NCTR percentage for Bury was 17.0%, reflecting a slight decrease from 17.1% in Sept 2025, but an increase compared to 15.3% in Sept 2024.
- Bury's rate remains above the Greater Manchester (GM) average of 13.6% and currently ranks as the 9th lowest percentage among GM localities.

Bury

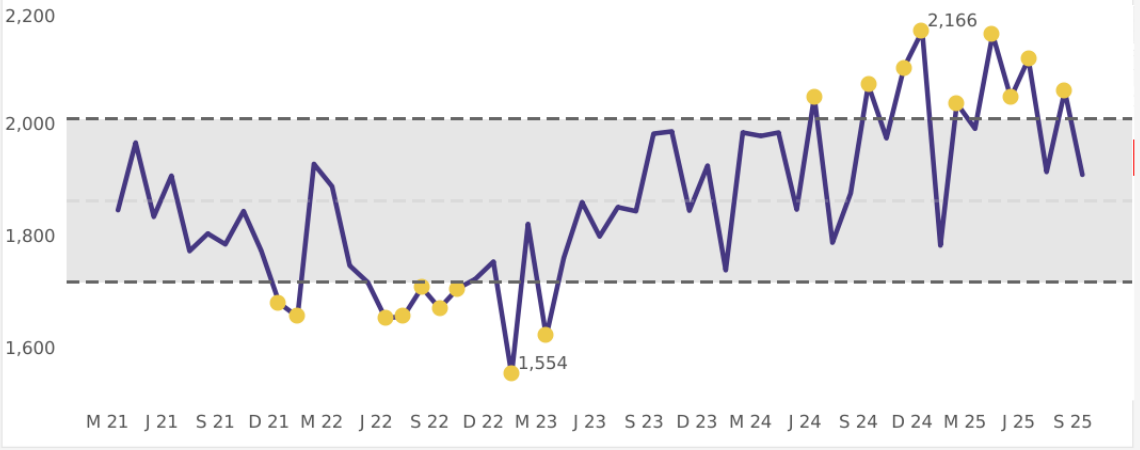
Total number of specific acute non-elective spells

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)

1,910	2,059	2/10
October 2025	September 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	2,101	2,166	1,784	2,037
2025-26	1,992	2,160	2,047	2,116	1,915	2,059	1,910					

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

Latest Value GM Benchmarking

Count & Rate Per 1000 Population

The rate is calculated using the registered population figure for each locality | Bury: 212,584

Narrative

- In Oct 2025, there were 1,910 specific acute non-elective spells recorded for Bury-registered patients. This reflects a decrease from both 2,070 spells in Sept 2024 and 2,059 spells in Sept 2025.
- Bury currently ranks as having the 4th lowest rate of specific acute non-elective spells among the Greater Manchester (GM) localities.

Bury

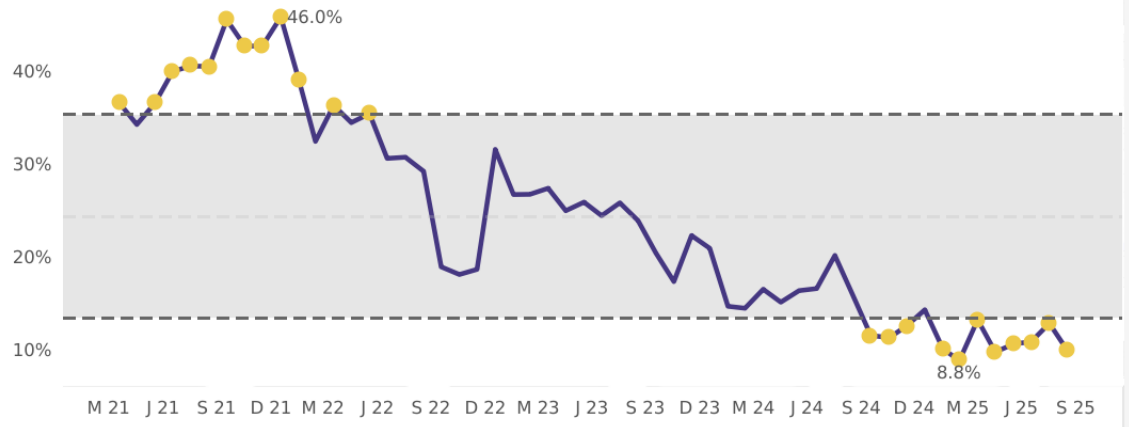
Diagnostic 6ww: All

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

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

9.9%	12.8%	16/107	1.%
September 2025	August 2025	National Rank Upper Quartile	National Target

Outliers more than 1 standard deviation from the mean

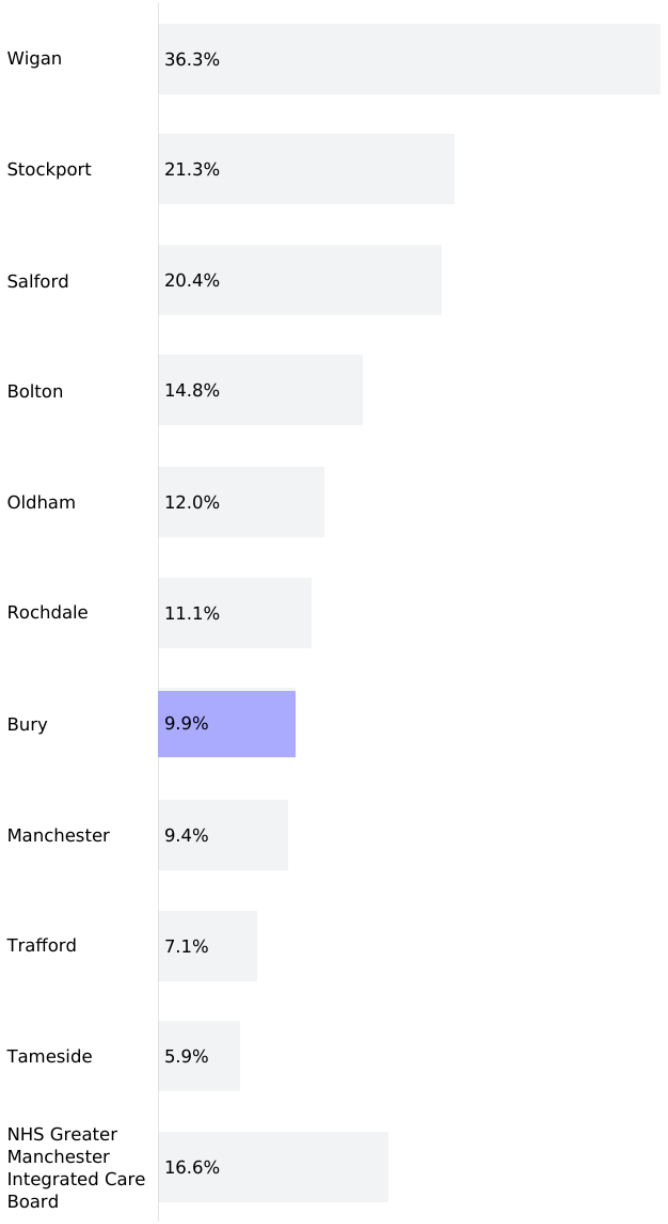


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	25.0%	26.0%	24.5%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%	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%	9.9%						

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In Sept 2025, 9.9% of patients in Bury were waiting more than six weeks for a diagnostic test. This represents a decrease from 15.8% in Sept 2024.
- Bury's performance is better than the Greater Manchester (GM) average, which stood at 16.6% in Sept 2025.
- Bury and GM are both above the less than 1% target.

Bury

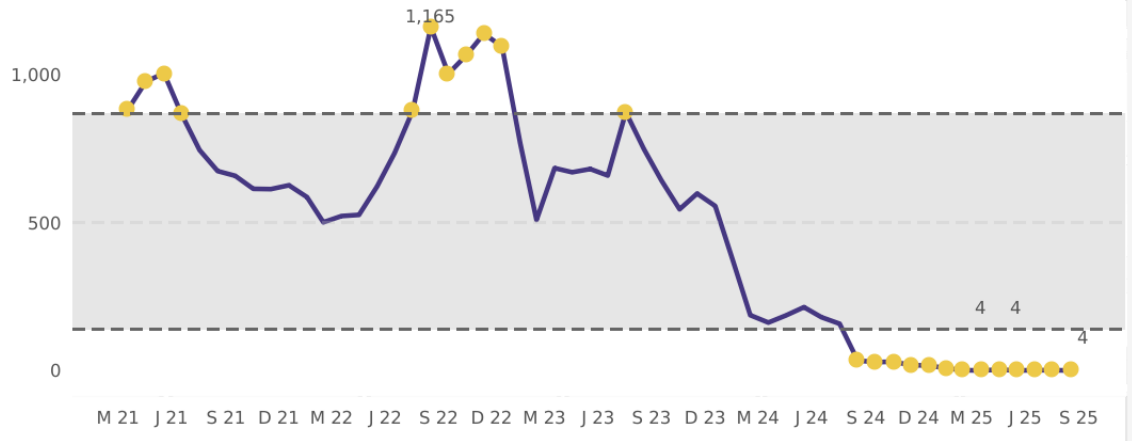
RTT incomplete: 65+ week waits

"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)

4.000	5	5/121	0.
September 2025	August 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	4						

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

Latest Value GM Benchmarking

National Rank against other localities

Narrative

- As of Sept 2025, there were 4 patients from Bury experiencing waits of 65 weeks or more, a reduction from Aug 2025 when there were 5 patients.
- This also reflects a reduction when compared to Sept 2024, when 38 patients were recorded.
- Bury currently holds the position of having the 5th lowest number of 65+ week waits among the Greater Manchester (GM) localities.

Bury

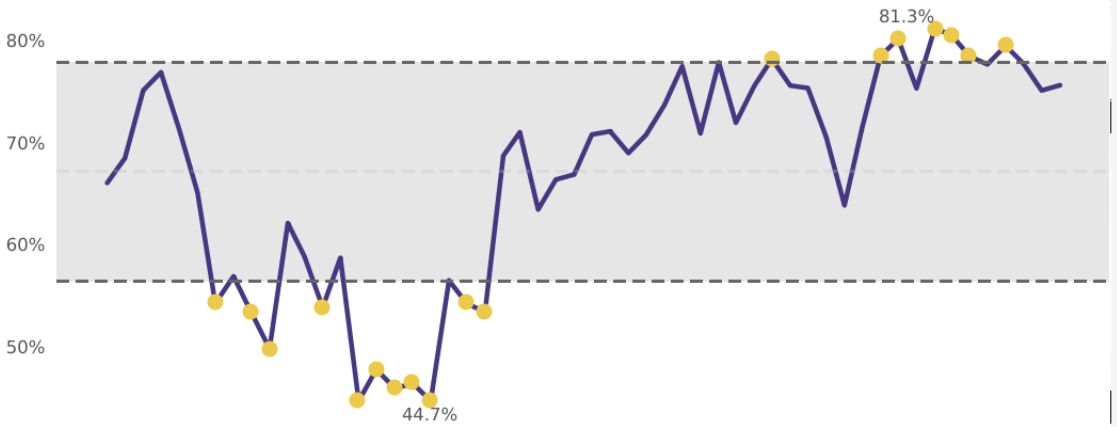
28 Day Wait from Referral to Faster Diagnosis (Monthly): All Patients

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)

75.8%	75.2%	38/106	80.%
September 2025	August 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

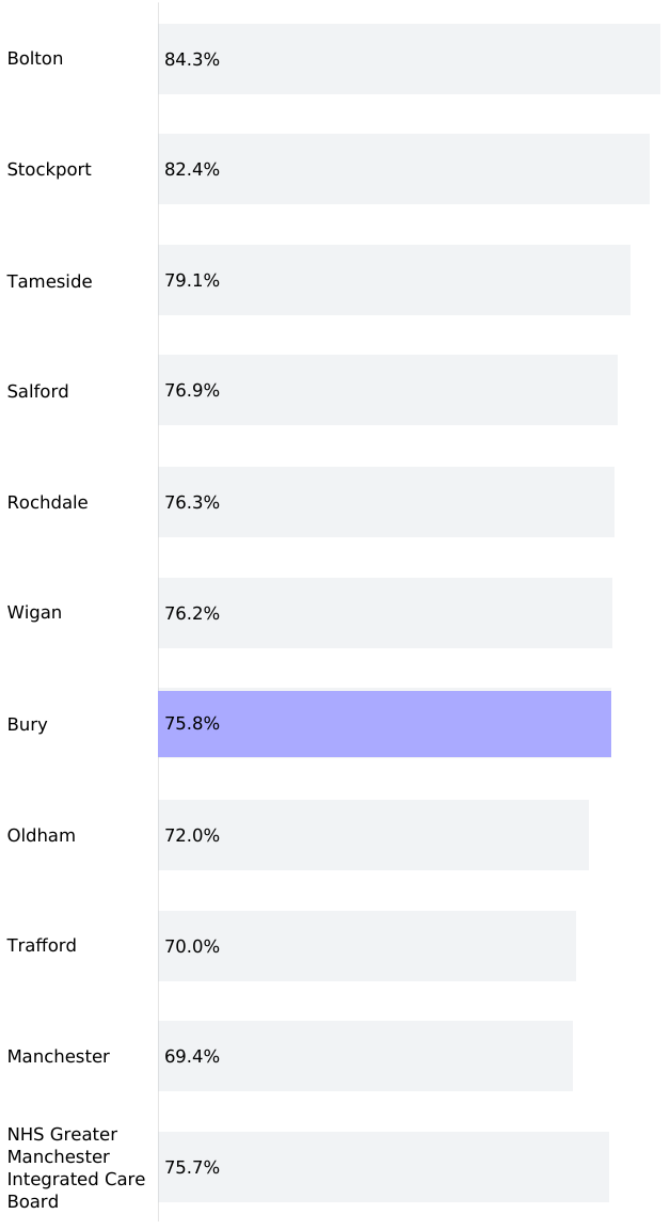


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	66.2%	68.6%	75.2%	77.0%	71.4%	65.2%	54.3%	57.0%	53.4%	49.9%	62.2%	58.9%
2022-23	53.9%	58.8%	44.7%	47.8%	46.0%	46.4%	44.7%	56.6%	54.3%	53.5%	68.8%	71.1%
2023-24	63.5%	66.5%	67.0%	70.9%	71.2%	69.1%	70.9%	73.8%	77.6%	71.0%	78.0%	72.1%
2024-25	75.7%	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%	75.8%						

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In Sept 2025, 75.8% of patients in Bury received their cancer diagnosis outcome within 28 days following a two-week wait (2WW) referral. This marks an improvement from 75.2% in August 2025, as also an improvement from 64.0% in Sept 2024.
- Bury is currently ranked as the 7th highest performing area within Greater Manchester (GM) for this indicator.
- The GM average for Sept 2025 is 75.7%, 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

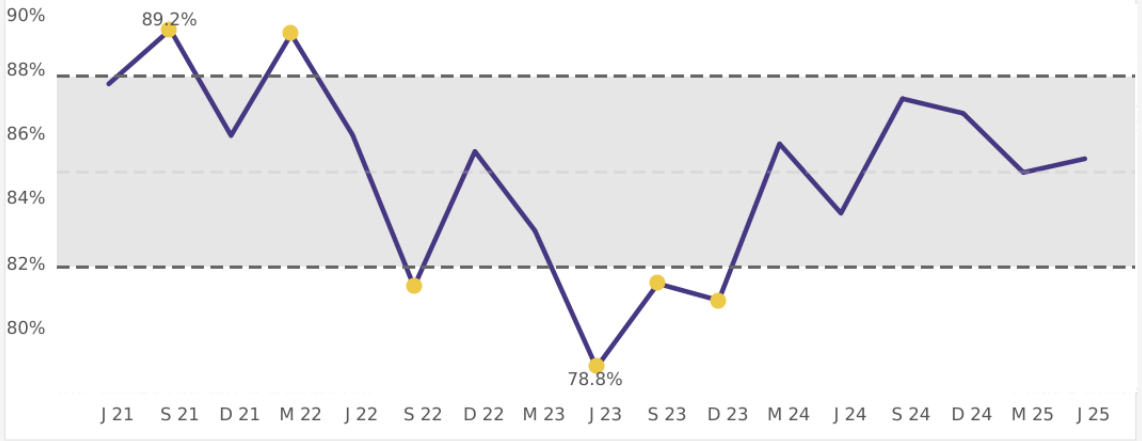
Population vaccination coverage – MMR for two doses (5 years old)

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

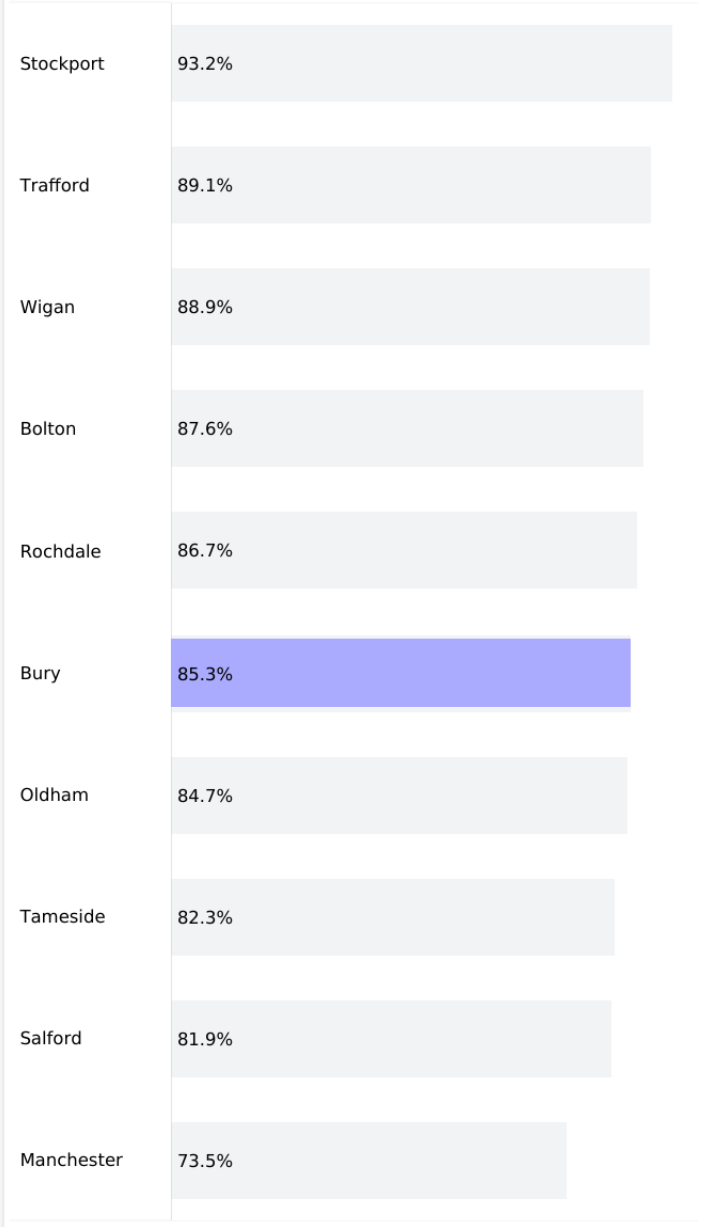


	Jun	Sep	Dec	Mar
2021-22	87.6%	89.2%	86.0%	89.1%
2022-23	86.0%	81.3%	85.5%	83.0%
2023-24	78.8%	81.4%	80.9%	85.7%
2024-25	83.6%	87.1%	86.7%	84.8%
2025-26	85.3%			

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

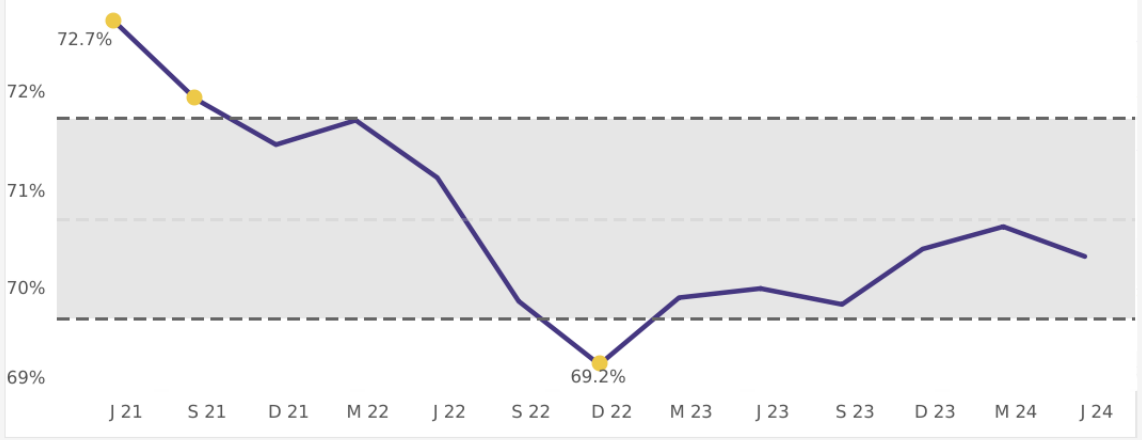
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

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

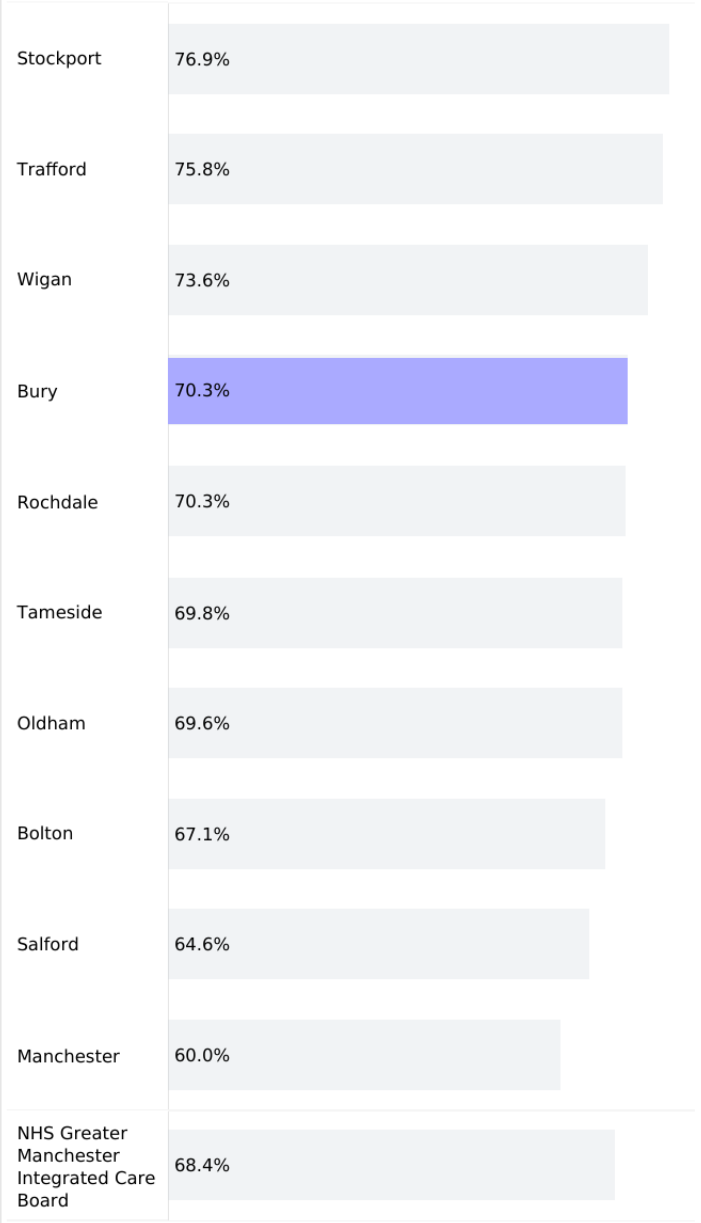


	Jun	Sep	Dec	Mar
2021-22	72.7%	71.9%	71.5%	71.7%
2022-23	71.1%	69.9%	69.2%	69.9%
2023-24	70.0%	69.8%	70.4%	70.6%
2024-25	70.3%			

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 Oct 2025 was 68.1% among individuals aged 24 to 49 years, and 74.2% among those aged 50 to 64 years.
- Both figures fall below the efficiency target of 80%.

Bury

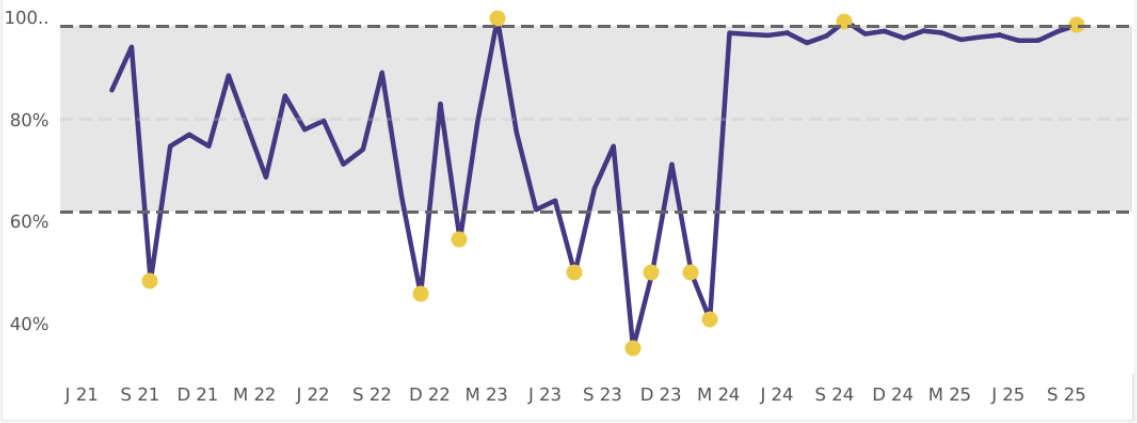
% 2-hour Urgent Community Response (UCR) first care contacts

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)

98.8%	97.6%	70%
October 2025	September 2025	National Target

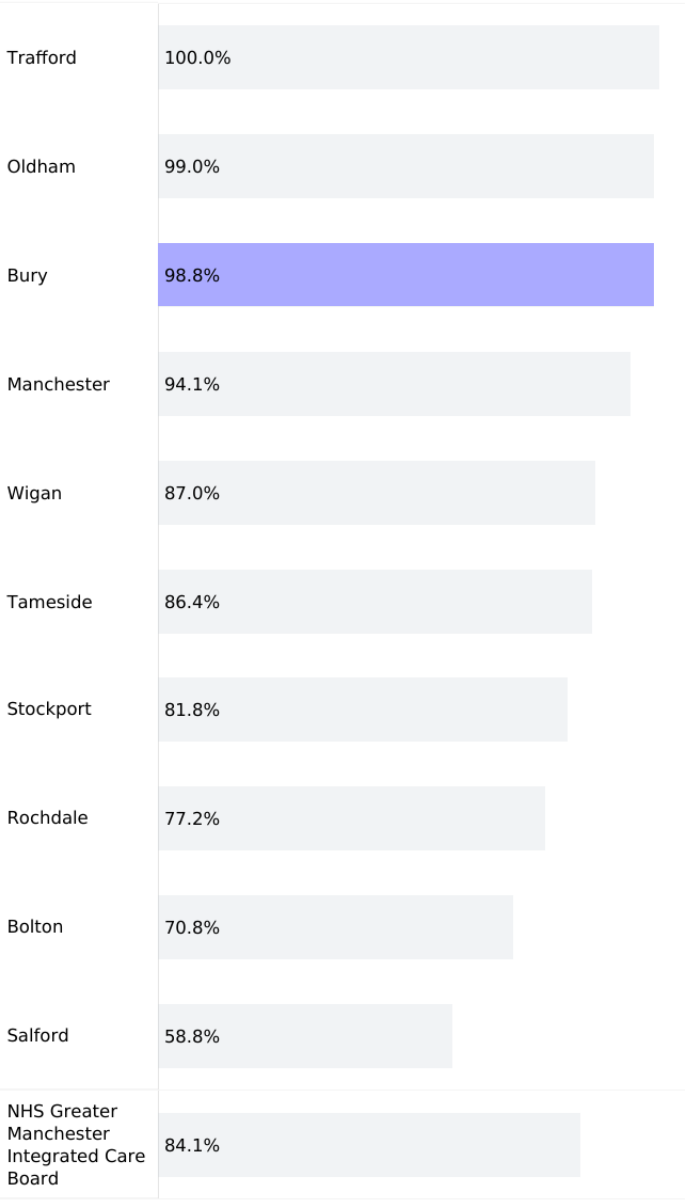
Outliers more than 1 standard deviation from the mean



	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%	95.8%	97.6%	98.8%					

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

Latest Value GM Benchmarking



Narrative

- In Oct 2025, 98.8% of Urgent Community Response (UCR) referrals for Bury-registered patients received a response within the two-hour standard. This represents a slight increase from 97.6% in Sept 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
Cancer	N/A	Cancers Diagnosed at an Early Stage (12-month rolling): All Tumours Staged within RCRD	12-month rolling count of cancers diagnosed at stages 1 and 2 divided by 12-month rolling count of cancers diagnosed at stages 1, 2, 3, and 4	Rapid Cancer Registration Data (RCRD) at Tumour Level	Monthly	Jul 25	2nd Thursday	National Target	Increase
	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	Sep 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	Sep 25	2nd Thursday	No Target	Increase
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Sep 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	Sep 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 wit..	Published MHSDS	Monthly	Sep 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	Sep 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	Sep 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	Sep 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	Oct 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	Oct 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	Sep 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	Jun 25	2nd Thursday	National Median	Increase
Quality	S037A	% of patients describing the overall experience of their GP practice as good	The weighted percentage of people who report through the GP Patient Survey their overall experience of their GP practice as 'very good' or 'fairly good'	GP Patient Survey	Annual	Mar 23	2nd Thursday	National Median	Increase
	S042a	E. coli blood stream infections	12-month rolling counts of E. coli	National Statistics: E. coli bacteraemia: monthly data by loc..	Monthly	Sep 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	Sep 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	Sep 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	Sep 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	Oct 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	Sep 25	49.0%	53.0%	↘	50.%	85	173	Inter
	EH13	% of people with SMI to receive all six physical health checks in the preceding 12 months.	Quarterly	Jun 25	55.9%	62.2%	↘	60.%	810	1,450	Lower
	EH01	Talking Therapies: 6 Week Waits	Monthly	Sep 25	60.0%	58.1%	↗	75.%	105	175	Lower
	EH02	Talking Therapies: 18 Week Waits	Monthly	Sep 25	100.0%	96.8%	↗	95.%	175	175	Inter
	EH21	Talking Therapies: Second Treatment Waits	Monthly	Sep 25	37.9%	27.6%	↗	10.%	55	145	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	Sep 25	180	175	↗	293	N/A	N/A	Inter
	N/A	Percentage of CYP receiving Autism assessment within 18 weeks of referral	Monthly	Sep 25	0.0%	25.0%	↘	N/A	0	2	N/A
	N/A	Percentage of CYP receiving ADHD assessment within 18 weeks of referral	Monthly	Sep 25	0.0%	33.3%	↘	N/A	0	25	N/A
	N/A	Autism average wait in weeks from referral to first assessment	Monthly	Sep 25	112	59	↗	N/A	N/A	N/A	N/A
	N/A	ADHD average wait in weeks from referral to first assessment	Monthly	Sep 25	103	53	↗	N/A	N/A	N/A	N/A
Community	ET02	Total Patients on the CHS Waiting Lists (NCA)	Monthly	Sep 25	19,536	19,703	↘	N/A	N/A	N/A	N/A
	ET02a	Total CYP on the CHS Waiting Lists (NCA)	Monthly	Sep 25	5,989	6,280	↘	N/A	N/A	N/A	N/A
	ET02b	Total Adults on the CHS Waiting Lists (NCA)	Monthly	Sep 25	13,547	13,423	↗	N/A	N/A	N/A	N/A
	N/A	Total Patients Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Sep 25	736	828	↘	N/A	N/A	N/A	N/A
	ET09b	Total Adults Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Sep 25	440	342	↗	N/A	N/A	N/A	N/A
	ET09a	Total CYP Waiting 52+ Weeks on the CHS Waiting Lists (NCA)	Monthly	Sep 25	296	486	↘	N/A	N/A	N/A	N/A
	N/A	% of CHC referrals completed within 28 days	Quarterly	Sep 25	82.8%	92.3%	↘	N/A	24	29	Inter
	N/A	% of DST carried out in acute setting	Quarterly	Sep 25	0.0%	0.0%	→	N/A	0	21	Lower
Primary Care	ED19	Appointments in general practice	Monthly	Sep 25	85,685	73,434	↗	205,223	N/A	N/A	Lower
	S001a	Number of GP appointments per 10,000 weighted patients	Monthly	Sep 25	403.1	345.4	↗	496	85,685	212,584	Lower
	N/A	Number of prescriptions dispensed per 1000 patients	Monthly	Jul 25	909	852	↗	N/A	N/A	N/A	Lower
Adult Social Care	N/A	Number of people in Care Homes	Weekly	Nov 25	1,294	1,294	→	N/A	N/A	N/A	N/A
	N/A	Number of people in Home Care	Weekly	Nov 25	1,644	1,640	↗	N/A	N/A	N/A	N/A
	N/A	Percentage of Care Homes rated Good or Outstanding	Monthly	Oct 25	86.3%	86.3%	→	N/A	44	51	N/A
	N/A	Care home beds vacancy rate	Weekly	Nov 25	16.0%	16.0%	→	N/A	247	1,541	N/A
	N/A	Number of vacant care home beds	Weekly	Nov 25	247	247	→	N/A	N/A	N/A	N/A

Bury

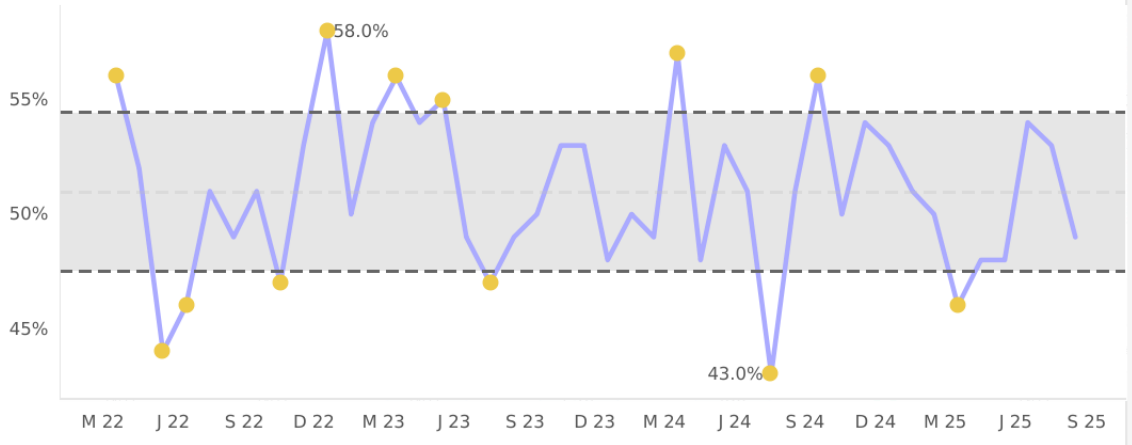
Talking Therapies: Recovery Rate

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

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

49.0%	53.0%	69/112	50.%
September 2025	August 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

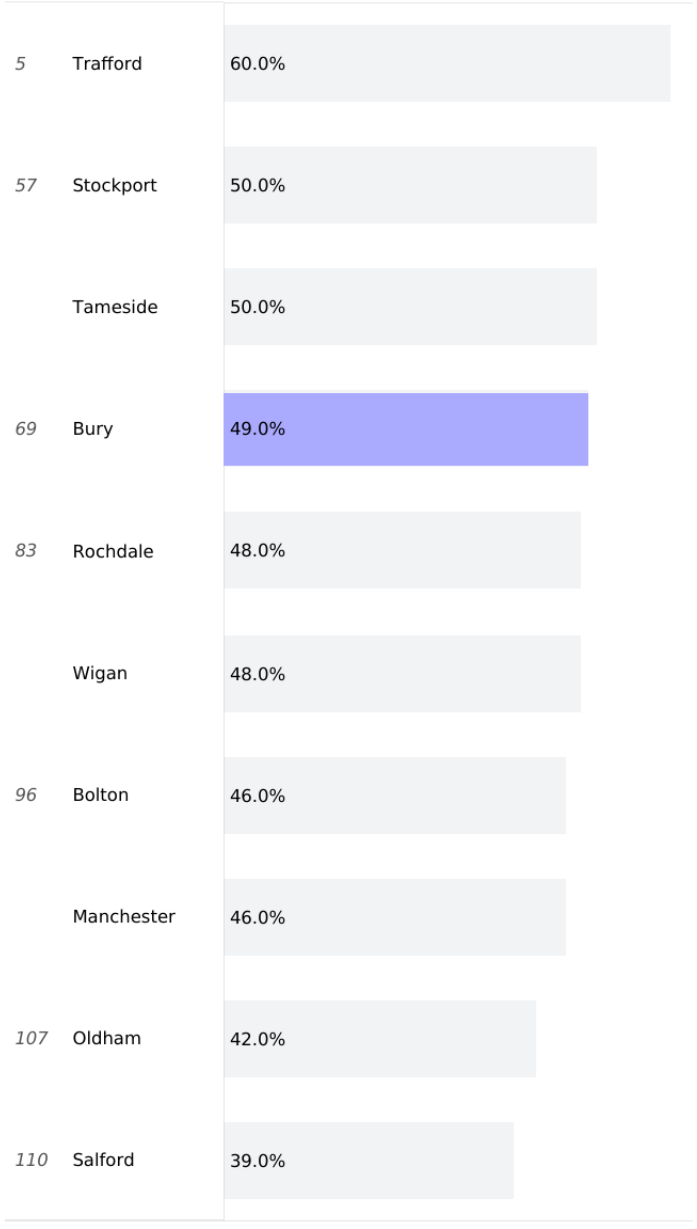


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	56.0%	52.0%	44.0%	46.0%	51.0%	49.0%	51.0%	47.0%	53.0%	58.0%	50.0%	54.0%
2023-24	56.0%	54.0%	55.0%	49.0%	47.0%	49.0%	50.0%	53.0%	53.0%	48.0%	50.0%	49.0%
2024-25	57.0%	48.0%	53.0%	51.0%	43.0%	51.0%	56.0%	50.0%	54.0%	53.0%	51.0%	50.0%
2025-26	46.0%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- Sept 25 data shows a Talking Therapies recovery rate with 49.0%, a decrease on the previous month.
- This is below than the performance in the same period last year, which was 51.0%.
- Currently, Bury ranks as the 4th 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

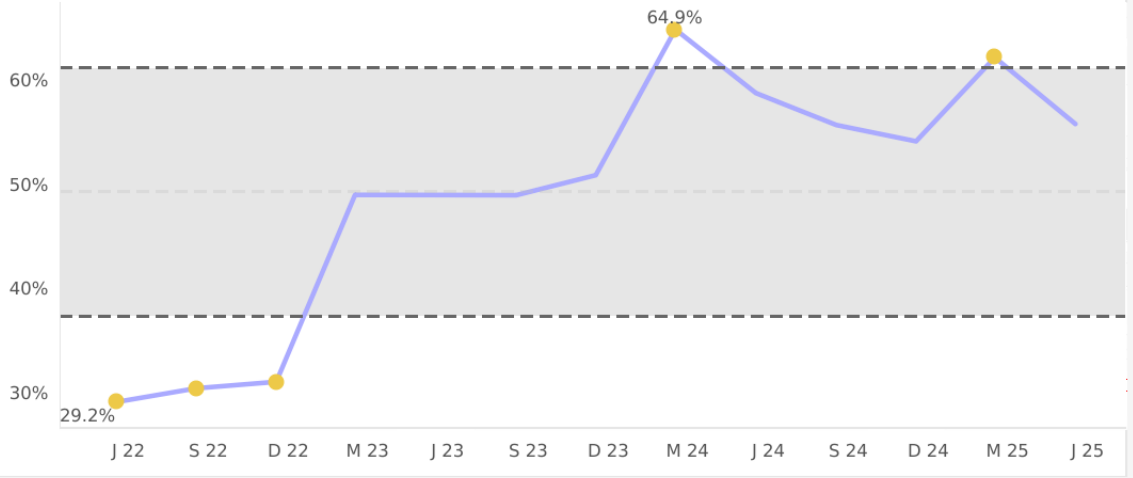
% of people with SMI to receive all six physical health checks in the preceding 12 months. - Mental Health Patients

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)

55.9%	62.2%	83/106	60.%
June 2025	March 2025	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean



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

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

Latest Value GM Benchmarking

National Rank against other localities

12	Salford	67.9%
26	Stockport	64.2%
27	Rochdale	64.2%
28	Oldham	64.0%
34	Trafford	63.4%
39	Bolton	62.6%
45	Wigan	62.0%
58	Tameside	59.9%
60	Manchester	59.7%
83	Bury	55.9%
15	NHS Greater Manchester Integrated Care Board	62.2%

Narrative

- Published data indicates that, as of Oct 2025, 54.5% 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 1,117 out of 2,051 eligible patients.
- In comparison, the Greater Manchester (GM) average for the same period was 58.6%, 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

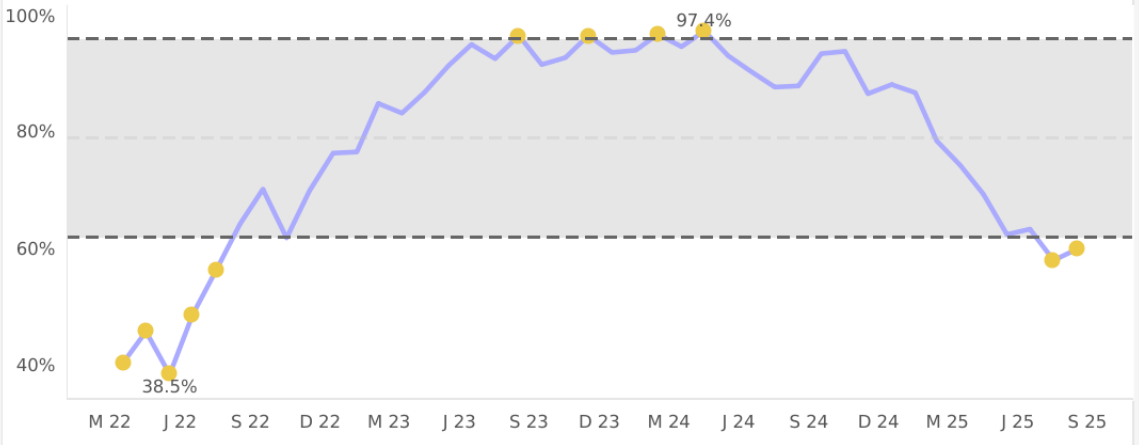
Talking Therapies: 6 Week Waits

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)

60.0%	58.1%	106/112	75.%
September 2025	August 2025	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean

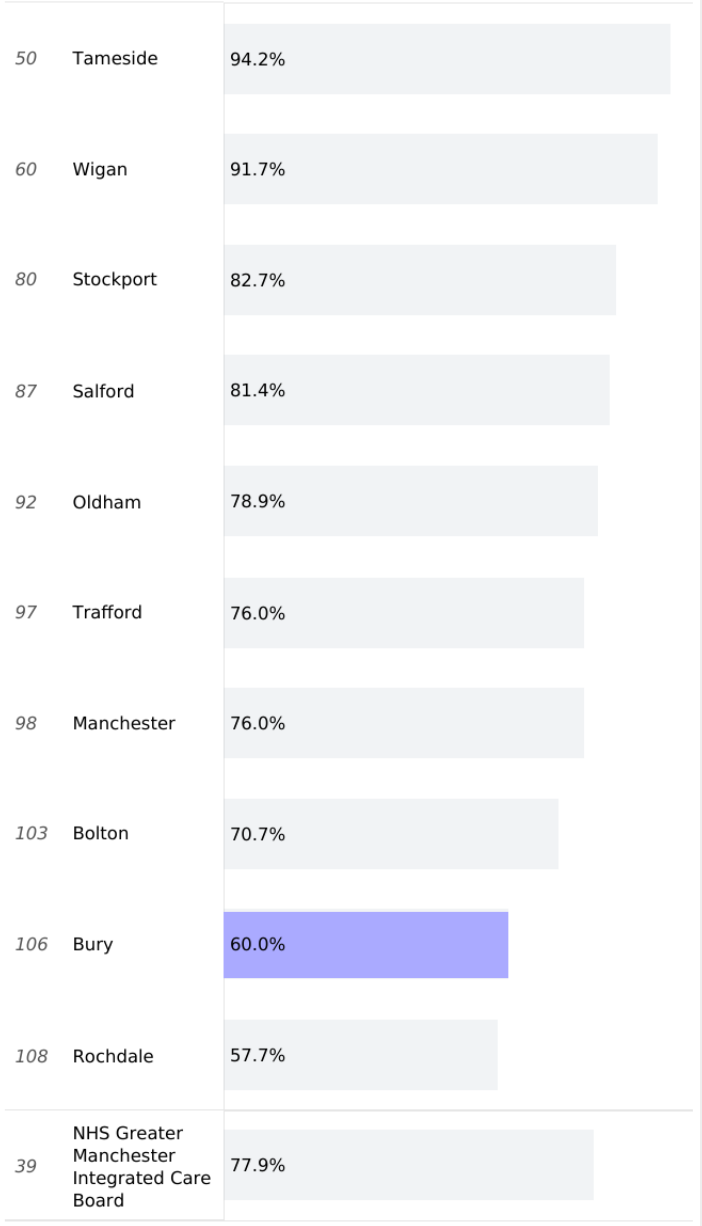


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	40.5%	45.8%	38.5%	48.7%	56.4%	64.3%	70.3%	61.9%	70.0%	76.5%	76.7%	85.0%
2023-24	83.3%	87.0%	91.5%	95.1%	92.7%	96.7%	91.7%	92.9%	96.7%	93.8%	94.1%	96.9%
2024-25	94.7%	97.4%	93.2%	90.5%	87.8%	88.0%	93.5%	93.9%	86.7%	88.2%	86.8%	78.6%
2025-26	74.4%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In Sept 2025, 60% of patients waited six weeks or less from referral to starting IAPT treatment, marking an improvement from 58.1% the previous month. However, this is a decline compared to Sept 2024, when the performance was 88%.
- Bury's current performance falls below both the Greater Manchester (GM) average of 77.9% 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

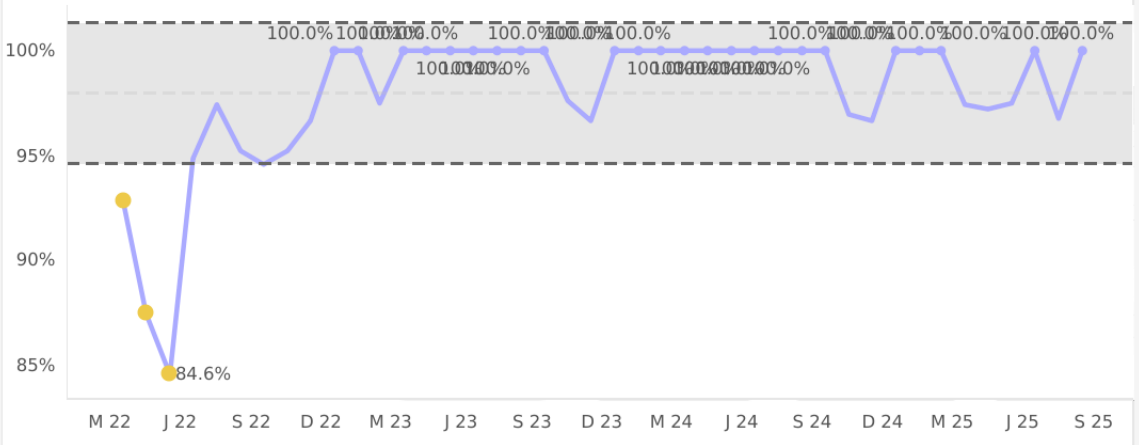
Talking Therapies: 18 Week Waits

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%	96.8%	5/112	95.%
September 2025	August 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%	96.8%	100.0%						

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

Latest Value GM Benchmarking

National Rank against other localities

5	Bury	100.0%
	Salford	100.0%
88	Stockport	98.1%
	Tameside	98.1%
90	Trafford	98.0%
92	Wigan	97.9%
97	Oldham	97.4%
99	Rochdale	96.2%
106	Manchester	92.3%
110	Bolton	84.0%
38	NHS Greater Manchester Integrated Care Board	95.2%

Narrative

- In Sept 2025, there were 100% of patients that waited 18 weeks or less from referral to entering IAPT treatment. This represents a marginal increase from 96.8% in Aug 2025.
- Bury's performance remains above the national target of 95% and is also higher than the Greater Manchester (GM) average of 95.2%.
- Bury ranks as the highest among the GM localities.

Bury

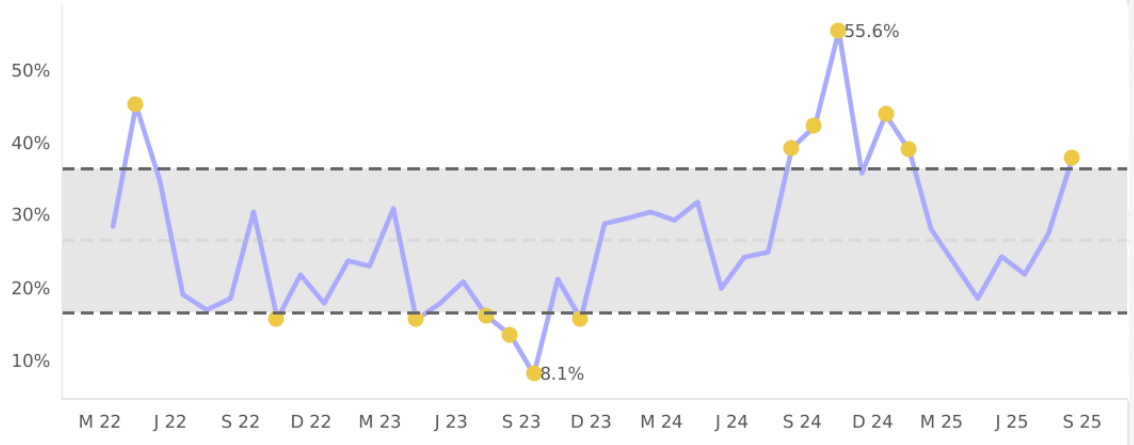
Talking Therapies: Second Treatment Waits

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)

37.9%	27.6%	83/104	10.%
September 2025	August 2025	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

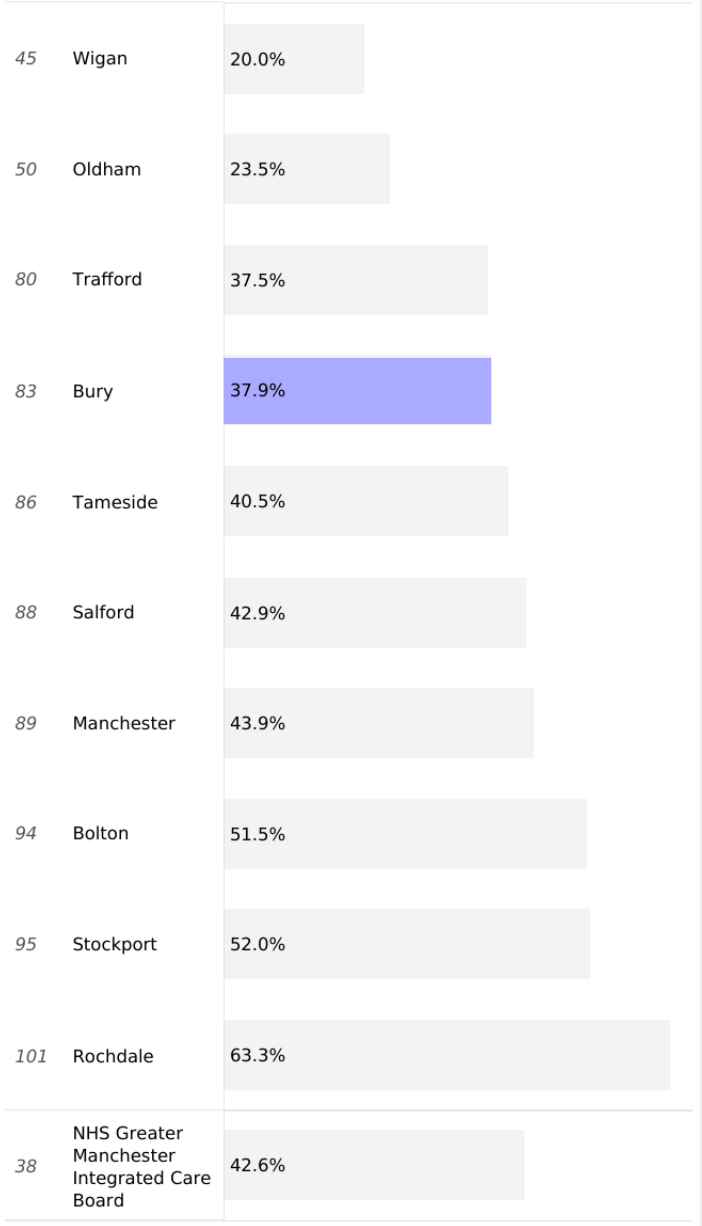


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	28.6%	45.3%	34.9%	19.1%	17.0%	18.6%	30.6%	15.8%	21.9%	17.9%	23.8%	23.1%
2023-24	31.0%	15.7%	17.9%	20.9%	16.1%	13.5%	8.1%	21.3%	15.8%	28.9%	29.7%	30.6%
2024-25	29.4%	31.9%	20.0%	24.3%	25.0%	39.4%	42.4%	55.6%	35.9%	44.0%	39.0%	28.2%
2025-26	23.3%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

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- In Sept 2025, 37.9% of patients in Bury attended their second appointment within 90 days of their first, reflecting an increase since Aug 2025 (27.6%).
- This performance is below the Greater Manchester (GM) average of 42.6%. Bury currently ranks the 4th lowest among all GM localities for this measure.
- Both Bury and GM remain above the national target of 10%

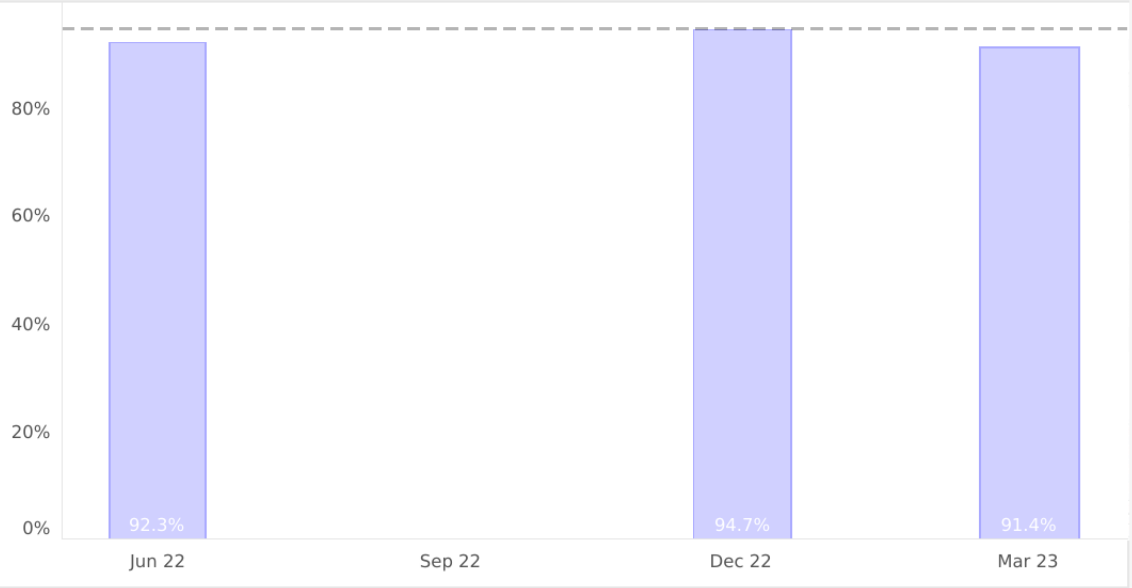
Bury

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 57% of patients with routine eating disorders in the Children and Young People (CYP) category were seen within four weeks during Sept 2025. Specifically, 4 out of 7 patients received care within the four-week target timeframe.

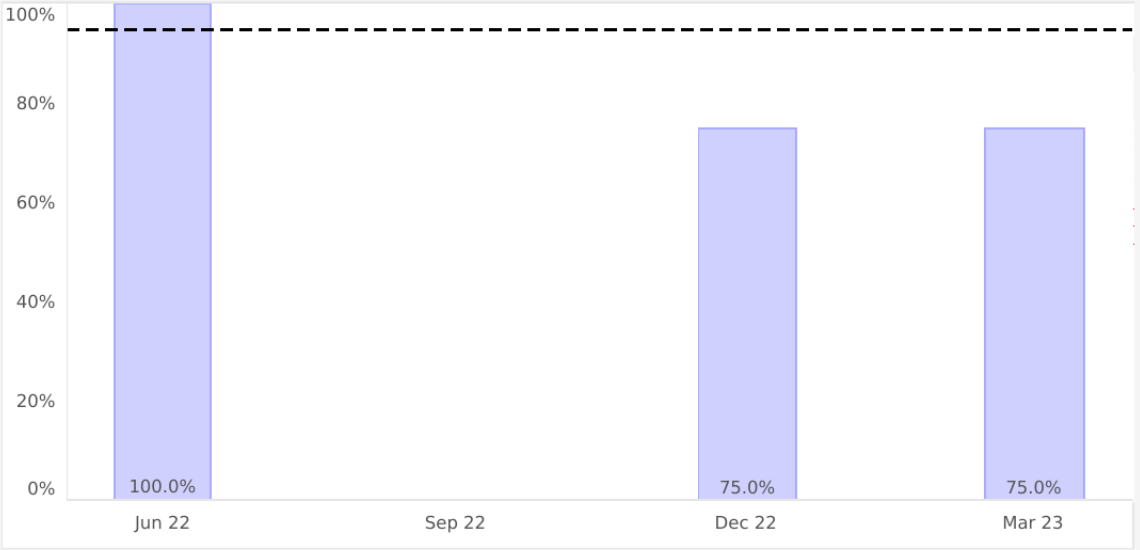
Bury

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 Sept 2025.

Bury

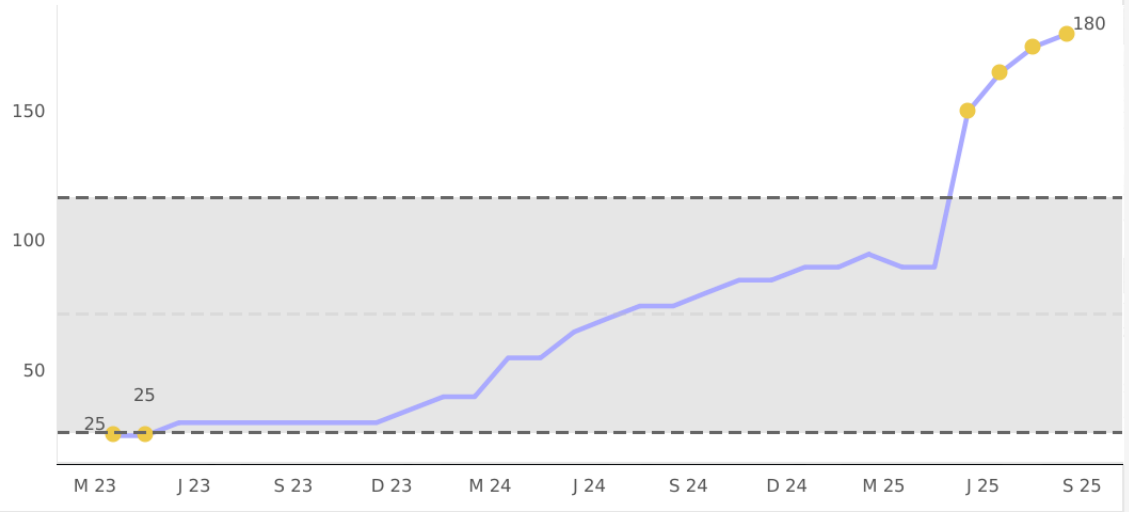
Access to Individual Placement and Support Services - Mental Health Patients

Access to Individual Placement and Support Services

Source: Published MHSDS (Monthly)

180	175	76/106	292.5
September 2025	August 2025	National Rank Inter Quartile	National Median

Outliers more than 1 standard deviation from the mean

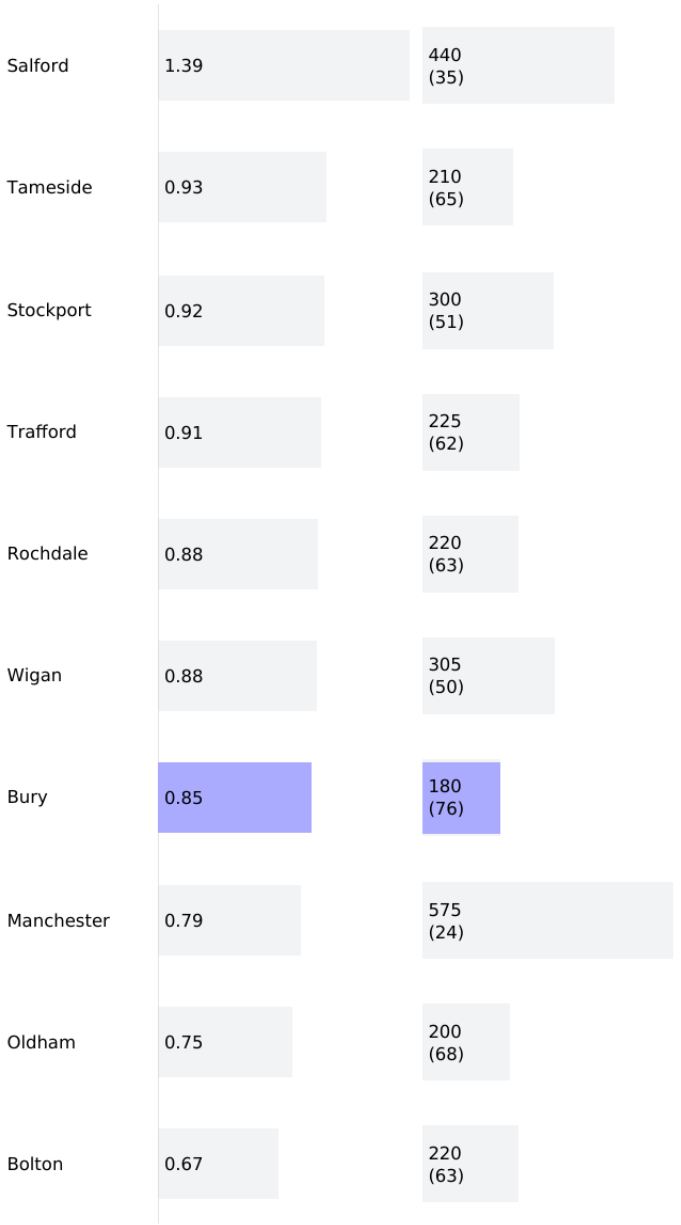


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24	25	25	30	30	30	30	30	30	30	35	40	40
2024-25	55	55	65	70	75	75	80	85	85	90	90	95
2025-26	90	90	150	165	175	180						

Selected measure at September 2025 has continuously increased for 4 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 180 in Sept 2025, compared to 175 in August 2025 and 75 in Sept 2024.
- Bury presently records an access rate of 0.85 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

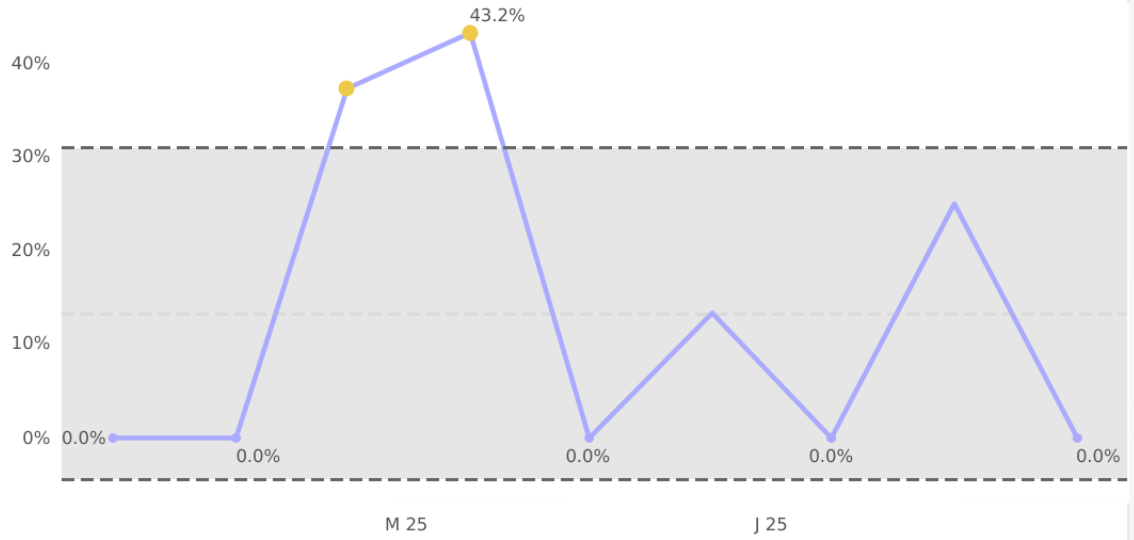
Percentage of CYP receiving Autism assessment within 18 weeks of referral

Source: Local Autism_ADHD Submission (Monthly)

0.0%
September 2025

25.0%
July 2025

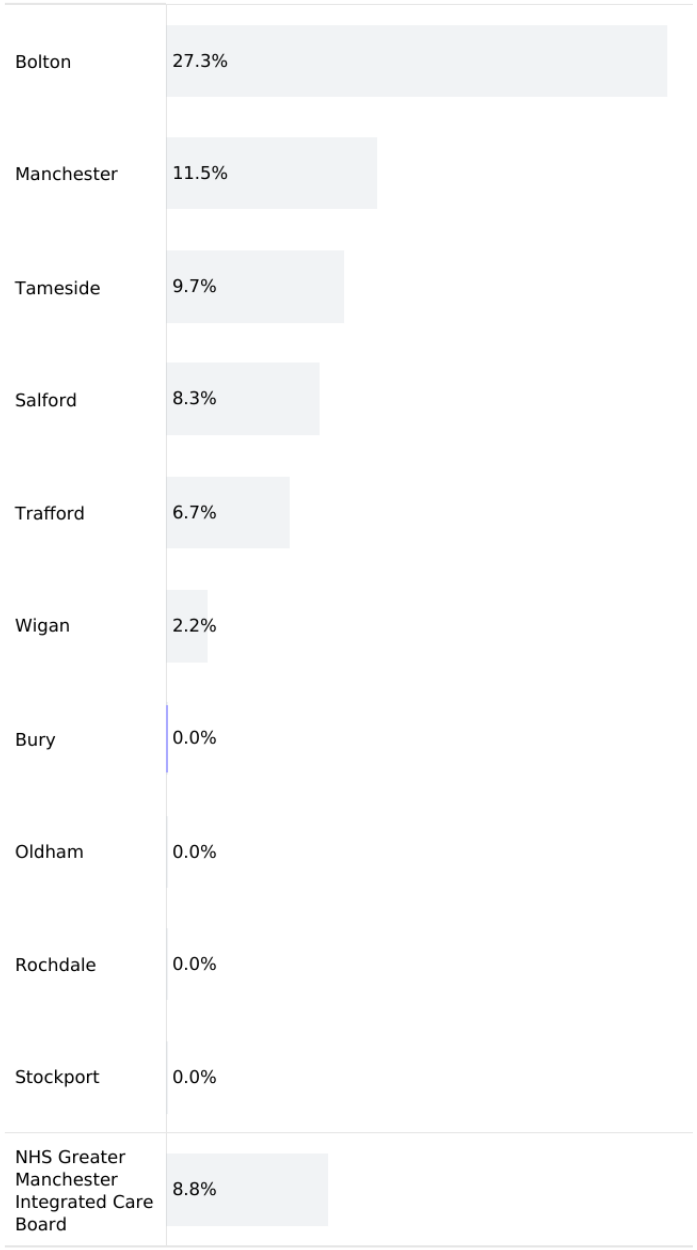
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Jan	Feb	Mar
2023-24									
2024-25							0.0%	0.0%	37.3%
2025-26	43.2%	0.0%	13.3%	0.0%	25.0%	0.0%			

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

Latest Value GM Benchmarking



Narrative

- In Sept 2025, 0% of CYP received an autism assessment within 18 weeks of referral, down from 25% 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

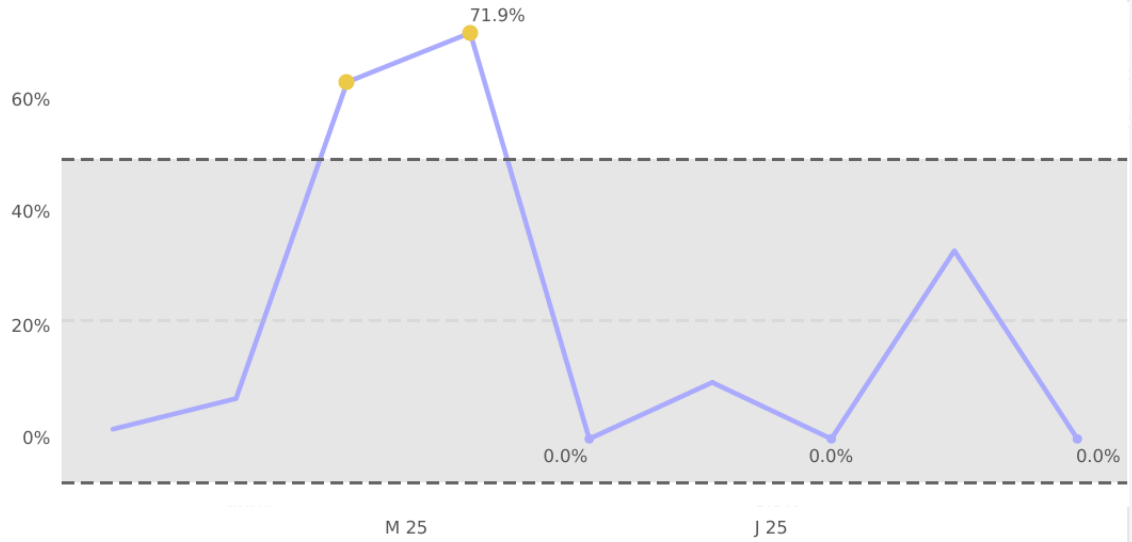
Percentage of CYP receiving ADHD assessment within 18 weeks of referral

Source: Local Autism_ADHD Submission (Monthly)

0.0%
September 2025

33.3%
July 2025

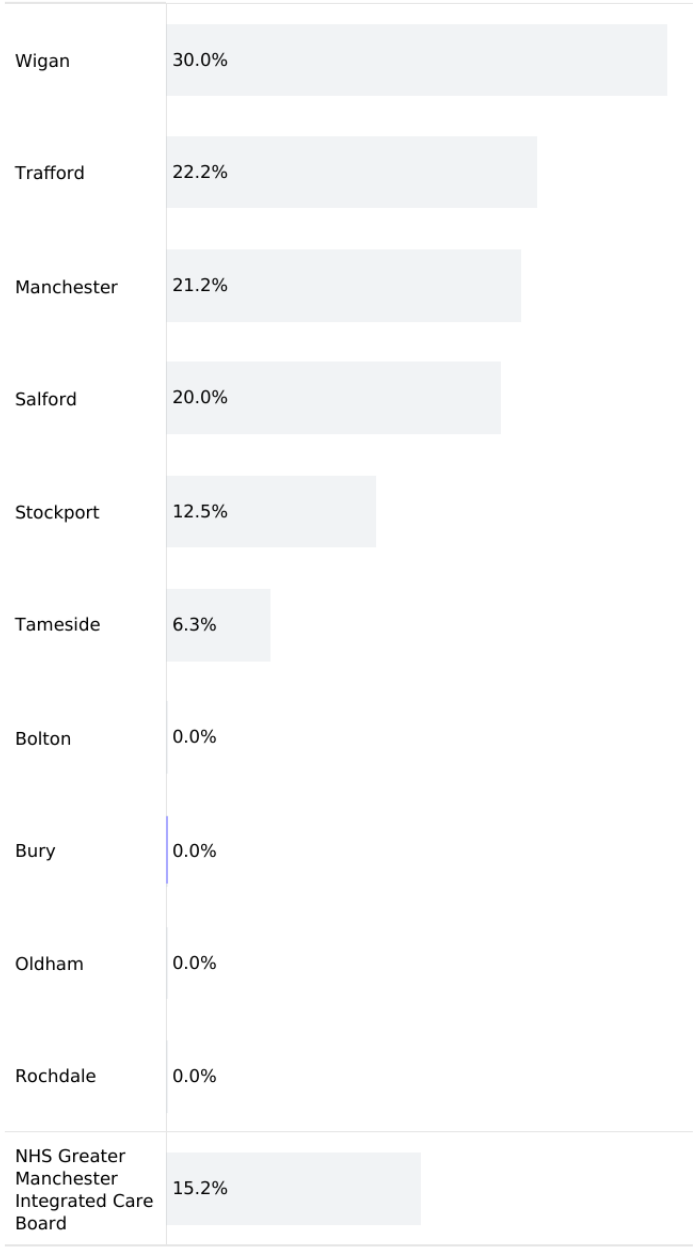
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	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%	0.0%			

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

Latest Value GM Benchmarking



Narrative

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

Bury

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

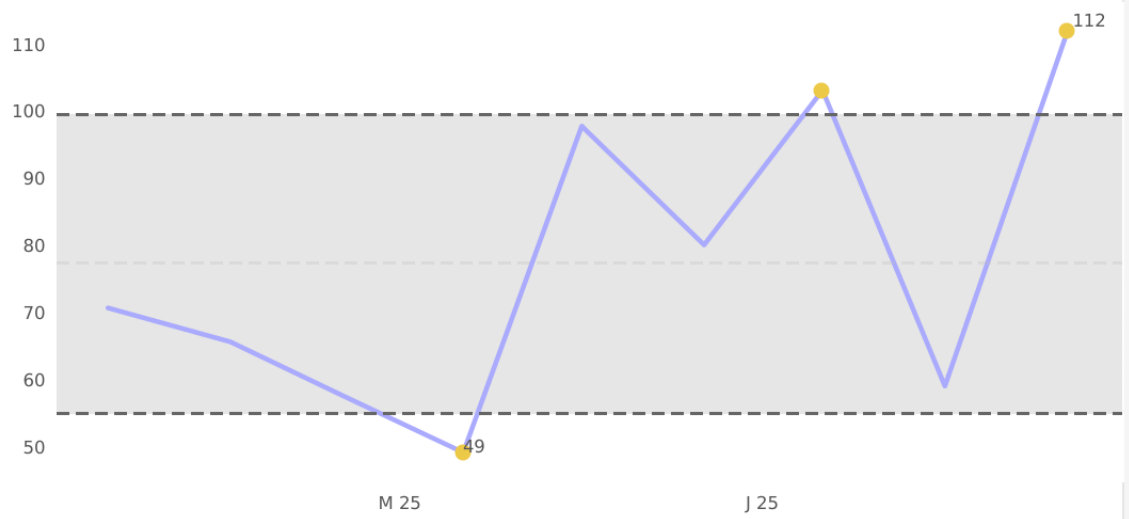
Autism average wait in weeks from referral to first assessment

Source: Local Autism_ADHD Submission (Monthly)

112
September 2025

59
July 2025

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Jan	Feb	Mar
2023-24									
2024-25							71	66	58
2025-26	49	98	80	103	59	112			

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

Latest Value GM Benchmarking

Narrative

- In Sept 2025, the average waiting time for autism assessments, measured from referral to first assessment, was 112 weeks. This represents a increase compared to August 2025, when 59 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

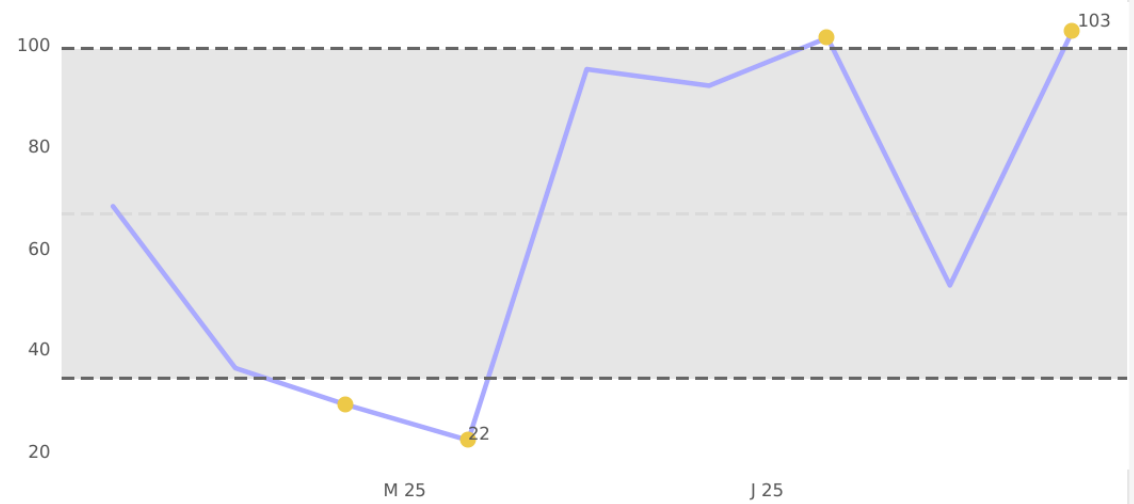
ADHD average wait in weeks from referral to first assessment

Source: Local Autism_ADHD Submission (Monthly)

103
September 2025

53
July 2025

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Jan	Feb	Mar
2023-24									
2024-25							68	37	29
2025-26	22	95	92	102	53	103			

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

Latest Value GM Benchmarking

Narrative

- In Sept 2025, the average waiting time for ADHD assessments, measured from referral to first assessment, was 103 weeks. This represents a increase compared to August 2025, when 53 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

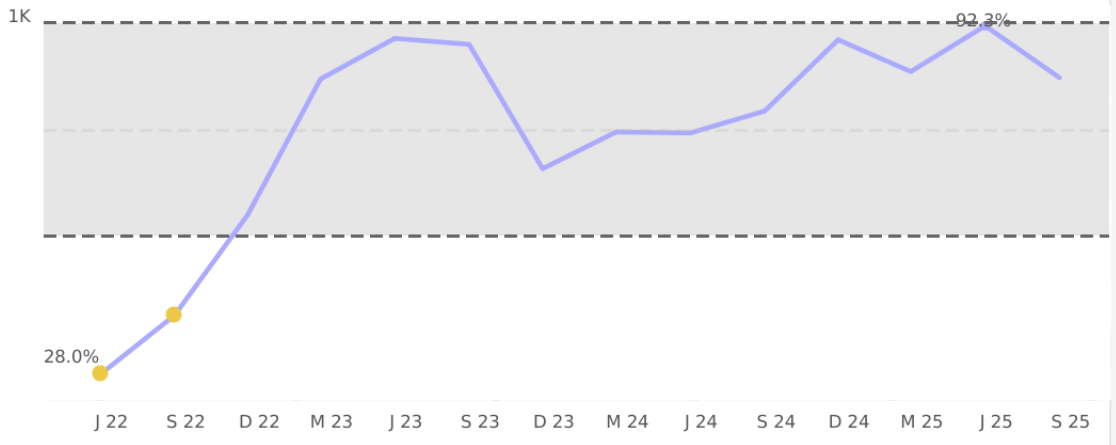
Source: Continuing Healthcare and NHS-funded Nursing Care quarterly published figures (Quarterly)

82.8%
September 2025

92.3%
June 2025

56/106
National Rank
Inter Quartile

Outliers more than 1 standard deviation from the mean

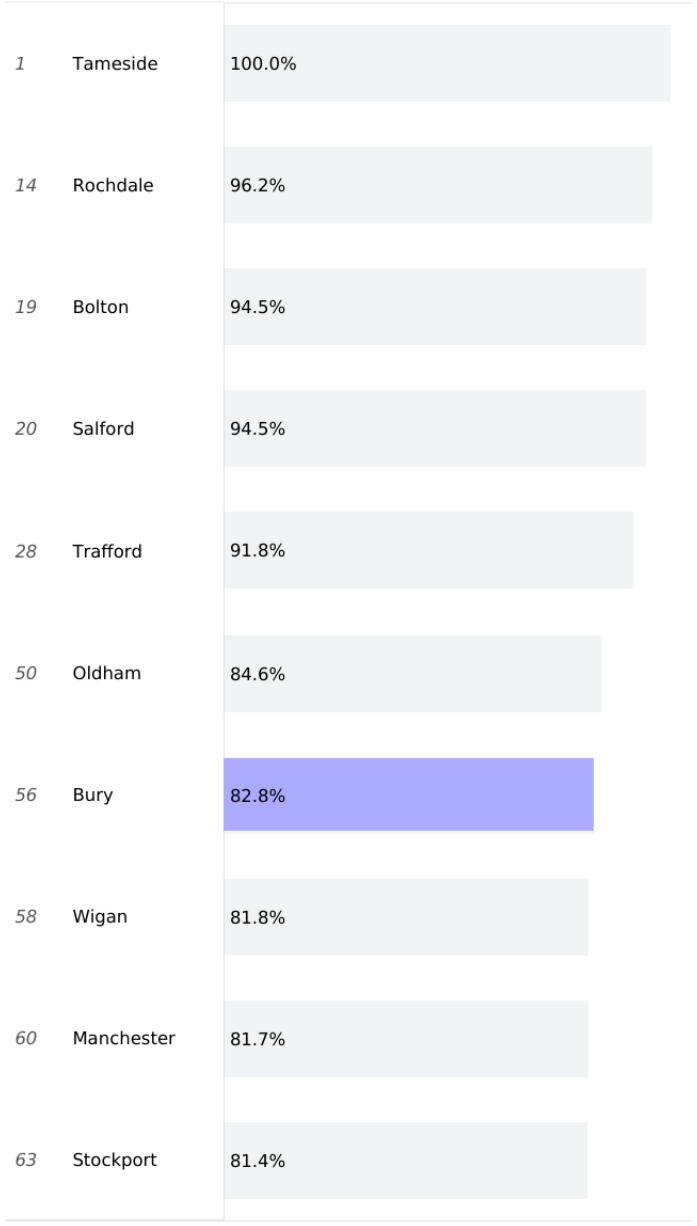


	Jun	Sep	Dec	Mar
2022-23	28.0%	38.9%	57.5%	82.5%
2023-24	90.0%	88.9%	66.0%	72.7%
2024-25	72.5%	76.6%	89.7%	83.9%
2025-26	92.3%	82.8%		

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The % CHC referrals completed within 28 days for Sept 2025 is 82.8%, this is a decrease from June 2025 when the figure shows 92.3%.
- Bury is currently ranked 7th among the GM localities.

Bury

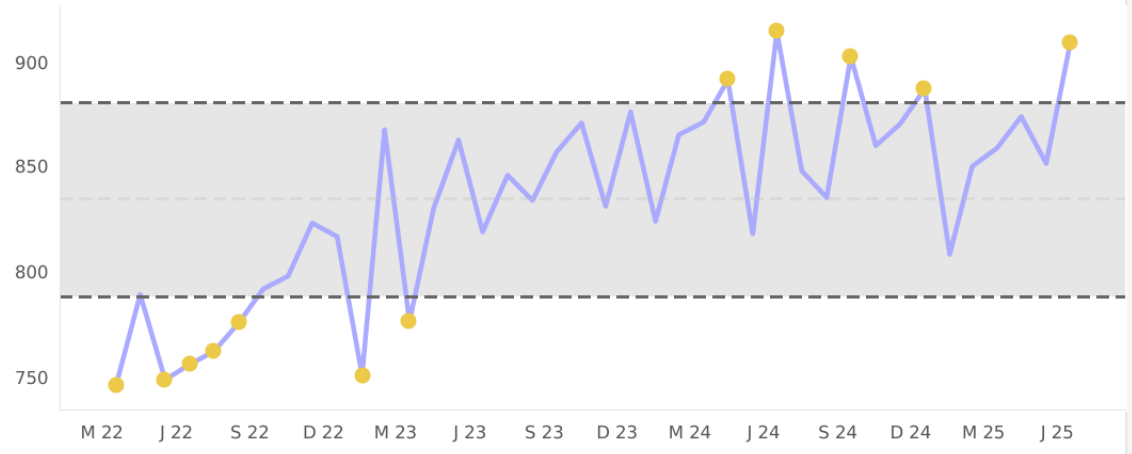
Number of prescriptions dispensed per 1000 patients

Number of prescriptions dispensed per 1000 patients

Source: Patient Level Prescribing Data (Monthly)

909.5	852.2	110/117
July 2025	May 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
2022-23	746.7	789.8	749.2	756.5	762.9	776.6	792.5	798.6	823.8	817.4	751.3	868.2
2023-24	777.0	830.8	863.4	819.6	846.6	834.6	857.7	871.4	831.8	876.7	824.7	865.8
2024-25	871.9	891.9	818.8	915.0	848.7	835.9	903.0	860.7	870.8	887.7	808.9	850.8
2025-26	859.6	874.4	852.2	909.5								

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

Latest Value GM Benchmarking

National Rank against other localities

107	Manchester	825
108	Bolton	856
109	Salford	902
110	Bury	909
111	Rochdale	924
112	Wigan	984
113	Oldham	986
114	Trafford	995
115	Stockport	1,042
116	Tameside	1,099
45	NHS Greater Manchester Integrated Care Board	932

Narrative

- In July 2025, the number of prescriptions issued per 1,000 patients was 909.5, representing an increase from May 2025, when the rate was 852.2.
- However, this reflects an increase compared to July 2024, when the figure stood at 915.0.
- Bury currently ranks fourth among the Greater Manchester localities and remains below the Greater Manchester average of 932.

Bury

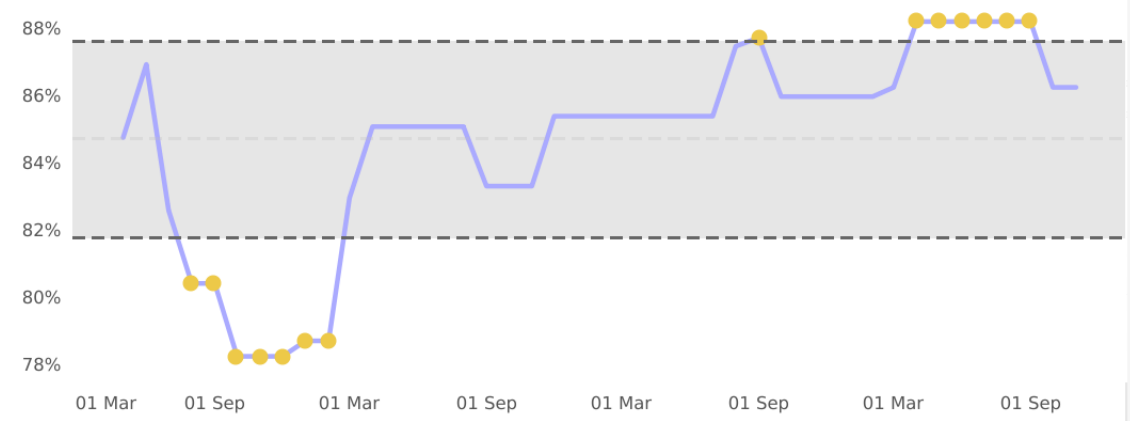
Percentage of Care Homes rated Good or Outstanding

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

Source: CQC (Monthly)

86.3%	86.3%
Oct 25	Sep 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	96.2%
2	Trafford	88.5%
3	Bury	86.3%
4	Oldham	85.0%
5	Manchester	82.4%
6	Bolton	81.8%
7	Salford	80.0%
8	Tameside	73.5%
9	Stockport	72.4%
10	Rochdale	69.8%

Narrative

- In Oct 2025, 86.3% of care homes received ratings of 'Good' or 'Outstanding', matching the previous month.
- Bury holds the position of third highest among the Greater Manchester areas for this indicator.

Bury

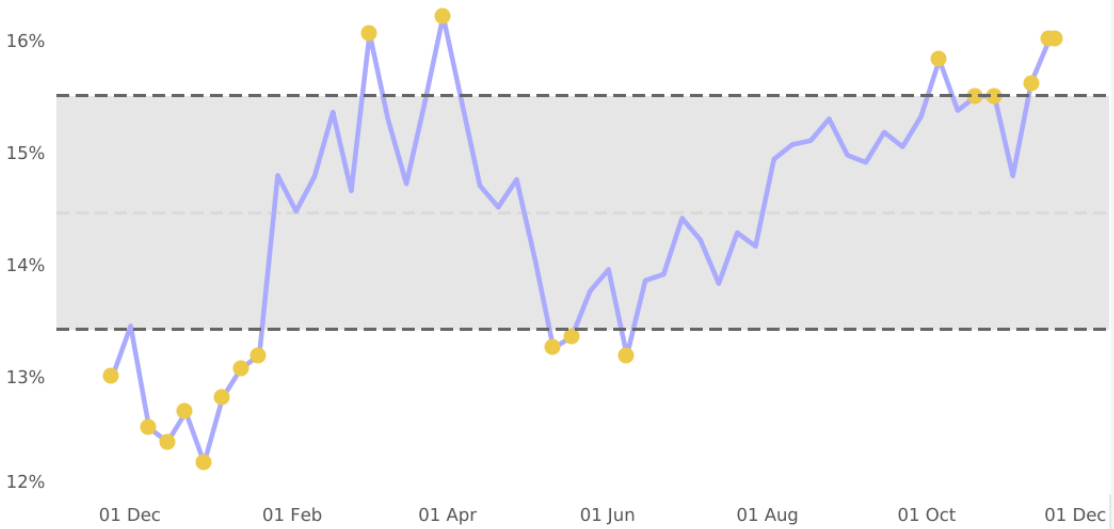
Care home beds vacancy rate
% of care home beds that are vacant

Source: NECS Capacity Tracker (Weekly)

16.0%
18 Nov

16.0%
16 Nov

Outliers more than 1 standard deviation from the mean



31 Aug	07 Sep	14 Sep	21 Sep	28 Sep	05 Oct	12 Oct	19 Oct	26 Oct	02 Nov	09 Nov	16 Nov	18 Nov
15.0%	14.9%	15.2%	15.1%	15.3%	15.8%	15.4%	15.5%	15.5%	14.8%	15.6%	16.0%	16.0%

Latest Value GM Benchmarking
Rank against other localities

1	Bury	16.0%
2	Trafford	13.9%
3	Oldham	11.5%
4	Rochdale	11.1%
5	Stockport	10.8%
6	Manchester	10.5%
7	Bolton	10.0%
8	Salford	9.2%
9	Tameside	9.1%
10	Wigan	8.7%
1	NHS Greater Manchester Integrated Care Board	11.0%

Narrative

- In the week commencing 18th Nov 25, 16% 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 11%.

Meeting: Bury Locality Board			
Meeting Date	01 December 2025	**Action**	Receive
Item No.	11.0	**Confidential**	No
Title	Adult & CYP Neurodevelopment transformation overview		
Presented By	Ian Trafford		
Author	Ian Trafford		
Clinical Lead	NA		

Executive Summary

The presentation provides an overview of the current GMICB led transformation programmes relating to:

- Adult ADHD assessment and treatment pathways.
- CYP neurodevelopment pathway redesign.
- Financial recovery arrangements in relation to so called right to choose activity.

The presentation also provides:

- An overview and update on the local commissioning arrangements in relation to adult ADHD assessment and treatment
- The developing local offer for children and families and specifically the implementation of a locality Neurodevelopment Hub to provider early advice, information and support.

Recommendations

The Locality Board are asked to note the information.

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	☐

Links to Locality Plan priorities	
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:						

The following risks are included on the Locality Risk Register:

- Risks associated with long wating times for CYP Neurodevelomental assessments.
- Risks associated with the current short term commissioning arrangements for adult ASD assessment and ADHD assessment and treatment.

Most elements of the transformation programmes described are led centrally by MH commissioners in the central GMICB team and are managed through established GMICB governance and programme management arrangements in relation to finance and procurement, risk management, regulatory responsibility in relation to public consultation and equality, privacy and quality impact assessment. Locality based commissioners work closely with the GMICB team to support local implementation.

Adult ASD assessment and ADHD assessment and treatment provision (including so called right to choose activity) has been funded through the locally held NHS budget and in this context local governance procedures have been followed in relation to commissioning (of Optimise Healthcare) in line with the Scheme of Delegation. However, the budgets for adult ASD assessment and ADHD assessment and treatment are being centrallised.

The recently implemented in-year restrictions on funding for new ASD and ADHD assessments by so called right to choose providers has been implemented to reduce the significant projected overspend on this activity.

Additional investment has been agreed to support a range of initiatives including:

- The implementation of a triage gateway for adult ASD and ADHD assessments

Implications						
• The establishment of CYP Neurodevelopment Hubs in each locality in GM Some other proposed changes may require additional investment which has yet to be formally approved. A small amount of additional local investment has been agreed to support a waiting list initiative to reduce wating times for autism assessments by Bury Community Paediatric Service.						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Where required Equality, Privacy or Quality Impact Assessments have been or will be undertaken to inform the transformation work.						
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
In addition to the relevant risks on the locality risk register highlighted above there are the following relevant programme risks on the GM Mental Health Partnership Group risk register: 1. Capacity in the wider system to undertake neurodevelopment assessments for CYP following the implementation of the new criteria as part of the new CAMH Service Specification implementation. 2. The current backlog of CYP and families on the waiting list for a Neurodevelopmental assessment with CAMHS. 3. Potential capacity challenges within the new the new Neurodevelopmental Children and Young People's early help model of care, and potential for demand to exceed capacity once mobilised These risks are being managed in an ongoing way through the programme and in particular the gradual implementation of the planned changes.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
Locality Board	03/11/2025	Approval of the following recommendations: 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.

Adult & CYP Neurodevelopment transformation overview

BURY INTEGRATED CARE PARTNERSHIP

Part of Greater Manchester Integrated Care Partnership

Ian Trafford
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November 2025

Overarching drivers of change

BURY INTEGRATED CARE PARTNERSHIP

1. Significant rise in demand & insufficient commissioned capacity
2. Long waiting times for assessments
3. Families and individuals with highest needs / risk not having their needs assessed and met in a timely way
4. Access to support too linked to diagnosis
5. Unsustainable financial risk [associated with so called right to choose]

Demand

1. Over 25,000 adults now on NHS Greater Manchester's ADHD waiting lists. Long waiting times for assessments.
2. Adult ADHD referrals have increased by c400%—from approximately 2,700 in 2022 to over 11,000 in 2024.
3. Similar growth has been seen in Autism referrals for adults, as well as ADHD and Autism assessments for children and young people.
4. Average waiting times now range from 18 months to more than seven years, with demand continuing to outpace the capacity of local NHS services.
5. Spending on ADHD and Autism assessments through Right to Choose (RTC) has grown from £5 million in 2022 to a projected £31 million in 2025 if current trends continue.

Principles

1. GMICB led transformation programmes – ensure consistent and equitable provision across GM.
2. Enable those in the greatest need / risk to have more timely access to assessment and treatment.
3. Provide early help, guidance and support without the need for a diagnosis.
4. Provide simpler, more consistent pathways for advice, guidance, assessment and support / treatment.
5. Achieve financial sustainability.

Adult – ADHD & autism

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Overview of workstreams

1. Assessment and treatment pathway redesign
2. Introduction of standard service specifications [ADHD and ASD] for all providers
3. Centralisation of budgets and financial recovery.
4. Locality commissioning and provision

Adult ADHD Assessment and treatment pathway redesign

- Between April and June 2025 a public consultation engaged over 2,500 people.
- The preferred model involves all referrals being triaged against agreed criteria with those with the highest need and risk going on to receive a full assessment with a range of support resources available for those who do not meet the criteria for a full assessment.
- In November 2025 the GMIC Board approved the proposal to implement the following new model of care.

Standard service specifications [ADHD and ASD]

1. Ensure greater consistency in the quality of services including by so called right to choose providers.
2. Cover ADHD assessment and treatment and ASD assessment for both adults and children.
3. Include requirements in relation to face to face assessment, travel time and responsibility for physical health checks (to support safe prescribing of ADHD medication).
4. Planned implementation from next year.

Centralisation of budgets and financial recovery – Adult & CYP

1. Greater efficiency in financial processing.
2. Improved visibility and grip and control of spend.
3. Initially activity caps were introduced on all right to choose providers for 2025.26.
4. From 1st September 2025 new non-urgent ADHD and autism (ASD) assessment bookings with right to choose providers are being temporarily held back. Assessments will resume in the new financial year if and when additional funding is available.
5. Aim is to reduce the projected overspend on RTC in the context of the wider financial recovery requirements on the ICB.

NES commissioning arrangements

- Optimise are commissioned to provide specialist oversight of patients prescribed ADHD medication under shared care arrangements with their GP including annual medication reviews.
- Includes transition pathway from CAMHS for CYP on ADHD medication.
- We have been able to commission a limited number of ADHD and ASD assessments from Optimise [2025.26]. As a consequence, it is necessary to try and prioritise access to these assessments.
- As a result, we have had to take the decision not to establish an open referral pathway from GPs to Optimise for ASD or ADHD assessment.
- Instead, we have agreed the following approach:
    1. Identifying patients on the adult Dynamic Support Register who require and assessment
    2. Identifying patients under secondary care mental health services who require and assessment
    3. Starting to offer assessments to the patients who were part way through an assessment with LANC UK when they were decommissioned – *good progress being made*.
- Where a patient is diagnosed with ADHD and medication is indicated as the most appropriate form of treatment Optimise will titrate and then request a shared care agreement with the patient's GP.
- Optimise can now undertake the necessary physical health checks [BP and ECG where required] to support initial prescribing.
- Governance processes underway to recommission Optimise in 2026.27 so we have continuity of provision .

CYP Neurodevelopment transformation

BURY
INTEGRATED CARE
PARTNERSHIP

Part of Greater Manchester
Integrated Care Partnership

Thrive model

BURY INTEGRATED CARE PARTNERSHIP

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

NHS Greater Manchester

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

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

Relevant diagnostic assessment and post diagnostic care for those in need

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

GMICB work programmes

1. New needs led model of care
2. Changes to Child and Adolescent Mental Health Services (CAMHS)
3. A system approach to assessing needs
4. Supporting those already waiting

1. New needs-led model of care

- Developed with professionals, clinicians and families.
- Aimed at providing a consistent model of support across GM.
- Based on the provision of support in response to individual need without the need for a diagnosis.
- Will incorporate a wide range of evidence-based interventions e.g. Riding the Rapids

3. A system approach to needs assessment

- From January 2026 a new multi-agency approach to needs assessment will be gradually implemented.
- This will include a new GM triage system, where from health and education professionals will work together to decide the right type and level of support based on an individual's clinical need.
- Those with the highest needs / risks will be prioritised for assessment while others may wait longer.
- Not all CYP will meet the criteria for an NHS assessment, but everyone will receive a personalised offer of support through the new needs-led services such as the ND Hubs.
- Assessment services will still be provided locally and work is underway to improve local pathways and increase capacity.

4. Supporting those already waiting

- Many families have been waiting a long time for an assessment.
- Children and young people on waiting lists are being reviewed to ensure that those in urgent need, or at key transition points, receive timely, personalised support.
- Clinically agreed criteria will support decision making to ensure that support and assessments are person-centred and fair.

Developing offer across Greater Manchester & Bury

Getting Advice

- Access to online resources providing support, information, and access to services
- GM Autism website My Area – Bury - GMAC
- Advice and guidance support from Specialist ND navigator roles
- Online webinars – *in development*
- PADLETS
- Digital messaging support delivered by Barnardo's - *in the new year*
- Documentation outlining ordinarily available provisions and SEND reasonable adjustments
- Bury SEND local web pages
- myHappymind
- myMindcoach

Getting Help

- Evidence based group support for behaviour (pre-school and school age) Riding the Rapids
- The Hub offer – thematic sessions and support – *in development*
- Neuro-developmental Profiling tools - *going live soon*
- Sensory toolkit, workshops and consultations
- Sleep workshops and consultations – *GM commission coming next financial year*
- Evidence based communication interventions - PACT , Can DO, Ibasis
- Peer support via Navigators (in ND Hub) – *being mobilised*
- Tailored mental health support via MHSTs – HAVEN group-based support being developed- Bury MHST staff being trained
- Neurodiversity in education programme (Autism in Schools and PINs)
- Peer support through Spectrum Gaming

Getting Risk Support

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

Getting More Help

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

Spotlight – CYP Neurodevelopment Hub

- GMICB led commissioning – identifying a provider in each locality to deliver the Hub on a pilot basis for 2 years.
- Needs led offer: advice, guidance and help to children who are neurodivergent or displaying social/communication/behavioural differences and challenges.
- Primary aim: to provide early, targeted support to children and families with neurodevelopmental symptoms to improve their educational, social and holistic outcomes and where possible, reduce the need for later, more intensive intervention.
- Provide access to early help and evidence-based support for those CYP whose neurodevelopmental needs can be met with Getting Advice or Getting Help support. This will include PACT and Riding the Rapids.

Bury CYP ND Hub - Initial delivery

BURY INTEGRATED CARE PARTNERSHIP

- Commissioned provider – First Point Family.
- Recruitment: Co-ordinator, 1x Navigator, admin support.
- Online survey with parents & carers to inform the offer – 233 respondents.
- Initial drop-in provision launched – *test and learn*.
- Initial referral / signposting from Portage and SEND Health Visitor team – looking to expand to Early Years.
- Pathway development & Training with RISE at Early Break.
- Riding the Rapids – Early Years – 3 programmes delivered this year.

Bury ND Hub - development priorities

- Branding development – engagement sessions planned with Spectrum Gaming and the SEND Youth Group.
- Recruitment of 2nd Navigator.
- Scale up of drop-in provision.
- Mobilisation of new signposting / referral pathways.
- Mobilisation of individual family support offer.
- Explore opportunities for other services to align with / enhance the hub offer.
- Agree approach to peer support offer.
- Development of evaluation approach.
- Evolutionary / iterative approach to development informed by: feedback from children & families / learning from other localities / professional advice and input through Bury ND Hub Delivery Group

Other work & mitigations

1. Gradual implementation of changes to CAMHS service specification and aligned changes.
2. Whole system training needs analysis to inform programme of workforce development.
3. Locally agreed non-recurrent investment into community paediatrics to increase capacity / reduce waiting times for autism assessments for those currently on the waiting list.
4. GMICB non-recurrent investment to increase capacity / reduce waiting times for autism assessments for those currently on the waiting lists with NHS providers.
5. Development of communications strategy by the ICB including GP and wider stakeholder briefings and patient facing web pages: ADHD and Autism Assessments | Greater Manchester Integrated Care Partnership
6. Letter from the independent Chair of the Bury SEND Improvement and Assurance Board to the GMICB executive on behalf of all the non-Health representatives of the Board raising concerns about some of the proposed pathway changes and the implications for children and family's access to an assessment. Calling for more opportunities for engagement and co-production. Response pending.
7. Ongoing work to respond to and resolve GP, other professional and individual patient enquiries.

Meeting: Locality Board			
Meeting Date	01 December 2025	**Action**	Receive
Item No.	15	**Confidential**	No
Title	Primary Care Commissioning Committee update		
Presented By	Adrian Crook, Director of Adult Social Services and Community Commissioning		
Author	Zoe Alderson, Head of Primary Care (Bury)		
Clinical Lead			

Executive Summary
The Primary Care Commissioning update is provided as a highlight report from the meeting held on the 24th November 2025.
Recommendations
The Locality Board is asked to note the highlight report from the last Primary Care Commissioning Committee.

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

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

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
Primary Care Commissioning Committee	24/11/2025	Highlight report attached.

Bury Primary Care Commissioning Committee (PCCC) Highlight Report

Chair: Adrian Crook
Reporting period: November 2025
Attendance: ~~Excellent~~ / Acceptable / ~~Unacceptable~~

This report updates / informs the NHS Greater Manchester PCCC on the Bury PCCC work to date. It also provides an opportunity to raise any issues and inform of any changes that may affect the progression of work.

Healthwatch Prescribing Audit – a detailed programme of improvement was presented to the committee
OOH Contracting – Recommendations to award a 1 year contract to the existing OOH provider were presented to the committee on the basis that this would then allow a period of time for a GM procurement exercise to be explored and considered.
Primary Care Programme – A high-level overview of progress against the GP Strategy programmes was presented to the committee.
GP Provider Board – in addition to the above:

- Winter surge and Acute Respiratory Hubs live as of 3rd November 25 and already well utilised.
- Gynae – Left shift delays in service implementation
- LIMS – concerns regarding implementation timeframes and potential impact on QoF
- GM ICB Reconfiguration Update
- Detailed GPPS results were presented

Quarter 2 contracting – A full and comprehensive assurance report was presented to the committee.
BeCCoR programme update for 26/27 - including impacts demonstrated through the current programme.
QoF Improvement – The committee received data outlining historic QoF achievement and a programme of work aimed at improving results against this framework (identifying one practice for specific support)
Part B PCCC – Performance related improvements seen as part of the reducing **unwarranted variation** work currently taking place.

Priority actions in coming period:

Bury General Practice Strategy – a review and refresh in line with the new 10year plan

BeCCoR – A clearer understanding of the GM expectations and financial envelope are needed in order to assess local risk and mitigations

PCNs - Ongoing work to improve Enhanced Access utilisation

MOT – Continue to roll out patient led ordering in addition to supporting CIP delivery

Decisions made:

- Current OOH provider to be awarded a 1 year contract • Respiratory Diagnostic Specification approved (with minor to change to patient satisfaction reporting) • Capacity and demand across a range of services to be triangulated by practice in order to understand and improve overall utilisation of commissioned services • Bury LCS 2025/26 Variation - PCCC approved the variation as outlined in the papers.

Top 3 Risks:

Risk Identified	Mitigating Actions	Likelihood	Impact	Score
IF: the apportionment of delegated PC monies is insufficient to cover local elements unique to Bury (such as dementia, ring pessaries, bloods etc) THEN: services may need to be stopped limiting what gps support/deliver LEADING TO: Wider provider pathway pressures which cost more & may lead to poorer outcomes for patients	1. Ongoing discussions via phase 3 BeCCoR 2. System partners fully aware of position and risks associated	**4**	**4**	**16**
IF: GM focus on prescribing savings continues to be paramount THEN: support to practice will be impacted as MOT support to practice must now change given the staffing structure	Communicated to practices – continue to engage with practices to ensure access and support to all members of the team for resilience. Gap - Lack of contractual arrangements to implement CIP delivery in practice where prescribing takes place.	**3**	**3**	**9**
IF: The locality does not have a clear roadmap for increasing community self-referral pathways as per NHS England's Delivery plan for recovering access to primary care THEN: practices ability to triage and deflect/direct appropriately to other more appropriate services will be limited LEADING TO: delays in patients being seen by the appropriate service, more general impact on GP access and potentially poorer outcomes for everyone as a result.	1. Repeated attempts have been made to engage with the Community Services Provider 2. It has been agreed that a workshop will be arranged but no date as yet.	**4**	**3**	**12**

Any other information:

Key escalations for NHS Greater Manchester PCCC: Deputy Place Based Lead to formally write to Dr Kumar regarding the 2026/27 BeCCoR programme ambitions and funding risk, particularly on service-based requirements within the Bury LCS like Dementia Diagnosis.